Cochrane Council

Meeting by videoconference

1 December 2021; 20:00-21:30 GMT+1

AGENDA

MEMBERS ATTENDING:

1. Vanessa Jordan (Authors)
2. Agustin Ciapponi (Authors)
3. Robert Dellavalle (Co-ordinating Editors: **Co-Chair**)
4. Jo Morrison (Co-ordinating Editors)
5. Jack Nunn (Consumer Network)
6. Ndi Euphrasia Ebai-atuh (Consumer Network)
7. Stefano Negrini (Fields: **Co-Chair**)
8. Lotty Hooft (Geographic Groups Directors)
9. Erik von Elm (Geographic Groups Directors)
10. René Spijker (Information Specialists)
11. Maria-Inti Metzendorf (Information Specialists)
12. Liz Dooley (Managing Editors)
13. Gail Quinn (Managing Editors)
14. Silvia Minozzi (Methods Groups)
15. Santiago Castiello de Obeso (Early Career Professionals Network)
16. Ahmad Sofi-Mahmudi (Early Career Professionals Network)

NON-VOTING ATTENDEES:

CENTRAL EXECUTIVE TEAM ATTENDING:

17. Lucie Binder (Head of Governance and Strategy)
18. Chris Champion (Head of People Services)
19. Veronica Bonfigli (Governance Officer and Minute-taker)
20. Karla Soares-Weiser, Editor in Chief *The Cochrane Library*
21. Judith Brodie, Interim CEO
22. Tracey Howe, Governing Board Co-Chair
23. Catherine Marshall, Governing Board Co-Chair

Editorial Management System team

24. Rachel Marshall, Editorial Lead
25. Ursula Gonthier, Membership and Support Manager
26. Obi Onuora, Publishing Technology Manager
27. Dave Allen from *Origin Editorial*

Cochrane Library team

28. Rachel Craven, Product Lead- Cochrane Library

APOLOGIES:

29. Sarah Nevitt (Methods Groups)

The Council aims to ensure that Cochrane Groups retain an effective voice in Cochrane's leadership and strategic decision-making. The purpose of the Council is to provide:

- A forum for Cochrane Groups to consider high-level matters affecting Cochrane as a whole;
- A mechanism to raise matters and provide input to the Governing Board on behalf of Cochrane Groups and members; and
- A forum to consider matters at the request of the Board and inform Board deliberations.

The following constituencies are represented by two seats each on the Council:

- Author Forum
- Co-ordinating Editors board
- Consumers Executive
- Early Career Professionals Network
- Fields Executive
- Geographic Group Directors Executive
- Information Specialists Executive
- Managing Editors Executive
- Methods Executive

Declarations of Interest:

Council members must declare conflicts of interest related to their role on the Council, which are published on the Cochrane Community website and are updated annually or when circumstances change: https://community.cochrane.org/organizational-info/people/conflict-interest/council. Participants at Council meetings are also required to declare any possible material interests that could give rise to conflict in relation to any item under discussion at the start of each meeting. All interests so disclosed are recorded in the minutes. Conflicted members may be required to absent themselves from all or part of the discussion of the matter at the discretion of the chair of the meeting.

Use of a Consent Agenda:

A consent agenda groups the routine, procedural, informational and self-explanatory non-controversial items typically found in an agenda. These items are then presented to the Council in a single item, allowing anyone to request that a specific item be moved to the full agenda for individual attention. Other items, particularly those requiring strategic thought, decision making or action, are handled as usual.

Consent agendas are used because they help streamline meetings and allow the focus to be on substantive issues.

Estimated time (mins)	AGENDA:			
	ITEM		INTRODUCED BY:	PURPOSE:
20'	**OPENING BUSINESS:**			
	1.	**Welcome, Apologies, Declarations of Interest for this meeting**	Council Co-Chairs	For information
	2.	**Council Co-Chair Report [VERBAL REPORT]** Including: 2.1 Board and Council Co-Chair matters. 2.2 Priorities for the Council in 2022. 2.3 Feedback on the Cochrane Connects Community event. 2.4 Feedback on the Consultation on the future of evidence synthesis in Cochrane. 2.5 Timings of Council calls in 2022.	Council Co-Chairs	For information and discussion **[PAPERS 011221-5 and 011221-6]**
	3.	**Approval of the Agenda, including the papers and decisions in the Consent Agenda**	Council Co-Chairs	For approval
	SUBSTANTIVE BUSINESS:			
20'	4.	**Issues on the implementation of a new Editorial Management System**	Karla Soares-Weiser and Editorial Management System team	For discussion **[PAPER 011221-1 and Annex 1]**
20'	5.	**Plan for drafting a Cochrane Statement of Values**	Jack Nunn	For discussion **[PAPER 011221-2]**
10'	6.	**Cochrane Library product development**	Rachel Craven	
10'	**RECURRING BUSINESS:**			
	7.	**Council Constituency and Working Groups Reports** [WRITTEN REPORTS; ISSUES TO BE DISCUSSED BY EXCEPTION]	All members	For information and discussion
	8.	**Any Other Business**	Council Co-Chairs	For discussion
	9.	**Date of next meeting:** 2 February, timing TBC	Council Co-Chairs	For information
10'		**COUNCIL ONLY TIME**		
	Consent Agenda: • Council Minutes 6 October 2021 • Constituency Reports: ○ **Council papers: 011221-3 and 011221-4**			

Items planned for consideration not covered in this Agenda:

- What Cochrane can do more 'simply'
- Council Terms of Reference
- Council response to the Review of the Executives
- Role of Council in supporting Group monitoring

Questions to the Council Secretary inbox:

Responding to climate change as an organization: question raised by Cochrane member in October (rolled over from October agenda)

- How Cochrane as an organisation will be engaging in the build up to COP26 in November, and its broader strategy in relation to climate change and environmental sustainability, as a matter of urgency?

Actions Arising 2021:

Meeting and Agenda Item	Action	Status
4. 14 April 2021	Council Co-chairs to consider with the Board Co-Chairs how to improve engagement between the Board and the Council.	Standing
4. 14 April 2021	Council Co-Chairs to circulate to Council the key issues discussed at the Board and Council Co-Chairs' catch-ups in a bullet-point format.	Standing
4. 14 April 2021	Council to continue discussions with the Editor in Chief and Board Co-Chairs on the Editorial Independence and Efficiency Project at the Governance Meetings in May.	Completed 24 June 2021
5. 14 April 2021	Lucie Binder to share with Council via email the summary of the Senior Management Team response on the review of the Executives.	Completed 16 April 2021
7. 14 April 2021	Two seats on the Council to be ring-fenced for representatives of the Early Career Professionals Network (ECP). Council Co-Chairs to get in touch with the key contact of the ECP to communicate the Council's decision.	Completed 3 May 2021
7. 14 April 2021	A joint sub-committee made up of Board and Council members to be established to consider the nominations/awards of the new membership types.	In progress
11. 14 April 2021	Erik von Elm to draft and circulate to a thank you and farewell message for Mark Wilson on behalf of the Council.	Completed 16 April 2021
4.1 June 2021	Members to contact the Co-Chairs if interested in joining a working group.	Standing
6. 1 June 2021	Council Co-Chairs to complete the Council's response on the preparation for the 2021 strategic sessions and circulate to the Council email list for sign-off before submitting it to the Senior Management Team.	Completed 10 June 2021
5.15 July 2021	Bob (Robert) Dellavalle to poll members to decide whether the Council should continue meeting on a single meeting or on two sessions at different times of the same day.	For discussion at the 1st December meeting [PAPER 011221-6]
5.15 July 2021	Veronica Bonfigli to add the Review Groups' Networks and what can Cochrane do more simply as agenda items for the next Council meeting.	Completed 29 September 2021

4.1-6 October 2021	Council members to let the Co-Chairs know whether they wanted to be speakers at the last two workshops on the future of evidence synthesis	Completed
5.6 October 2021	Consumers Executive to share a plan for the development of an organizational 'Values Statement' by the end of 2021	To discuss at the 1st December meeting
6.6 October 2021	Constituency and Working Group representatives to provide short written reports of activities and issues for the Council to consider at each formal meeting.	Standing

Cochrane

[COUNCIL PAPER 011221-5]

Consultation on the future of evidence synthesis in Cochrane

Key Messages from the Cochrane Council
15 November 2021

The Council met by videoconference on 15 November 2021 (GMT) to discuss and develop a summary of feedback on the future of evidence synthesis in Cochrane.

