Cochrane

Cochrane Council
Meeting by videoconference
1 June 2021; 20:30-22:00 GMT+1
AGENDA

MEMBERS ATTENDING:
1. Vanessa Jordan (Authors)
2. Agustin Ciapponi (Authors)
3. Robert Dellavalle (Co-ordinating Editors: **Incoming Co-Chair**)
4. Ndi Euphrasia Ebai-atuh (Consumer Network)
5. Rachel Plachcinski (Consumer Network)
6. Jo Morrison (Co-ordinating Editors)
7. Craig Lockwood (Fields: **Outgoing Co-Chair**)
8. Stefano Negrini (Fields: **Incoming Co-Chair**)
9. Lotty Hooft (Geographic Groups Directors)
10. Erik von Elm (Geographic Groups Directors)
11. René Spijker (Information Specialists)
12. Maria-Inti Metzendorf (Information Specialists)
13. Liz Dooley (Managing Editors)
14. Gail Quinn (Managing Editors)
15. Miranda Langendam (Methods Groups: **Outgoing Co-Chair**)
16. Sarah Nevitt (Methods Groups)
17. Silvia Minozzi (Methods Groups)
18. Early Career Professionals Network – vacant
19. Early Career Professionals Network - vacant

NON-VOTING GUESTS:

CENTRAL EXECUTIVE TEAM ATTENDING:
20. Lucie Binder (Head of Governance and Strategy)
21. Chris Champion (Head of People Services)
22. Veronica Bonfigli (Governance Officer and Minute-taker)

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

APOLOGIES:

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

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.

AGENDA:

ITEM		INTRODUCED BY:	PURPOSE:
1.	**Welcome, Apologies, Declarations of Interest for this meeting**	Craig and Miranda	For information
1.1.	Welcome to Silvia Minozzi, incoming Methods Group representative		
2.	**Approval of the Agenda**	Craig and Miranda	For information
3.	**Approval of the Minutes from the 14th April teleconference**	Craig and Miranda	For approval [Attachment 1]
3.1.	Review of Actions		
4.	**Council membership of organizational working groups: members' updates:**	Working group members	For information
4.1.	Diversity & Inclusion Programme working group	Miranda	For information

4.1.1.	Appointment of a new Council representative to replace Miranda[1]		For decision
4.2.	Colloquia, Meetings and Events working group	Bob and Stefano	For information
4.3.	Editorial Independence & Efficiency Project	Sarah, Vanessa, Rachel	For information
4.4.	Cochrane Membership approval working group/committee		
4.5.	Monitoring and Evaluation working group	Bob, Jo, Liz, Sarah, Stefano	For information
5.	**Governing Board Co-Chairs' update**	Catherine and Tracey	For information
6.	**Council input on the 2021 Governance Meeting strategic sessions, 22/24 June:**	Craig and Miranda	For discussion
6.1.	**Initial discussion of Executive and board feedback on the questions:** I. What new challenges and opportunities have been created for Cochrane by world events of the past 18 months? II. What are the main challenges for your constituency and what information and/or support do you need from Cochrane to address those challenges?	Lucie	For discussion

6.2.	**Initial discussion of Executive and board feedback on question:**
	
	III. A) What topics would you like to discuss with other Group staff, and organizational leaders and members, at the Governance Meetings (strategic sessions) in June <u>in addition to</u>:
	
	    • Editorial Independence & Efficiency Project: an information and discussion session
	    • Promoting Cochrane and demonstrating our impact: what data and metrics are useful to Cochrane Groups and members?
	    • Challenges and opportunities for Open Access to Cochrane Reviews: an information and discussion session
	
	B) What key themes, viewpoints and/or questions should be addressed at these three sessions already scheduled?
	
	C) How would you like to discuss them (e.g. by mixing CRG staff with Geographic Group staff, or in randomized small groups)?
	
	Desired outcome: *agreement of key points and points still to resolve on questions I-III above, in order that a formal written response from the Council on these questions can be completed by 8 June*		

[1] Miranda is stepping down from her role on the Diversity and Inclusion Programme Board, which is a small decision-making group (Tracey Howe and Juan Franco from the Governing Board, and Chris Champion) overseeing the Diversity and Inclusion Initiative. The new Council representative would join the Programme Board, which meets every 6-8 weeks, and some of the Advisory Group meetings. The Advisory Group has been recruited from the community to provide advice on the initiative.

7.	**Handover of Co-Chairship from Miranda and Craig to Stefano and Robert (Bob)**	Craig and Miranda, followed by Bob and Stefano	For information
7.1.	**Formal thanks to Miranda and Craig**		
8.	**Any Other Business**	As required	
8.1.	Proposal for an additional Council teleconference with Karla Soares-Weiser and Toby Lasserson for a date between 14 June and 9 July[2]	Veronica	For information
9.	**Date of next meetings (GMT):** • 6 October • 1 December	Bob and Stefano	For information
10.	**Closed session (Council members only)**	As required	

[2] Karla would like to set up a meeting with the Council to discuss the current challenges associated with Cochrane Review Group funding, Open Access publishing and the Cochrane's model of review production in the future following discussion of these topics at the Governance Meeting strategic sessions, 22/24 June.

Summary of Actions Arising from previous meetings (2021):

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.	Ongoing
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.	Ongoing
5. 14 April 2021	Lucie 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.	Ongoing
11. 14 April 2021	Erik to draft and circulate to a thank you and farewell message for Mark Wilson on behalf of the Council.	Completed 16 April 2021

Project Brief – Knowledge Translation Databases

Many Cochrane Groups (Fields, Geographic Groups, CRGs and networks) carry out knowledge translation (KT) activities. However, there are no 'official' ways of sharing of this information across Groups.

