Cochrane Council

Meeting by videoconference
6 October 2021; 20:30-22:00 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. Stefano Negrini (Fields: **Co-Chair**)
7. Lotty Hooft (Geographic Groups Directors)
8. Erik von Elm (Geographic Groups Directors)
9. René Spijker (Information Specialists)
10. Maria-Inti Metzendorf (Information Specialists)
11. Liz Dooley (Managing Editors)
12. Gail Quinn (Managing Editors)
13. Sarah Nevitt (Methods Groups)
14. Silvia Minozzi (Methods Groups)
15. Santiago Castiello de Obeso (Early Career Professionals Network)
16. Ahmad Sofi-Mahmudi (Early Career Professionals Network)

NON-VOTING GUESTS:

    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

    GOVERNING BOARD MEMBERS ATTENDING:
22. Tracey Howe, Governing Board Co-Chair
23. Catherine Marshall, Governing Board Co-Chair

APOLOGIES:
24. Ndi Euphrasia Ebai-atuh (Consumer Network)

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:**
10'	**OPENING BUSINESS:**		
	1. **Welcome, Apologies, Declarations of Interest for this meeting**	Council Co-Chairs	For information
	1.1. • Welcome to Jack Nunn, incoming Consumer Network representative • Congratulations to Agustin Ciapponi, Author representative, on his re-election		
	2. **Council Co-Chair Report [VERBAL REPORT]** Including: • Consent agenda and Council only time • Current context • Board and Council Co-Chair matters • Annual General Meeting invitation and preparation	Council Co-Chairs	For information
	3. **Approval of the Agenda, including the papers and decisions in the Consent Agenda**	Council Co-Chairs	For approval
	SUBSTANTIVE BUSINESS:		
30'	**4.** **Future of evidence synthesis: update** *[VERBAL REPORT]*	Vanessa Jordan and Sarah Nevitt (*Editorial Integrity and Efficiency Project Working Group*) Karla Soares-Weiser	For discussion
5'	**4.1.** **Future of evidence synthesis workshops: Council volunteers** *[OPEN ACCESS SUPPORTING DOCUMENT 061021-1]*	Catherine Marshall	For decision
15'	**4.2.** **Managing Editor Executive Report** *[OPEN ACCESS SUPPORTING DOCUMENT 061021-2]*	Bob Dellavalle, Judith Brodie, Gail Quinn and Liz Dooley	For discussion
10'	**5.** **Cochrane 'values statement'** *[VERBAL REPORT]* The Consumer Executive is exploring drafting a 'Cochrane Values Statement' and wishes to inform the Council of the co-design process and seek feedback on any appropriate next steps.	Jack Nunn	For information and discussion
5'	**RECURRING BUSINESS:**		
	6. **Council Constituency and Working Groups Reports** [WRITTEN REPORTS; ISSUES TO BE DISCUSSED BY EXCEPTION]	All members	For information

	7.	**Any Other Business**	Council Co-Chairs	For discussion
	7.1.	**Lessons learned by the Governing Board to make effective virtual meetings**	Tracey Howe	For information
	8.	**Date of next meeting:** 1st December 20:00-21:30 GMT	Council Co-Chairs	For information
15'		**COUNCIL ONLY TIME**		
	9.	**Ways of working: organization and frequency of future Council meetings** *[VERBAL REPORT]*	Council Co-Chairs	For discussion
	Consent Agenda: - Council Minutes 1 June 2021 - Council Informal Notes 15 July 2021 - Constituency Reports: - Council paper 061021-2 Managing Editor Executive Report [OPEN ACCESS]			

Items planned for consideration not covered in this Agenda:

Council response to community member question:

- 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?

Item raised via the Council Secretary inbox by Katherine Jones (NIHR Network Support Fellow, Cochrane Acute and Emergency Care Network)

- Council paper 061021-3 Cochrane Information Specialists' Executive feedback [OPEN ACCESS]
- What Cochrane can do more 'simply'
- Review of the Council's role and Terms of Reference
- Council response to the Review of the Executives
- Role of Council in supporting Group monitoring

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.	Standing (for discussion together with the item of the frequency of Council calls in 2022)
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

Council paper 061021-2 Managing Editor Executive Report [OPEN ACCESS]

Responses from ME mailing list to request for Agenda items for forthcoming Cochrane Council Meeting to be held on 6 October 2021. Submitted by Gail Quinn and Liz Dooley