The Council recognizes that individuals and constituencies have already had the opportunity to provide feedback as part of the consultation process, and that different Council constituencies naturally have different perspectives based on their differing kinds of involvement in evidence synthesis production and dissemination. This individual feedback exists separately to this document and has either been submitted directly to the Central Executive Team as part of the consultation, or is available on the Council's webpages on Cochrane Community.

At this stage of the process, the Council's key messages are as follows:

Thematic area	Key messages
Consultation	• The Council is deeply appreciative of the extensive and truly democratic **involvement of the Community** in the process to date. • It recognizes that no decisions have yet been taken on the preferred model(s) for the future of evidence synthesis production, and that **the consultation process is authentic.**

Diversity of the community	• The Council represents the **diversity and richness of our Community**, which shows up differently in the constituencies (with variations also within the constituencies). Feedback from the Council representatives suggests:
	  ○ Some people are deeply worried for the future, lack of funding and total change of their role (mainly in UK Review Groups)
	  ○ Some people are deeply worried for total change of their role even if their funding is unaffected at this point (mainly in other Review Groups)
	  ○ Some people are worried about not feeling involved in the consultation until now (mainly in Method Groups)
	  ○ Some people are willing to participate and enhance their roles, or those of their Group-types (mainly Fields, Consumers, Geo Groups and Authors)
	• In general, the **Community** is also worried about Cochrane loosing its unique character with **shared values and substantial intrinsic motivation** of members.
	• Whatever solutions are chosen for the future of evidence synthesis, they need **to work for – and make optimal use of the skills and resources of – the whole organization,** as far as is possible.

Communication to authors and editors	• The Council requests that **guidance for Cochrane Review Groups** on how to communicate the forthcoming changes to authors and editors is provided as soon as possible.
Evidence for change	• An evidence-based organization should be **based on a culture of change**, with changes introduced as soon as internal knowledge and external context allow. We suggest mechanisms are introduced to regularly review choices for the future. • We should review the **lessons learned from the experience made with the CRG Networks** to inform future decision-making. • In making changes, **we should not get rid of activities and processes that have worked** in Cochrane to-date and are an important part of its unique culture. Moreover, it should be carefully analysed if, which and when changes should be made globally for entities with secure funding outside the UK. • Changes should be made only if they're likely to be **sustainable in the long-term**. • Cochrane's leadership should be careful **not to imply** that funding to Cochrane Review Groups – and other Group types – globally is in crisis unless they are able to be **transparent about specific instances** where this is true.
Involvement of the Council	• The Council requests that it is given the opportunity to **advise** on the options for the future of evidence synthesis that will be presented to the Board by the Editor in Chief. • To face the uncertainties in the Community due to the restructuring of the evidence synthesis production, the Council proposes to run a **project** under the leadership of the Board: the aim would be to counsel the Board on the **organizational structure of the Community** as a whole. The proposed **methodology** would be as follows: ○ Collection of all the input received by Editor-in-Chief and concerning the Community ○ Convening a working group including volunteers from the Council, the appropriate Central Executive Team members and one/two Board trustees (possibly one/both Co-Chairs) ○ Survey among all the constituencies to collect all needed information ○ Report of the working group to the Council with general discussion and eventual votes ○ Submission of the final document to the Board for any eventual decision

Stefano Negrini and Bob Dellavalle
Council Co-Chairs
15 November 2021

[COUNCIL PAPER 011221-6]
Proposed Council videoconference schedule 2022:

2 February and 2 March

Location	Local Time	Time Zone	UTC Offset
Denver (USA - Colorado)	Tuesday, 1 March 2022, 08:00:00	MST	UTC-7 hours
Buenos Aires (Argentina)	Tuesday, 1 March 2022, 12:00:00	ART	UTC-3 hours
London (United Kingdom - England)	Tuesday, 1 March 2022, 15:00:00	GMT	UTC
Yaoundé (Cameroon)	Tuesday, 1 March 2022, 16:00:00	WAT	UTC+1 hour
Milan (Italy)	Tuesday, 1 March 2022, 16:00:00	CET	UTC+1 hour
Tel Aviv (Israel)	Tuesday, 1 March 2022, 17:00:00	IST	UTC+2 hours
Tehran (Iran)	Tuesday, 1 March 2022, 18:30:00	IRST	UTC+3:30 hours
~~Brisbane (Australia - Queensland)~~	~~Wednesday, 2 March 2022, 01:00:00~~	~~AEST~~	~~UTC+10 hours~~
~~Melbourne (Australia - Victoria)~~	~~Wednesday, 2 March 2022, 02:00:00~~	~~AEDT~~	~~UTC+11 hours~~
~~Wellington (New Zealand - Wellington)~~	~~Wednesday, 2 March 2022, 04:00:00~~	~~NZDT~~	~~UTC+13 hours~~

6 April and 5 May

Location	Local Time	Time Zone	UTC Offset
~~Denver (USA - Colorado)~~	~~Wednesday, 6 April 2022, 02:00:00~~	~~MDT~~	~~UTC-6 hours~~
~~Buenos Aires (Argentina)~~	~~Wednesday, 6 April 2022, 05:00:00~~	~~ART~~	~~UTC-3 hours~~
London (United Kingdom - England)	Wednesday, 6 April 2022, 09:00:00	BST	UTC+1 hour
Yaoundé (Cameroon)	Wednesday, 6 April 2022, 09:00:00	WAT	UTC+1 hour
Milan (Italy)	Wednesday, 6 April 2022, 10:00:00	CEST	UTC+2 hours
Tel Aviv (Israel)	Wednesday, 6 April 2022, 11:00:00	IDT	UTC+3 hours
Tehran (Iran)	Wednesday, 6 April 2022, 12:30:00	IRDT	UTC+4:30 hours
Brisbane (Australia - Queensland)	Wednesday, 6 April 2022, 18:00:00	AEST	UTC+10 hours
Melbourne (Australia - Victoria)	Wednesday, 6 April 2022, 18:00:00	AEST	UTC+10 hours
Wellington (New Zealand - Wellington)	Wednesday, 6 April 2022, 20:00:00	NZST	UTC+12 hours

15 June and 6 July

Location	Local Time	Time Zone	UTC Offset
Denver (USA - Colorado)	Tuesday, 14 June 2022, 16:00:00	MDT	UTC-6 hours
Buenos Aires (Argentina)	Tuesday, 14 June 2022, 19:00:00	ART	UTC-3 hours
~~London (United Kingdom - England)~~	~~Tuesday, 14 June 2022, 23:00:00~~	~~BST~~	~~UTC+1 hour~~
~~Yaoundé (Cameroon)~~	~~Tuesday, 14 June 2022, 23:00:00~~	~~WAT~~	~~UTC+1 hour~~
~~Milan (Italy)~~	~~Wednesday, 15 June 2022, 00:00:00~~	~~CEST~~	~~UTC+2 hours~~
~~Tel Aviv (Israel)~~	~~Wednesday, 15 June 2022, 01:00:00~~	~~IDT~~	~~UTC+3 hours~~
~~Tehran (Iran)~~	~~Wednesday, 15 June 2022, 02:30:00~~	~~IRDT~~	~~UTC+4:30 hours~~
Brisbane (Australia - Queensland)	Wednesday, 15 June 2022, 08:00:00	AEST	UTC+10 hours
Melbourne (Australia - Victoria)	Wednesday, 15 June 2022, 08:00:00	AEST	UTC+10 hours
Wellington (New Zealand - Wellington)	Wednesday, 15 June 2022, 10:00:00	NZST	UTC+12 hours

10 August and 14 September

Location	Local Time	Time Zone	UTC Offset
Denver (USA - Colorado)	Tuesday, 9 August 2022, 08:00:00	MDT	UTC-6 hours
Buenos Aires (Argentina)	Tuesday, 9 August 2022, 11:00:00	ART	UTC-3 hours
London (United Kingdom - England)	Tuesday, 9 August 2022, 15:00:00	BST	UTC+1 hour
Yaoundé (Cameroon)	Tuesday, 9 August 2022, 15:00:00	WAT	UTC+1 hour

Milan (Italy)	Tuesday, 9 August 2022, 16:00:00	CEST	UTC+2 hours
Tel Aviv (Israel)	Tuesday, 9 August 2022, 17:00:00	IDT	UTC+3 hours
Tehran (Iran)	Tuesday, 9 August 2022, 18:30:00	IRDT	UTC+4:30 hours
~~Brisbane (Australia - Queensland)~~	~~Wednesday, 10 August 2022, 00:00:00~~	~~AEST~~	~~UTC+10 hours~~
~~Melbourne (Australia - Victoria)~~	~~Wednesday, 10 August 2022, 00:00:00~~	~~AEST~~	~~UTC+10 hours~~
~~Wellington (New Zealand - Wellington)~~	~~Wednesday, 10 August 2022, 02:00:00~~	~~NZST~~	~~UTC+12 hours~~

9 November

Location	Local Time	Time Zone	UTC Offset
~~Denver (USA - Colorado)~~	~~Wednesday, 9 November 2022, 01:00:00~~	~~MST~~	~~UTC-7 hours~~
~~Buenos Aires (Argentina)~~	~~Wednesday, 9 November 2022, 05:00:00~~	~~ART~~	~~UTC-3 hours~~
London (United Kingdom - England)	Wednesday, 9 November 2022, 08:00:00	GMT	UTC
Yaoundé (Cameroon)	Wednesday, 9 November 2022, 09:00:00	WAT	UTC+1 hour
Milan (Italy)	Wednesday, 9 November 2022, 09:00:00	CET	UTC+1 hour
Tel Aviv (Israel)	Wednesday, 9 November 2022, 10:00:00	IST	UTC+2 hours
Tehran (Iran)	Wednesday, 9 November 2022, 11:30:00	IRST	UTC+3:30 hours
Brisbane (Australia - Queensland)	Wednesday, 9 November 2022, 18:00:00	AEST	UTC+10 hours
Melbourne (Australia - Victoria)	Wednesday, 9 November 2022, 19:00:00	AEDT	UTC+11 hours
Wellington (New Zealand - Wellington)	Wednesday, 9 November 2022, 21:00:00	NZDT	UTC+13 hours

7 December

Location	Local Time	Time Zone	UTC Offset
Denver (USA - Colorado)	Monday, 7 November 2022, 15:00:00	MST	UTC-7 hours
Buenos Aires (Argentina)	Monday, 7 November 2022, 19:00:00	ART	UTC-3 hours
~~London (United Kingdom - England)~~	~~Monday, 7 November 2022, 22:00:00~~	~~GMT~~	~~UTC~~
~~Yaoundé (Cameroon)~~	~~Monday, 7 November 2022, 23:00:00~~	~~WAT~~	~~UTC+1 hour~~
~~Milan (Italy)~~	~~Monday, 7 November 2022, 23:00:00~~	~~CET~~	~~UTC+1 hour~~
~~Tel Aviv (Israel)~~	~~Tuesday, 8 November 2022, 00:00:00~~	~~IST~~	~~UTC+2 hours~~
~~Tehran (Iran)~~	~~Tuesday, 8 November 2022, 01:30:00~~	~~IRST~~	~~UTC+3:30 hours~~
Brisbane (Australia - Queensland)	Tuesday, 8 November 2022, 08:00:00	AEST	UTC+10 hours
Melbourne (Australia - Victoria)	Tuesday, 8 November 2022, 09:00:00	AEDT	UTC+11 hours
Wellington (New Zealand - Wellington)	Tuesday, 8 November 2022, 11:00:00	NZDT	UTC+13 hours

[COUNCIL PAPER 011221-1]

Feedback from MEs regarding issues related to the Editorial Management System that the Council could raise with the Editor in Chief/Governing Board – updated 15 November 2021

Issues working with Editorial Manager

- While it feels inevitable that there would be a whole range of teething problems with transitioning to EM, and I would normally accept that, that fact is that this year the NIHR told us they were going to cut our CRG's funding, and then in response Cochrane told us they'd disband our CRG. I'm now having to face the loss of my job – even if we could find funding, our Cochrane roles will no longer exist (and frankly I haven't heard anyone in Cochrane's leadership acknowledge how utterly crap this is – calling this a 'challenging time' does not cut it when we're all losing our jobs – I realise you can't save our jobs, but you could at least grieve with us). All this is to say that my morale is at rock bottom, so even though I'm sure I could get past the EM teething troubles under normal circumstances, my motivation to engage with it at all is zero, and every time I try to use it I'm reminded of how disposable I am, because I'm learning to do task that will soon be taken away from me. I'm much more interested in trying to ensure that our CRG closes shop on a positive note, prioritising the most important reviews and trying to not let down authors who are as baffled as we are.
- Whilst almost all CRGs may have onboarded, this does not necessarily mean that all are actively working/engaging with the new system. I think this is an important distinction to make. Looking at the Slack channel for EM, there seems to be a very small group of people posting queries. Whilst I appreciate that not everyone is comfortable posting queries on Slack, I do wonder whether this is in fact a fairly accurate reflection of the level of engagement. Engagement with EM may not be as widespread as Central Cochrane would like us to believe. The very long list of issues and concerns relating to EM as presented here should therefore be seen in the context of a potentially small group of people actively engaging with the system rather than the CRG community as a whole. I dread to think how many comments there would be if all CRGs were actively engaging with the system.
- Given that funding for the majority of CRG ends in March 2023 (and that I would anticipate CRG being dissolved imminently anyway), would Council back delaying full roll-out of EMS for CRG until March 2023 and turning back on Archie for us to manage reviews? It would dramatically alleviate stress at an already stressful time.
- I support the call for Archie to be maintained until 31 March 2023 and then whoever will be responsible for Cochrane reviews after that time can be properly trained in EM.
- A lot of work is falling on to the editorial base – the authors and editors are being faced with too many new systems/software at the same time (RMW, EM and Convey) and many don't want to or have the time to engage and learn the new process – they just want to write/update their review and submit. Especially experienced authors are frustrated that processes like submission for ed approval now involve multiple systems and more steps than previously. I have had EM described to me as 'a stroppy system' and worse!
- I'd really like to reiterate the need for a project dashboard, and just for each CRG, **not** the whole Network.
- The two CRG Reports you can generate in EM are inaccurate and not fit for purpose.
- Lots of messages from EM support telling us that they are there to help. If we had a new workable editorial management system, we would not need all this help!!

- Persistent confusion for authors and editors regarding how RMW, EM, Archie, and other platforms such as Convey are meant to interact. There needs to be better clarity/communication around this, acknowledging that while the information exists, authors are unlikely to read it in detail, and will often seek guidance from the ME.
- This is a huge system change and is a massive shift in the way we work and manage our portfolios. It has come at a time when MEs are under incredible strain in almost every other aspect of our work, which has only increased the burden of trying to adjust to EM.
- The ongoing developments to the system are completely non-transparent, and so maybe one thing I could suggest is that the community is informed of what developments are in the pipeline – especially in relation to copy edit and publication. That way, we will all know which bits of EM are here to stay and which bits are going to improve.
- I am surprised that there is no general 'search' option. .g. I tried with '**Simple Submission Search',** but it provided no result. However, it I found it in the system, but not through simple search. I searched for another title that was submitted as a proposal, and simple submission search identified it. The authors were supposed to resubmit a complete proposal, and by email, I was informed that they gave up on this title as they were not aware that our Group was not accepting reviews prepared on observational studies. So, now, I had to follow unnecessary and time-consuming steps in order to come to the option to reject the proposal that was accepted based on its first submission. In addition, I could not close the process in EM unless I sent the first author an email through the system, which I find it wrong, as we have had correspondence on this by emails. Work in vain, instead of having the simple choice – 'delete proposed title' or 'case closed'. Also, the people submitting the proposal entered the title with capital letters. I could not revise it using the EM but had to go to Word.
- I have had an extremely busy year with lots of new reviews and updates going through the editorial process, along with all the additional tasks that that entails, as well as keeping our Group going. I have not had protected time to learn EM and I do not have a joint ME or AME to work through problems with. I am slowly finding out how to do one-off specific tasks (with LOTS of mistakes along the way) but have no understanding of how EM works or interacts with other systems. I do not understand the terminology used within EM, I don't understand where reviews move to in the menu system as a title moves through the process, and the processes are not intuitive at all. And I haven't even got to the point where I am inviting editors, peer reviewers, and consumers to comment on submissions ... I am dreading it. Working between EM and Archie is also difficult ... when still working so much in Archie, it is difficult to switch to EM-think, which adds to the confusion.
- I am muddling through, mostly by trial and error, but am aware that this is generating additional work and confusion both for authors (at this stage) and for me. This is not a case of me being resistant to change - I am all for introducing new systems which improve our efficiency and working lives (we already have a brilliant online editorial system) - but EM is a huge burden which is demoralising and unhelpful, especially at a time when, as others have said, there is such uncertainty about the future - it is difficult to find the motivation to invest in such a large undertaking when it is likely that after March 2023 it will no longer be relevant to me.
- There is a very annoying issue of inaccurate labelling of Article Type. Articles are always filed as the 'Parent submission' so pending protocols/reviews may show up as proposals in the system when you Solicit Commentary. Because of this and other limitations, there is an urgent need to set up an external project management dashboard.