The Cochrane Council is an advisory body to the GB and CET, which ensures that Cochrane Groups retain an effective voice in Cochrane's strategic decision-making and operational implementation

https://www.cochrane.org/about-us/governance-and-management

Agenda item 1:

Mental health and wellbeing concerns of Cochrane staff

- Given Cochrane's proposal to dismantle all CRGs, which effectively makes a significant proportion of the Cochrane Community redundant or facing a hugely uncertain future, I find the expectation that we shoulder the burden of a) consultation on the new model and b) performing the transitional work (e.g., to EM) breathtakingly insensitive. In addition, the cancellation of the 2022 Colloquium, which represents the only opportunity for editorial staff for training, discussion, and networking, is a further unexpected blow.
- Cochrane called us in to the office quite early in the process, gave us our dismissal notice (for March 2023) and then expected us to help them build the model for our replacements!

- In terms of wellness, I've been banging that drum for some years to no avail. I know we are not technically employees, but I do think that Cochrane does (or at least should) have some responsibility for CRG staff wellbeing, especially as most of our stresses and strains are a result of Cochrane policy and workload. Probably too late at this stage though.
- I know Cochrane needs to get started in planning this 'new order', especially if it is to tie in with NIHR's likely funding call next year, but right now many MEs are feeling shocked, sad, and betrayed given how committed they have been to both their CRG and the Cochrane vision/mission over many, many years.

- It has been hugely upsetting and anger-inducing to have our funding stopped, though not surprising. It was galling that leadership did not proactively acknowledge that we are losing our jobs and that it is dreadfully sad that the groupings of people CRGs have looked after for 25+ years will not continue. Especially because we are continually told that we need to be supportive, and the most important thing is the people and collaboration – organisations must practice what they preach – do as I do versus do what I say – we must live our values. Leadership moved too quickly to talk about the opportunities and asking us to labour to provide constructive criticism of the new model without acknowledging individuals' grief. To say that there will be many jobs may be true IF YOU GET NEW FUNDING, but we will have to apply for those jobs and how likely is it they will be in place in March 2023, so it's not very comforting. I say this as someone who understands the need for change, is supportive of change and has advocated for change for years.
- We've continued to give 100% during the Covid-19 pandemic - my team has been at less than 50% for at least the last year (like other teams, we've endured bereavements, serious family issues, mental health crises, home schooling, etc.) yet we've pushed on and on and still met Cochrane standards/contractual deliverables our funders… now I'm wondering why we bothered at all. Wishing we had just furloughed everyone and shut up shop for 18 months.

Ignored concerns

- It's ironic that CRG staff have been banging on for years that our review methods have become overwhelming, standards inconsistent, processes cumbersome and documentation inaccessible and we now find that these are four of the areas Cochrane intends to 'simplify' in the new regime.
- Has any thought been given to the 1000s of volunteers that are part of CRGs i.e., Editors? Why should they volunteer any of their time in the future?
- Do not switch off Archie workflows – EM is not fit for purpose. We cannot work with it.
- Cochrane keeps on about how x or y risks damaging their reputation whilst forgetting that their reputation is based on the hard work of CRGs.

- How many times have we heard that 'CRGs are the engine of the Cochrane machine'? Empty words, and to continue the metaphor, it seems that the engine wasn't maintained over many years and now it is broken.
- I've been committed to and proud to be part of my CRG for the last 13 years. I came to Cochrane via academia - I stayed because I believed in what we do and although I was no longer producing academic research myself, this job allowed me stay close to and be part of research that makes a difference. I am now wishing I had pursued a different career path.
- How on earth do Cochrane/NIHR think we can continue at the same pace over the next 18 months knowing that we won't have a job at the end? It's beyond me.
- Why on earth are we all breaking ourselves trying to get to grips with Editorial Manager (yet another Cochrane innovation that is not fit for purpose) when most of us won't need to use it if editorial processing is centralised?
- I had high hopes for the EM, but it is clear that it is only fit to handle a peer review process of a regular journal. This is fine for the fast track and will be fine after the CRGs are disbanded according to Karla's proposed model, but CRGs now need to focus on completing the reviews that they can complete in the last 18 months of our existence. It is a waste of time making a system not designed for us work for the sorts of editing we do here.
- We have gone from being funded by NIHR to catastrophe (especially for the scores of CRG staff who will lose their jobs), there was no opportunity for the CRGs to improve (where necessary) and grow into the vision laid out by NIHR.
- We've endured extensive and rapid change for some years now, without having support/training in how to navigate and deal rapid change (change management) unless I missed the email about how to navigate and support others through change.
- I do think it is naïve to assume that CRG staff will want to engage with Cochrane to help shape a future that will essentially not involve most of us. The timing is insensitive given that many MEs are still numb following the recent NIHR bombshell
- The workshops that are being set up to model the future of the ES units are not long enough.