Additional work caused by EM

- I don't know how I am going to keep track of work once Archie is switched off – we are reverting to excel spreadsheets that we were using over 10 years ago!
- Terrible system to even look at, let alone navigate. We've given up and have devised our own tracking spreadsheets to replace the brilliant Archie workflows.
- There is a lack of a useable tracking system for reviews (still in production phase and reviews anywhere in the editorial process).
- We were one of the first groups to go over to EM, and I have been doing my best to try things out, but we are now reverting to using spreadsheets to track editorial progress and tasks within the group. Archie was a brilliant system for this and we are now back to pre-Archie days but worse because in parallel we have to try and work out what is going on with EM – I surely can't be the only ME who knows a review is somewhere in the system but can never find it unless I do a search for the manuscript? I know other groups are also planning on using Excel as an alternative to Archie as they can't understand/make EM work for us.
- I am at a loss as to why moving to EM was ever thought to be helpful for us. Overwhelmed at being forced to use this new system which isn't a patch on Archie. One click in Archie (with no extra platforms to navigate) and we were done, it's an excellent resource. I am so worried about losing track of my reviews in EM that I have created an excel sheet to do this (not the only Group doing this, what a backward step).
- EM is not suited to CRGs with multiple MEs and/or Satellite groups. All workarounds require extra administrative effort by MEs/AMEs. Plus, it is difficult to filter by site/editor/topic.
- Lack of uptake by and training for non-MEs/CISs, which in turn increases pressure on core staff.
- Can someone in leadership please put their hand up and admit that the wrong decision was made, and we should have kept and possibly improved Archie? I already have authors refusing to use it, back to pre-Archie days for communication as they are emailing now, instantly my workload has increased. What a mess and my heart goes out to my colleagues who are losing their jobs as well as having to face EM on a daily basis.
- I thought 'the nightmare that is RMW' meant that things could not get any worse, but we now have EM to contend with. It is not fit for purpose. Archie is a far better system. We have work arounds and additional software (three at least) instead of the one or two clicks the same task would have taken in Archie. We (and many other groups) have developed our own spreadsheet to record our reviews through the process as we can't use EM and now that we have had our marching orders, we are simply not willing to use it. Utter nonsense that 'we can't afford to keep Archie going'.
- If we are going to separate the editorial responsibilities anyway, is it a good use of our time learning the new EM? The amount of effort needed from us to learn to use EM is ridiculous, when in the end we will just be handing our reviews over to the CET to take them on. We are expending a lot of effort and using multiple work arounds to move review through EM – is it worth the time?
- I am still finding EM difficult and there are numerous glitches. Many of our reviewers seem to have been imported into EM as clinical reviewers rather than consumers, which means I have to go into their record and change their role description before sending a peer review request or if I only realise when I am midway through the request, I have to break off, make the change in the record and then restart the peer review request.
- The wording of the automated emails is poor at best. I spend time rewording such sentences. I have already spent time redrafting one of the automated emails and sending suggestions to Support, which degenerated into us each quoting definitions from different dictionaries at each other! That is not productive for either of us and I don't have time to do this as well as actually focus on getting reviews through the editorial process.

- The issue of multiple MEs/AMEs and having to proxy for each other, not able to get a full picture because we don't have a project dashboard and the CRG Reports are inaccurate. It shouldn't be so hard to find a review in EM.
- This is an unfortunate story about a very experienced Consumer Reviewer: I recently asked the Consumer to peer review a draft review that is in EM. To start with she couldn't cope with how EM wanted her to return her comments, so she used one of our old forms that she had stored on her computer. She sent me the completed form by email apologising about not being able to use the new system. By the time I got round to looking at her comments, she had received an automated email about 'reminder of late review'. Firstly, I didn't know this email would be automatically sent out. And secondly, I object to my name being on the bottom of an email that I would never have phrased in that way – I find "your review is now 3 days late" simply rude especially when being sent to a consumer reviewer who has absolutely nothing to gain from helping our group by commenting, she is not interested in any sort of professional kudos associated with Cochrane. The Consumer was understandably somewhat confused and upset by this email, especially when I had already acknowledged the receipt of her comments by personal email. Before I realised this automated 'late' email had been sent, I proxied in as the ME to submit her comments rather than going back and telling her they had to be submitted via Editorial Manager. As a result of this she was sent another automated email thanking her for submitting her comments (attached). Again, confusing her as her reply to me proves: "OMG! I just sent you an email that says my review is overdue. But now this says it's been received. I'm so confused with this new system. Plus, I need points to become a member?! Oh, dear. Life is getting too complex for me!" As soon as I had finished proxying in I sent the Consumer an additional email thanking her again for her comments and explaining what I had done to submit them on her behalf. **So in this case, rather than EM saving us time etc. it has only succeeded in confusing and alienating a long-standing Cochrane consumer reviewer and staunch Cochrane supporter and causing my workload regarding the peer reviewer comments to at least be doubled**. It is all very well for tech support to explain how things should happen, but many of Cochrane's supporters are just not that au fait with automatic systems let alone complicated ones like this, supporting Cochrane is something they do in their spare time to help out and why should they have to learn to navigate new systems like this? **We are at risk of alienating not only consumers, but also clinicians who have enough to deal with in their daily work without having to contend with new systems.** The way EM is working is also risking destroying long-standing relationships which MEs have built up over years by sending such poorly worded automated emails with our names on the bottom. I am beyond annoyed.

Copyediting queries and concerns

- In the two-stage copyediting process, will it be possible to do a 'compare' between the RevMan file and Fonto?
- Is it possible for copyeditors to complete all edits in RevMan and then move the review into Fonto for publication?
- The Copy-Editing Service go above what would be expected of a copy-editor and we don't always agree with everything they say. So who is making that decision in the final publication? Very occasionally (once or twice a year) CES make mistakes in editing, plus sometimes they make changes which are different style to how we normally do it (around presentation of airways specific clinical stuff) so who is checking the CES work?
- My understanding is that the copy editors will first work in RevMan and send back to the ME as they do now along with their report. The suggested changes can be accepted or rejected as now. The copy editor's suggestions can be ignored (however I am not sure how often this happens).

- When the CRG and the authors are happy, the review is sent back to copy editing and the original copy editor will then do the final proofread in Fonto. They cannot edit forest plots or figures from this point
- By sending to copy editing the CRGs are effectively signing off the review – the review has been checked thoroughly (data, conclusions etc) by the editors, ME and Co-Ed and as with print journals the review now enters the production stage
- I am not sure how the issue of major changes identified once the copy editor views the review in Fonto will be handled.
- If a copy editor makes any final edits before publication (i.e. when they are checking that their copy edits have been actioned), will the CRG and author be sent a version to review or will it go straight to publication?

Publishing queries and concerns

- The lack of an effective process or system for publishing reviews through EM is a major concern for efficiency.
- The task of publishing reviews has been taken away from the ME, the reason being "it's about editorial integrity". Why aren't the central MEs responsible for this task?
- Copyeditors will now be responsible for checking their requests have been followed, but who makes the final decision on whether a copyedit comment should be adhered to or ignored?
- Setting the publication date and time for a priority review to coincide with a press release – does this mean the copyeditor now has to liaise with the dissemination team and production team?
- Who will publish our reviews in this new system?

November 11th, 2021
Attn: Karla Soares-Weiser, Editor in Chief; Toby Lasserson, Deputy Editor in Chief; Judith Brodie, Chief Executive Officer

Dear Karla, Toby and Judith,

We are reaching out in support of Managing Editors (MEs) across Cochrane.

Cochrane MEs are facing unprecedented pressures and uncertainty during the current period of change, but we remain optimistic about the future.

We want to underline our willingness to engage in ongoing dialogue about the forthcoming changes. Many MEs face likely job loss or significant restructuring related to the *Strategy for Change* and the NIHR funding announcements. Preservation of the ME skillset is critical to upholding Cochrane's output, reputation, and relationships, and there are clear opportunities for MEs to contribute to all phases of review production in a new model. We would like to seek formal direction from the CET about how we can ensure our voices are heard beyond the public consultation opportunities. We are open to conducting a formal exercise to identify concrete solutions where MEs can add value to the new framework and would appreciate guidance on how best to direct this consultation or other ways to inform the changes ahead.

More urgently, we would like a commitment from Cochrane to guide the whole ME community during this transition phase. Specifically, we need direction to prioritize workloads in the face of finite and, in some cases diminishing resources and time, as Cochrane makes the transition to a new model. We are grateful that specific issues raised around the new EMS have been acknowledged and that guidance was provided for UK groups contending with loss of funding. However, we lack clear communication on transition plans for those in other contexts impacted by the central changes — for instance, non-UK groups who may be losing funding, and those with sustainable funding uncertain of their place in a new Cochrane model moving forward.

There is an abundance of opportunity for MEs to support Cochrane through this transition to ensure the success of a new model of review production. We are eager and willing to contribute but need clear direction and commitment around our role in shaping the future model and how to best conduct our business and ensure support for the diverse ME community in the interim. We would be glad to have a conversation about the topics outlined in this letter at your convenience.

Sincerely,

The Managing Editors' Executive
& The Cochrane Council Managing Editor Representatives

[COUNCIL PAPER 011221-2]

Cochrane Values Statement:

A proposal for a co-creation protocol

Cochrane

Cochrane Consumer Network

About this document

This document outlines a process for co-creating a Cochrane's Values Statement. The intention of this process is that anyone in the world can have an opportunity to be involved in giving feedback and helping shape Cochrane's values.

This document and the process described within it align with existing documentation, including Cochrane's 'Strategy for Change: 2021-2023',[1] Cochrane's principles,[2] Cochrane's policies,[3] and the 'Consumer involvement in Cochrane – the Statement of Principles'.[4]

Contents

Version

This document is Version 0.2 of the "Cochrane Values Statement: A proposal for a co-creation protocol", created by members of the Cochrane Consumer Executive, for feedback from the Cochrane Council. This version was created on 20th November 2021. The time of the Cochrane Consumer Executive members who contributed was volunteered.

Authors and contributions

The authors and respective contributions are described below.

Author	Tasks
Jack Nunn	Researching methods, summarising proposed co-creation process, creating documentation
Helen Bulbeck	Editing, reviewing
Maureen Smith	Editing, reviewing
Rachel Plachcinski	Editing, reviewing
Ndi Euphrasia Ebai-Atuh	Contributed to discussions which informed this document
Ana Beatriz Pizarro Nule	Contributed to discussions which informed this document
Richard Morely	Contributed to discussions which informed this document

Thank you also to Judith Brodie for her comments on Version 0.1

Reporting

The process for creating the Cochrane Values Statement is being reported using 'Standardised Data on Initiatives' (STARDIT). A prospective STARDIT report version of this document can be found in the references.[5]

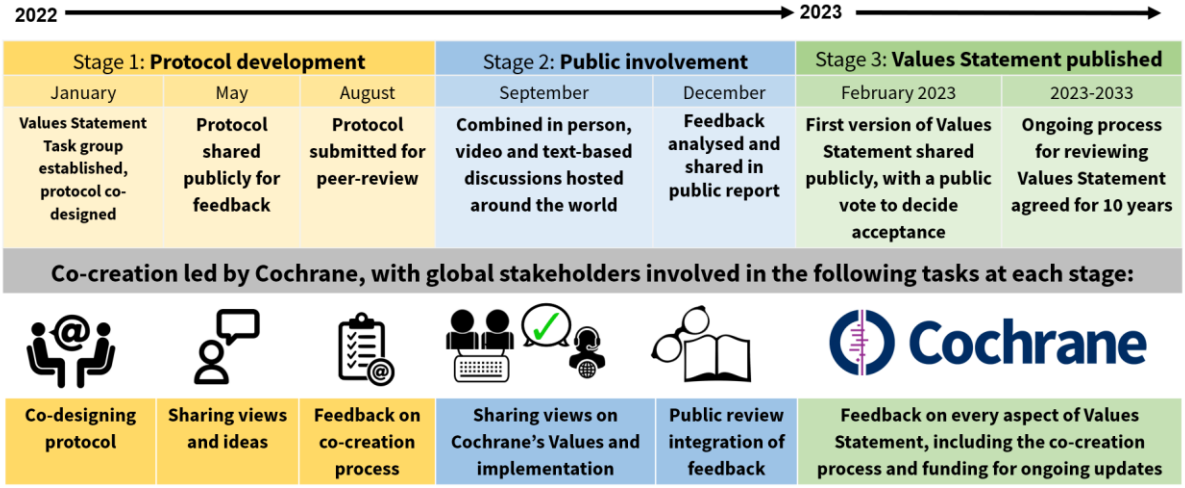
Executive Summary

Purpose

Cochrane is a global not-for-profit organisation, founded on shared values. It is important that these values are transparent and can evolve, with everyone in the global Cochrane community, and the wider public, given a chance to shape these values.

The Values Statement is a way for Cochrane to state publicly what values guide our work. It is also a statement about how our organisation will operate, including how those working for, with or funding Cochrane's activities will be accountable for working within the values codified within the statement.

Proposed stages of Values Statement co-creation



Proposed Governance and funding of Values Statement co-creation

It is proposed that the co-creation process of the Values Statement will be hosted by the Cochrane Consumer Executive. This will include any appropriate additional funding or support from Cochrane for hosting the 'Values Statement Task Group' (including secretariat support).

The co-creation process for the Values Statement will have any budget approved in advance, which will help inform the process. The co-creation process will be drafted by the 'Values Statement Task Group', with a final vote for approving the process being made open to all Cochrane Members, and potentially the wider public (depending on agreed resourcing for platforms).

It is proposed that the Cochrane Council oversees the entire co-creation process, including facilitating arrangements for any additional funding or resourcing that might be required. It is also proposed that the Governing Board, Central Executive team and any other staff feed into the co-creation process transparently (with membership of the Values Statement Task Group open to anyone), during the proposed stages above, with no subsequent powers of adaptation or redaction granted to any of the above once the co-creation process is complete, including the Chief Executive. Pending further discussion and input from internal governance experts, it is proposed that final acceptance of the Values Statement be formally accepted by the Cochrane Council on behalf of all Cochrane members.

Definitions

Term	Definition
Co-creation	The process of creating something in a collaborative way with multiple stakeholders.
Stakeholder	The term 'stakeholder' means anyone who has a 'stake' in health research or service, in particular those with important knowledge, experiences, expertise or views that should be taken into account. It can include: researchers; research funders; health service commissioners and managers; healthcare professionals; policy makers; people affected by the research; people with specific health conditions; people with specific genomics variations; patients and the general public (including 'tax-payers' for publicly funded research); service users and consumers of health technology.
Values	An organisation's values are prospective and prescriptive beliefs; they affect ethical behaviour of a person or organisation and are the basis of their intentional activities.

Detailed summary of proposed co-creation process

Stage	Tasks
1: Protocol development	Cochrane Consumer Executive drafts Terms of Reference for 'Values Statement Task Group'
	Cochrane Consumer Executive shares invitation to join 'Values Statement Task Group'
	'Values Statement Task Group' established (including finalising Terms of Reference)
	Cochrane Consumer Executive hosts online discussion and decision making process for agreeing protocol development methodology*
	Protocol shared publicly for feedback, including using STARDIT[6]
	Feedback collated and analysed by either *(pending budget)*: 1: Cochrane Consumer Executive 2: appropriate Cochrane staff 3: an external researcher/research team
	Protocol submitted for peer-review in open access journal
2: **Public involvement**	Draft Values Statement is created and shared by the 'Values Statement Task Group'
	Interactive discussions are hosted globally in order to explore and further codify the values of Cochrane's members and other stakeholders
	As per the agreed protocol, feedback is gathered, analysed and incorporated into a draft Values Statement
	Public review of the analysis and integration of feedback
	Final feedback on every aspect of Values Statement, including evaluating the co-creation process and agreeing funding for ongoing updates for the next 10 years
3: Values Statement published	First version of Values Statement shared publicly, with a public vote to decide acceptance
	Ongoing process for reviewing Values Statement agreed for 10 years

*The charity Science for All[1] has offered to host the online discussion and decision making process for the 'Values Statement Task Group' pro-bono. *Note*: Resourcing for facilitation and moderation of the 'Values Statement Task Group' will need to be agreed before this proposal is refined and adapted into a plan.

Proposed paradigms for co-creation protocol

This section summarises the paradigms which will be used to guide the co-creation process. Further detail will be provided in any peer-reviewed protocol.

Rights-based paradigms

Human rights

The United Nations describes human rights as 'inherent to all human beings'[7]. The United Nations (UN) 1948 Universal Declaration Human Rights states 'all human beings are born free and equal in dignity and rights'. The World Health Organisation's 1978 'Declaration of Alma-Ata' stated 'the people have the right and duty to participate individually and collectively in the planning and implementation of their health care'[8], further connecting concepts of democracy and self-government with universal rights in healthcare implementation.