Council
- How will the Council have any say in the new plans and how they will support the transition?

Miscellaneous

- Reviews have become ever more burdensome (for review authors, CRGs and end users). It would be good if Cochrane could at least go back to the MECIR standards and identify which need to be adhered to as a minimum and the rest can be ignored.
- Can we please also add these comments/questions to the futurecochrane.space site when that becomes available at the end of September?
- If Cochrane was aware that funders were not happy about Cochrane's business/production model for some years then one has to beg the question, why did Cochrane not take action sooner? I think

the strange business model is in part to blame but the 'new order' looks like it still has the same tripartite relationship so who's to say that Cochrane will have any 'control' over the new evidence synthesis centres?

- As things are going to change, how much time and effort should we invest in registering unsolicited new titles or conducting prioritisation projects?
- From a practical point of view, should we just focus our efforts on the work we currently have in progress, getting those reviews up to scratch, continuing with updates, and basically tidying up what we have going on at the moment?
- It seems crazy to continue taking on 10-12 new titles a year when there is so much uncertainty as to the future of our jobs.

Suggestions for Cochrane CET

- To limit the damage on morale and encourage the Community to engage effectively in the next steps for the organisation, Cochrane needs to urgently reconsider the messages it is giving entity staff.
- Cochrane's HR should be giving advice to Co-Eds as to how to deal with the wellbeing of their staff and how to deal with host institutions and potential redundancies.
- At the very least, Cochrane could subscribe to an employee assistance program such as Validium which would enable people to access support across several different areas (support for both managers and teams, guidance, personal and work-related issues, CBT, counselling) and provides self-paced learning in some areas too.
- It would be good to have guidance about whether we should be essentially 'shutting up the CRG shop' and aiming to finish any reviews by 31 March 2023? Do we announce to the world that our CRG will cease to exist then?
- Options are to keep the Archie workflows alive so we can use them to manage internal review for the next 18 months before moving into EM for peer review (we could receive the review in EM and then use Archie behind the scenes, and the contact person would only receive communications from EM), or to immediately roll out the centralised editorial process pilot across all groups so that we focus on delivering reviews ready for peer review. This would help NIHR funded groups maximise their return on the funds.
- Can we gain clarity regarding the reasons the recommendations in the Kleijnen report were not followed?
- There has been a menacing tone used and a very clear message given to the CRGs that throughout this awful period the CRGs are to blame for the mess we now find ourselves in. That culture must be stopped immediately with responsibility for this devastating loss of jobs being acknowledged by our leadership.
- The CET needs to provide groups with a standardized draft email that **we** can send to our volunteer editorial teams and authors informing them about what has happened re UK funding, and explaining the uncertainty ahead, especially for UK CRGs. A position statement, essentially.
- How do we summarise and communicate all this uncertainty, yet give them some reassurance, as not all countries will be affected in the same way as the UK CRGs? The CET needs to acknowledge that changes are ahead, at the very least.

Council paper 061021-3 Cochrane Information Specialists' Executive feedback [OPEN ACCESS]

Cochrane Information Specialists' Executive feedback – defining the future of Evidence Synthesis in Cochrane

The Cochrane Information Specialists Executive (CIS Exec) have created this rapid response document to convey our early ideas on how Cochrane Information Specialists can contribute to the future of Evidence Synthesis in Cochrane.

We acknowledge with sadness that funding cuts from NIHR and the restructure of Cochrane may lead to a reduction in the number of Cochrane Information Specialists (CISs) in our community, whilst recognizing that the changes may immediately affect some regions of the world more than others. However, facing the future, we see the following opportunities and roles for CIS:

1. Members of a Central Editorial Service Team or Methods Support Unit

We envisage an ongoing role within a central editorial service team and Methods Support Unit for some CISs who can peer review search strategies, check search methods against Cochrane quality standards, check study flow diagrams and undertake other search-related editorial and methodological checks.