The United Nations has provided much guidance on working with Indigenous peoples around the world [9], and the 'Declaration on the Rights of Indigenous Peoples United Nations' will be a guiding paradigm during this process[10], including the statement "Indigenous peoples have the right to be actively involved in developing and determining health, housing and other economic and social programmes affecting them".

Informed by the United Nations 'Universal Declaration Human Rights' statement that all humans should be able to 'receive and impart information and ideas'[11], this research process was also influenced by the Open Access movement, which can be considered part of this paradigm, in particular for those who cannot afford to access health information behind a paywall[12].

Within the paradigm of human rights are the rights of women and children, codified in the UN's 'Convention on the Rights of the Child' and the UN's statements on gender equity and equality[13–15]. The principles of self-autonomy and individual choice in health are monitored by the UN, in particular women having the right to decide whether to terminate pregnancies[16].

Consumer rights or human rights?

While the connection between human rights and democracy is significant, it is important to note that human rights and concepts of 'social democracy' can also be contrasted with 'consumer rights'. From one perspective, the social democratic rights-based paradigm relies on collective action to create public health initiatives, codified by the World Health Organisation (WHO), which stated that health promotion is the process of 'enabling people to increase control over, and to improve their health' [17].

Parallel to the human-rights based paradigms (but not independent of them) is the 'consumer rights' paradigm, where people are involved as 'consumers', 'users', 'tax-payers', 'payers' or 'customers'. This model is grounded in free-market paradigms, based on the axiom that the market model will create services that are needed in response to the needs of the customers[18]. The origins of the word are associated with a transactional merchant relationship where the 'consumer' takes goods or services, and to 'consume'[19]. A recent assessment of the influence of public involvement on health research concluded that a 'consumerist approach is still predominant and that in reality the public voice has limited impact upon the research design or upon which research gets funded'[20]. In this document, humans with rights will be described as people, not consumers, and people with a 'stake' in Cochrane's work will be described as 'stakeholders'. It is proposed the word 'consumer' is not used in this process at all.

Cultural neutrality and environmental rights

Values, assumptions, ways of thinking and knowing are not shared universally. The participatory process proposed for developing this Values Statement will require that it continually attempts to map cultural variations, in an attempt to avoid unconsciously reinforcing particular (often 'dominant')[9] values. Transparent acknowledgement of differing values and perspectives is critically important, in particular when mapping if different stakeholders' values are complementary or opposing. A participatory process requires mapping all of these perspectives and, where possible, involving people in labelling different perspectives and values.

Many problems facing humans are shared by non-human life forms and ecosystems, including rapid climate change, air pollution and sea-level rise. If initiatives are to operate in inclusive, culturally-neutral ways, reconsideration of the language used to describe relationships between humans, non-human life and the environment is essential.[21] Environmental and social sciences are challenging and redefining colonial-era concepts of what can be 'owned' as property or who 'owns' [21,22]. As a result, ecosystems such as rivers and non-human animals, are being assigned 'personhood'[23–25]. Western European legal and economic traditions are frequently incompatible with those of some Indigenous peoples'.[21,26,27]

It is acknowledged that it will be a challenging process to 'de-colonialise' and 'de-anthropocise' language and action[28,29], as this may be perceived as a challenge to some people's cultural attitudes which may not align with the United Nation's universally enshrined principles of democracy, human rights and environmental rights. Similarly, variation in the values which underpin different economies, healthcare systems and environmental management practices will also need to be mapped.

The participatory process used for developing the Values Statement will need to be transparent about how different stakeholders have been involved in shaping it in order to improve ongoing evaluation of the process.

Participatory action research

Participatory action research is an umbrella term which describes several related approaches, including forms of action research which embrace a participatory philosophy and include 'co-design' and 'co-production' of research [30]. These approaches share a process whereby researchers, the public and other relevant stakeholders "work together, sharing power and responsibility from the start to the end of the project",[31] including knowledge generation and translation[31].

At the core of participatory action research is critical reflexivity, a process which asks people involved to reflect on the causes of problems, any solutions and the actions that people can take to improve the current situation [32(p11)]. It is a form of collective self-reflective enquiry undertaken by participants in order to understand their situation from a number of perspectives, including rationality and a sense of justice [33(p153)]. In a health context, participatory action research attempts to reduce health inequalities by supporting people to be involved in data collection, reflection and, ultimately, actions to improve their own health [34]. It is an interactive process, seeking to understand and improve things through change [34]. Participatory action research integrates knowledge translation into the research process, by involving those who can inform future actions as partners in the research. The concept of 'dominant interests' is especially important in the context of participatory action research with Indigenous peoples around the world, and the UN's recognition that their culture can be threatened by 'dominant' cultures[9]. Methods of mapping such 'interests' in a standardised way are proposed by using STARDIT.[6] Guided by this paradigm, where possible,

stakeholders will be invited to be involved in every stage of the co-creation of the Cochrane Values Statement.

Share and share alike

References

1. Cochrane. Strategy for Change: 2021-202. https://web.archive.org/web/20210719155527/https://community.cochrane.org/sites/default/files/uploads/inline-files/Strategy for Change 2021 FINAL.pdf. Published 2021. Accessed November 15, 2021.

2. Cochrane. Cochrane principles. https://www.cochrane.org/about-us.

3. Cochrane. Policies . https://community.cochrane.org/organizational-info/resources/policies. Accessed November 15, 2021.

4. Cochrane. The Statement of Principles for Consumer Involvement in Cochrane | Cochrane Consumer Network. https://web.archive.org/web/20210921021436/https://consumers.cochrane.org/news/statement-principles-consumer-involvement-cochrane. Published 2017. Accessed November 15, 2021.

5. Nunn J. *STARDIT Report: Cochrane Values Statement*.; 2021. https://wikispore.wmflabs.org/wiki/Cochrane_Values_Statement.

6. Nunn J, Shafee T, Chang S, et al. Standardised Data on Initiatives – STARDIT: Beta Version. October 2021. doi:10.21203/RS.3.RS-934285/V1

7. United Nations. Human Rights . https://www.un.org/en/sections/issues-depth/human-rights/. Published 2021. Accessed February 24, 2021.

8. World Health Organisation. Declaration of Alma-Ata. http://www.who.int/publications/almaata_declaration_en.pdf?ua=1. Published 1978. Accessed June 25, 2018.

9. United Nations For Indigenous Peoples. Indigenous Peoples at the UN. https://www.un.org/development/desa/indigenouspeoples/about-us.html. Published 2018. Accessed April 16, 2019.

10. United Nations. *United Nations Declaration on the Rights of Indigenous Peoples United Nations*.; 2007. https://www.un.org/development/desa/indigenouspeoples/wp-content/uploads/sites/19/2018/11/UNDRIP_E_web.pdf. Accessed February 25, 2021.

11. United Nations. *Universal Declaration of Human Rights*.; 1948. http://www.ohchr.org/EN/UDHR/Documents/UDHR_Translations/eng.pdf. Accessed February 5, 2018.

12. Kirsop B, Chan L. Transforming access to research literature for developing countries. *Ser Rev*. 2005;31(4):246-255. doi:10.1080/00987913.2005.10764998

13. UN Women. Human rights of women. https://www.unwomen.org/en/news/in-focus/end-violence-against-women/2014/rights. Accessed March 1, 2021.

14. United Nations. Convention on the Rights of the Child. https://www.unicef.org.au/upload/unicef/media/unicef-simplified-convention-child-rights.pdf. Accessed March 1, 2021.

15. UN Women. United Nations Entity for Gender Equality and the Empowerment of Women. https://www.unwomen.org/en. Accessed March 1, 2021.

16. United Nations. *Abortion Policies and Reproductive Health around the World*.; 2014. https://www.un.org/en/development/desa/population/publications/pdf/policy/AbortionPoliciesReproductiveHealth.pdf. Accessed March 1, 2021.

17. The World Health Organisation. The Ottawa Charter for Health Promotion. *WHO*. 2016. http://www.who.int/healthpromotion/conferences/previous/ottawa/en/index1.html. Accessed November 3, 2016.

18. Burton H, Adams M, Bunton R, et al. Developing stakeholder involvement for introducing public health genomics into public policy. *Public Health Genomics*. 2009;12(1):11-19. doi:https://dx.doi.org/10.1159/000153426

19. Nunn J. "Consumer" should be a taboo word in public services. *Heal Issues*. (114):38. http://search.informit.com.au/documentSummary;dn=507398570747775;res=IELHEA. Accessed April 27, 2016.

20. Green G. Power to the people: To what extent has public involvement in applied health research achieved this? *Res Involv Engagem*. 2016;2(1):28. doi:10.1186/s40900-016-0042-y

21. Bromley DW. The commons, common property, and environmental policy. *Environ Resour Econ*. 1992;2(1):1-17. doi:10.1007/BF00324686

22. Butler JRA, Tawake A, Skewes T, Tawake L, McGrath V. Integrating traditional ecological knowledge and fisheries management in the torres strait, Australia:The catalytic role of turtles and dugong as cultural keystone species. *Ecol Soc*. 2012;17(4). doi:10.5751/ES-05165-170434

23. Rachel Feltman. Orangutan granted rights of personhood in Argentina. *The Washington Post*. https://www.washingtonpost.com/news/speaking-of-science/wp/2014/12/22/orangutan-granted-rights-of-personhood-in-argentina/?noredirect=on&utm_term=.53d1313c54bc. Published 2014. Accessed April 17, 2019.

24. Hutchison A. The Whanganui River as a Legal Person. *Altern Law J*. 2014;39(3):179-182. doi:10.1177/1037969X1403900309

25. O'Donnell E. *Legal Rights for Rivers: Competition, Collaboration and Water Governance*.; 2018. https://www.routledge.com/Legal-Rights-for-Rivers-Competition-Collaboration-and-Water-Governance/ODonnell/p/book/9780367584160. Accessed April 26, 2021.

26. Genome British Columbia. *Genomics Positively Affects Life, Every Day*.; 2019. https://www.genomebc.ca/wp-content/uploads/2019/06/GBC-4228-2018-AR-FINAL_WEB.pdf?utm_source=Master+List&utm_campaign=8c36d44d96-ANNUAL_RPT_CAMPAIGN_2019_07_10&utm_medium=email&utm_term=0_007b42effb-8c36d44d96-96302171&mc_cid=8c36d44d96&mc_eid=40205f8c68. Accessed July 18, 2019.

27. Indigenous Corporate Training. Who owns Traditional Ecological Knowledge? https://www.ictinc.ca/blog/owns-tek. Published 2013. Accessed July 18, 2019.

28. Rubis JM. The orang utan is not an indigenous name: knowing and naming the maias as a decolonizing epistemology. *Cult Stud*. 2020;34(5):811-830.

doi:10.1080/09502386.2020.1780281

29. Rubis JM, Theriault N. Concealing protocols: conservation, Indigenous survivance, and the dilemmas of visibility. *Soc Cult Geogr*. 2020;21(7):962-984. doi:10.1080/14649365.2019.1574882

30. Macaulay AC. Participatory research: What is the history? Has the purpose changed? *Fam Pract*. 2016;351(3):cmw117. doi:10.1093/fampra/cmw117

31. INVOLVE. *Guidance on Co-Producing a Research Project*.; 2018. https://www.invo.org.uk/wp-content/uploads/2019/04/Copro_Guidance_Feb19.pdf. Accessed March 14, 2018.

32. International Collaboration for Participatory Health Research (ICPHR). *Position Paper 1: What Is Participatory Health Research? Version: May 2013*.; 2013. http://www.icphr.org/uploads/2/0/3/9/20399575/ichpr_position_paper_1_defintion_-_version_may_2013.pdf. Accessed June 13, 2017.

33. Kemmis S, Nixon R, McTaggart R. *The Action Research Planner: Doing Critical Participatory Action Research.*; 2014. doi:10.1007/978-981-4560-67-2

34. Baum F, Macdougall C, Smith D. Participatory action research. *J Epidemiol Community Heal*. 2006;60(60):854-857. doi:10.1136/jech.2004.028662

[COUNCIL PAPER 011221-3]

Constituency:	**Methods**
Period of Report:	November 2021
From (names):	Silvia Minozzi and Sarah Nevitt

Cochrane Methods Executive, Methods Groups and Methods Community Report to Council: November 2021

Achievements since last formal meeting

Updates from the Methods Executive and Methods Support Unit

- The Methods Support Unit is hosted a special web clinic on including different study designs and evidence on **11 November** with updates on the five projects aiming to tackle methodological challenges in public health intervention reviews (project being led or advised by **Statistics, Non-Randomised Studies of Interventions, Bias, Equity, Priority Setting, Qualitative and Implementation** and CRGs). All welcome.
- The **Methods Executive** is meeting next on **30 November**.
- **Cochrane Council seeks new methods representation - deadline 31 December 2021:** We seek one representative from the methods community (either a Methods Group Convenor, staff or active member) to sit on the Cochrane Council. This is an exciting opportunity to speak for, and listen to, the methods community in Cochrane. The position starts in April/May 2022

(Sarah Nevitt is going on maternity leave in April 2022). Further information and details of how to apply can be found here.

Updates from Methods Groups:

- The Editorial and Methods Department launched the annual Cochrane Methods Report on 1 November and have added Methods Group spotlight on reports each day in alphabetical order.
- **Qualitative and Implementation** launched the Qualitative Evidence Synthesis learning Live webinar series with an introductory session; with over 500 attendees it was the most attended webinar Cochrane Training has ever held! Next webinar was on question formation and searching for qualitative evidence on **15 November.**
- **Bias** are hosting their annual meeting virtually – the first was on **28 October** and the second was on **17 November** and dedicated to presenting findings from recent methodological research from across the Group.
- **Screening and Diagnostic Tests** have shared the fifth draft chapter from the new version of *the Cochrane Handbook for Systematic Reviews of Diagnostic Test Accuracy* on undertaking meta-analysis (Chapter 11).
- **Equity** published a Cochrane Library Editorial on increasing the global relevance of Cochrane Reviews by applying an 'equity lens'.
- Cochrane Methods Symposium recordings available with speakers from **Non-Randomised Studies of Interventions, Qualitative and Implementation, Equity** and **GRADE,** and chaired by the **Methods Executive.**

Challenges, including issues for the Council to discuss

Comments from the Methods Executive and Methods Groups for Council

Comment 1:

Most of the methods development work in Cochrane has been pro bono and people involved are genuinely enthusiastic about methods work. I don't see a clear role of methods groups in the proposed changes. Who will be pushing the envelope? Will Cochrane lose the methods community as a result?

Comment 2:

Most of the members of the Cochrane Methods Community are not paid directly by Cochrane and essentially, we do our Cochrane work in a volunteer / pro-bono status because they want to and they are passionate about Methods. Without a clear role for Methods in the new Cochrane structure, the risk is losing engagement with the Methods Community.

The Methods Community overall has not yet been very vocal about the proposed changes. This may be because as a Community, currently we have no idea what the proposed changes mean for us. Will our role be essentially the same but within a different structure? Will there be a different role, or a role at all?

More clarity on some of these questions is needed quickly before engagement is lost with the Methods Community entirely. We think some people are feeling alienated and even under appreciated with the lack of specific mention of Methods within the latest Strategy. Without clarity around the role of Methods in the 'new' Cochrane soon, even the most enthusiastic Cochrane Methods people may start to turn their attention elsewhere to spend their volunteer time.

Priorities for the next 3 months

To engage further with the Methods Executive, Methods Groups and wider Methods Community regarding the role of Methods and the Methods community in the future of Cochrane.

Engagement will involve:

- Discussion of the role of Methods and the Methods community in upcoming Methods Executive meetings
- Reflecting upon the Methods Community projects (in depth interviews conducted with all Methods Groups in 2019)

[COUNCIL PAPER 011221-4]

Constituency:	**Managing Editors**
Period of Report:	November 2021
From (names):	Gail Quinn and Liz Dooley

Managing Editors Report – November 2021

As per your request below, Gail & I are sending our constituency report to be included in the December agenda pack for information, under the following headings:

- Achievements since last formal meeting
- Challenges, including issues for the Council to discuss
- Priorities for the next three months

Achievements since last formal meeting
The Council ME Representatives have continued to communicate with their member constituents throughout this very difficult period in Cochrane. A marked achievement is raising awareness via Council of the very low morale/motivation felt by a large number of CRG staff internationally as they move towards the closure of their groups and job losses. This, coupled with grave concerns about moving to EMS, and the uncertainty over the new proposed ESU structure, have been the main talking points within the community. As Council Reps, we have received numerous communications, both formal and informal, and we have tried very hard to support our colleagues by bringing their comments to the Council.