2. Supporting the production of Cochrane systematic reviews in the new Evidence Synthesis Centres

There will still be a vital role for CISs in the construction of search strategies, running of searches, writing of search methods, and other activities associated with the production of systematic reviews published in the Cochrane Library, if high review quality is warranted. This applies to intervention reviews and especially to other, more complex review types.

3. Using the skills and knowledge of our community to generate new income streams for Cochrane - a 'pool' of Cochrane trained Information Specialists

The Cochrane Information Specialists Survey (undertaken in 2020 and recently circulated by this Executive team) included a SWOT analysis. In this analysis, the IS community is shown to hold considerable experience, with almost three quarters having been in post for 6+ years.

There is an opportunity to leverage this experience, CIS could generate income for Cochrane by undertaking fee-based tasks for external evidence synthesis groups and guideline developers . These tasks could include:

· Developing and running searches for non-Cochrane research teams working on evidence synthesis.

· Peer reviewing search strategies for non-Cochrane research teams/offering quality assurance for search methods.

· Providing online search support clinics for non-Cochrane research teams.

· Delivering external-facing training sessions on searching for systematic reviews, to the researcher and information specialist communities.

For an example of the kind of charged-for literature searching service envisaged, see the web page of the Lucid literature searching service at the University of Leeds.

4. Developing the commercial potential of CENTRAL, the Cochrane COVID-19 Study Register and PICO annotation

· We see important opportunities to maintain and improve CENTRAL making it *the* go-to source for RCT and qRCT evidence. This alone would signify a step-change in the study identification process for evidence products reliant on evidence from RCTs/qRCTs.

· CIS have the expertise and experience to help develop an enhanced, curated version of CENTRAL, going beyond RCTs and qRCTs (a current example being the Cochrane Covid-19 Study Register). With the move towards a single authority record housed within the CRS, expert metadata curation will be essential in achieving FAIR (Findable, Accessible, Interoperable, Reusable) data principles. Other topic specific, highly specialized curated databases could be envisioned, such as e.g. nutritional cohort studies or diabetes cohort studies, classified according to their outcomes.

· CIS have the knowledge and skills to manage the data, ensuring that records are consistent and maintained to a high standard, that irrelevant records are removed and that processes are followed to provide the best experience for users. Helping to maintain CENTRAL should be a formal requirement for each Evidence Synthesis Centre.

· We would like to see commercial benefit generated from the work of the CISs who have PICO annotated many systematic reviews and studies for the Cochrane Library and CENTRAL. CISs could likely suggest new developments to better harness the potential of this work, e.g.

o Development of the search interface.

o Development of upstream trial surveillance feeds linked to PICO searches.

o Use of PICO searches to create subsets of topic specific records that could be marketed commercially – potentially based on some of the more complete specialized registers maintained by current CISs.

5. Taking a leading role in search methods development and grant application for evidence synthesis

·   Cochrane Information Specialists have a great reputation among the global information retrieval community, due to the rigorous search standards we employ and the impact our work has on the integrity of the evidence in our systematic reviews. We see opportunities to capitalize on that reputation and take a leading role in furthering information retrieval science for evidence synthesis:

- Identify, lead and work on relevant grants related to information science in health evidence production.
- Updating and maintenance of the Cochrane Handbook chapters on searching.
- Development and validation of innovative methods and processes for efficient study identification (e.g. machine learning).
- Development of search expertise in support of the wider range of evidence synthesis now being undertaken, e.g. searching beyond RCTs, prognosis reviews.
- Preparing and maintaining Cochrane Methodology Reviews of research relevant to searching for systematic reviews and other healthcare literature.
- Ensuring coherence of Cochrane guidance on search methods, e.g. integrating MECIR, PRISMA-S etc.

Conclusion

The role of information specialists in the future of Cochrane is vital for four reasons:

1) ensuring the quality of evidence syntheses by adhering to and advancing search standards;

2) devising and contributing to marketable information products such as specialised study databases and commercial search services;

3) advancing information retrieval methods contributing to the efficiency of review production.

4) widely recognised expertise and experience of CISs is vital to maintaining Cochrane's leadership role among producers of systematic reviews.