Challenges, including issues for the Council to discuss
The major stumbling block on the review production side is the difficulties MEs and their authors experience when using the EMS. This would have been less of an issue if we did not have to support our colleagues who are facing devastating job losses. Our constituents have laid out numerous challenges in the attached Word document.
Other challenges include the lack of guidance for the whole community during this transition phase as specified in the attached PDF letter; *'Specifically, we need direction to prioritize workloads in the face of finite and, in some cases diminishing resources and time, as Cochrane makes the transition to a new model. We are grateful that specific issues raised around the new EMS have been acknowledged and that guidance was provided for UK groups contending with loss of funding. However, we lack clear communication on transition plans for those in other contexts impacted by the central changes — for instance, non-UK groups who may be losing funding, and those with sustainable funding uncertain of their place in a new Cochrane model moving forward'.*

Priorities for the next three months

It is imperative that we take this opportunity now to retain and support the highly skilled and experienced ME community within the new Governing Board approved structure. We will contribute to the forthcoming discussions early next month once the proposals are made public. In the meantime, our priorities as ME Council Reps will continue to focus on the wellbeing of our constituents, making sure all the initiatives in progress are clearly communicated, and guaranteeing their ideas and comments will be heard, as per the Council remit of ensuring that Cochrane Groups retain an effective voice in Cochrane's leadership and strategic high-level decision-making. This will allow our constituents to fully engage with any matters the Governing Board raises, and provide input to inform Governing Board deliberations.

Kind regards,
Gail & Liz

Cochrane Library Product Development 2022

Product vision 2022-2026

For healthcare researchers, decision-makers and educators, the Cochrane Library offers a compelling value proposition which

- accelerates healthcare research and knowledge sharing,
- supports decision-making in policy and practice,
- facilitates training and education needs for healthcare researchers, policy makers and practitioners;

to retain subscriptions, while also providing an industry standard Open Access-compliant reading and reuse experience.

Product development themes for 2022

Product Theme	**Roadmap Activities**	**Key Performance Indicators**
Contribute to financial sustainability	Open Access Revenue-driving product opportunities	Strategic impact
Leverage continuous improvement of publishing systems	Support production workflow improvement	Contribution
Enhance usability & discoverability for key user/customer groups	Review format enhancement Population, Intervention, Comparison and Outcomes (PICO) discovery & Evidence surveillance Search performance	Discoverability
Enhance multi-lingual discoverability for key markets	Spanish portal enhancement	Discoverability
Know if we are successful	Product metrics	Strategic impact

Council participation

	Low commitment	High commitment
In -depth	Feature feedback & testing	User research
Strategic	Surveys	User panels

Feedback

Cochrane Library product feedback form

Task Exchange | Cochrane Library: tell us what you think

[PAPER 011221-8]

Future of Evidence Synthesis Production - Perspectives of Geographical Groups

Paper of the Geographic Group Executive to the Cochrane Council and Governing Board – November 2021

The directors of Geographic Groups (GGs) held an online meeting (two sessions) on November 17, 2021, that focused on the future of evidence synthesis at Cochrane, the currently suggested re-organization and the perspectives of GGs. In both sessions, Karla Soares-Weiser provided a brief introduction, after which she answered questions and a general discussion was held. In its meeting of November 24, 2021, the Geographic Group Executive further discussed the issues raised by the GG constituency. This document aims to summarize the main points from both rounds of consultation as well as additional informal discussions. Some of the questions raised during the meetings were not directly linked to the future of evidence synthesis production and are for that reason not included in this paper to the Council and Governing Board.

1. We need to define an active role of GGs' in supporting the Strategy of Change

GGs are supportive of a process of change in Cochrane, in particular if this will help address long-standing problems that they have encountered in the past, for instance when working both with author teams and CRGs. Although GGs did not have a defined role in review production, they have contributed to it in multiple ways either at group or individual level (e.g., as review authors) or when supporting external author groups in their countries/regions. In the meetings GG directors emphasized several of the roles or activities that GGs have and voiced concerns related to them:

- To produce or support producing Cochrane reviews: GGs are supportive of a new structure that will allow authors not affiliated with any Cochrane group to directly submit review manuscripts to a Central Editorial Service (CES) for publication in the Cochrane Library. As to their own involvement in review production, some GGs could possibly collaborate closely with or even be part of Evidence Synthesis Units (ESUs). Recently, many Cochrane reviews in response to COVID-19 were produced by GGs in direct interaction with the CEU. These reviews contributed significantly to Cochrane's response to the pandemic and its profile as a trusted partner for evidence syntheses. In addition, GGs have pioneered some of the methodological innovations that now might become more attractive to funders than standard Cochrane reviews. Any new model for review production should be flexible enough to empower this kind of engagement / innovation across different Cochrane groups rather than restricting the role of GGs to activities other than evidence synthesis production.
- To train Cochrane review authors: GGs are concerned about how the proposed changes would impact on one of their main roles: capacity building. It is important to have a qualified and diverse base of authors around the world and to further develop the opportunities for young people to join Cochrane either as authors or on other pathways. Geographic Groups train many of these people. The interactions with CRGs have been important though problematic at times, e.g., when authors received training and advice by GGs but then were unable to register titles with CRGs. GGs are concerned how any training for high-quality evidence synthesis would be integrated in the new structures if these are very much geared towards delivering evidence synthesis products on request of stakeholders.
- To ensure dissemination, advocacy and knowledge translation activities: GGs are best placed to reach out to local/regional stakeholders, identify formats that are suitable for their information needs, and advocate for the use of Cochrane evidence in general. Much of this work is done in languages other than English and contributes significantly to Cochrane's global visibility. These activities also provide valuable opportunities for people who do not speak/write English at the level of review authoring to become involved in Cochrane and to contribute meaningfully. With an emphasis on evidence synthesis production alone GGs are concerned that these activities will no longer be a focus in Cochrane.
- To support priority setting: Identifying priorities for evidence synthesis is quite a challenge but crucial for effective knowledge translation, i.e. to ensure that Cochrane reviews meet the needs of stakeholders. GGs

can support this activity at local/regional level. But frequently they do not have the resources (or skills) to respond to the needs of stakeholders alone, e.g., by taking on review projects within tight timelines. GGs can help Cochrane to become more outward facing by involving stakeholders such as local decision makers or consumers in priority setting efforts and by serving as knowledge brokers. In turn, Cochrane should ensure that its future structures and processes will be accessible and responsive, so that, for instance, a national guideline group has a fair chance to come to Cochrane with a request/mandate for evidence and find a clearly defined pathway for how to work with us (possibly across different groups) up to an evidence synthesis product that responds to their needs.

2. We need to maintain cohesion and foster diversity in the community

For GGs, maintaining cohesion and fostering diversity within the global Cochrane community is very important. Diversity is closely linked to capacity building as newcomers need training to become productive Cochrane members. Consequently, GGs ask how capacity building would be taken into consideration by the new ESUs if they are thought to be a key structure in Cochrane in the future. This includes training for review production but also for other tasks, for instance, in knowledge translation. If Cochrane's fundraising efforts focus on a small number of ESUs to ensure their financial sustainability, capacity building and other important collaborative efforts in the Cochrane community may become secondary. While some ESUs may be willing to contribute (or even lead) in areas other than review production (e.g., if they are part of an academic institution) others may just focus on review production alone. GGs ask that any roles that ESUs should have *beyond evidence synthesis production* be clarified and defined early on. Transparent and meaningful performance indicators will be needed and should reflect such additional roles.

3. We need transparency in the conceptualization and selection of ESUs and in managing competition

GG staff are very committed to Cochrane and its collaborative spirit. Through their in-kind or earmarked funding for staff with part- or full-time Cochrane roles, GGs and their host institutions bring substantial resources to Cochrane. Right now, some GGs already have a local 'ESU' profile and want to continue in this way. Cochrane should adopt a flexible model when going forward defining its new way of producing evidence syntheses, specifically avoiding "one-size-fits-all" models which may benefit some but not other groups. This would avoid an erosion of the existing valuable expertise and resources if a strong element of competition was introduced into a community that is rooted in collaboration. Of course, the challenge is how to reconcile this with funders' preferences for competitive (short-term) project funding. Competition among Cochrane groups (incl. groups from different constituencies) can become quite dangerous and undermine the 'core values' of Cochrane. If a decision in favor of establishment of ESUs is to be taken, Cochrane should be very transparent about the criteria and processes that will be used to define and select the groups that will lead these ESUs, and in particular, whether some geographical balance is intended. Furthermore, Cochrane will need to develop a comprehensive plan to resolve conflicts, including those that potentially may arise between GGs.

4. We need to guarantee the continuity of review production during this period of change

There is quite some uncertainty in GGs whether CRGs (generally, and in the UK, in particular) will continue to take on new reviews until the restructure is completed. GG staff and the author teams they work with need to have clear indications whether new review titles can still be submitted (or published reviews be updated) during this period of change and who will be their point of contact. At least during the transition phase, a flexible approach with co-existing review production models might bear less risks than changing from CRGs to ESUs all at the same time.