Structured sharing of KT activities may promote greater collaboration between Groups running similar activities possibly reducing duplication of effort and maximising the benefits with using the work to support a larger audience than just the Group alone (where applicable). There are potentially two different types of information that could be collected and shared. These two are not mutually exclusive and could be run independently of each other.

- **Group level KT activity information** – providing information on KT activities completed by Cochrane Groups including programmes of work (such as series of Cochrane corners) and one-off project activities (such as supporting end users to be able to apply evidence in practice).

- **Review specific KT product information** – providing information on the Review specific KT products which have been developed for each Cochrane Review. In the future all the related KT products developed for a review could be linked directly from the Review in the Cochrane Library or on Cochrane.org.

Both types of databases increase our knowledge and understanding across Cochrane of the KT work that is being completed As well as being a resource to Groups, it could also help the KT Department to better understand the KT needs and where to prioritise resources and investment in the future. However, in both cases, the databases are only of benefit if they are regularly updated, widely disseminated and used by those who they are intended for. Identifying the user needs is critical.

One of the barriers to sharing information is the lack of common terminology for knowledge translation activities within Cochrane. Without this, there will be misunderstandings when talking about KT work – with different terminology used for similar activities. During discussions at KT Advisory Group, Geographic Group and Field meetings in February 2021, the KTD have heard a desire to find ways to get a more systematic understanding of current KT activities across Cochrane.

As a first step we propose holding an initial meeting with some Cochrane KT advisors and interested parties across the Cochrane Community to understand the needs of those who would use such a database and to decide on priorities and next steps

Knowledge Translation Department, May 2021

Virtual Governance Meetings 2021:
Collated feedback from the Executive and board meetings

Version 1.0 1 June 2021

Unedited feedback collated by Governance & Strategy Unit

Group:	What new challenges and opportunities have been created for Cochrane by world events of the past 18 months?		What are the main challenges for your constituency and what information and/or support do you need from Cochrane to address those challenges?	What topics would you like to discuss with other Group staff, and organizational leaders and members, at the Governance Meetings in June, and how would you like to discuss them (e.g. by mixing CRG staff with Geographic Group staff, or in randomized small groups)?
	CHALLENGES:	**OPPORTUNITIES:**		
Authors	• New authors may feel less welcome - Rapid reviews or streamlined reviews produced during Covid were carried out by well-established teams. Where is the role for up and coming authors? • The urgent need for evidence highlighted how cumbersome some of our processes are. • Making sure the centralised editorial is not just another step for authors to complete on top of the already burdensome communication with CRG's. - Concern was expressed that CRG's would continue as usual doing all their checks before they allow it to go to the centralised process thus slowing everything down further. • Open access - how will this work for Cochrane? If we introduce a pay for publication model following the gold access model we now have, we may lose the valuable input of authors from LMIC countries that we take pride in. They will not be able to afford this. On the other hand, If we don't gain revenue we may lose things like the methodology projects that are funded through the library revenue. In addition, how will we pay for the centralised editorial service? • Funding shifting from infrastructure to review production such is happening in the UK. What happens if some of the CRG's lose funding altogether how will their authors get support. – Concerns were expressed about loss of the interaction between the CRG's and authors especially new authors that are wanting to join an organisation not a publishing house.	• Covid has highlighted a need for summarised evidence from reliable sources to be accessed quickly – this has increased our profile and reputation • A new focus on Cochrane's structure and more understanding from those from within that we can do better. • Centralised editorial process should mean reviews could be produced in a more timely manner. • Open Access over Covid allowed Cochrane evidence to be available and accessible to those who needed it.	**Challenges** • How to keep new authors involved in faster more streamlined reviews • How to keep LMIC authors involved if we follow an open access publishing model • How to keep the organisation a collaboration and not become a publishing house • How to make the authoring process more efficient (it takes too long) **Support** • Ensure there is still active communication between authors and CRG's • Open lines of communication with respect to open access models being considered • Ensure we still actively involve new authors by providing means to join authoring groups • Provide templates for protocols that are using standard methods. This would allow protocols to be published more quickly and shorten the review process timeline.	**Topics** • Is there still a place for novice authors. How will they be included within more experienced author groups. • Standardised templates for review protocols • Open access - How will this be funded **Discussion groups** • Mixed groups containing reps from different areas would be preferred so all voices can be heard by everyone in the discussion

Co-Eds Skin Group	• Governments and funders have less money due to COVID; we need multiple and clean sources of funding • Fast-tracking of Covid rapid reviews gave the appearance things can be done faster, but the pace can't be kept up indefinitely without more resources. • Challenge to do reviews quickly but correctly. Quality is still our unique selling point. COVID really emphasised the importance of prioritising questions; need to work with stakeholders to prioritise reviews	**Challenges** ahead and support needed • IT barriers, such as issues with Covidence, which can put some author teams off doing a Cochrane review • Rounds of comments also put teams off, which better IT and centralised editorial process might solve. Some comments are less important. • Difference between cheap, slower, voluntary authors and more experienced, faster, expensive authors .	• Different models of potential working (instead of current review groups) are needed to formulate discussion, but it's hard to know who has the expertise and time to formulate them; group level is too small for the discussion. • There's a lack of central prioritisation, i.e. assessment of all the groups' prioritised work – it's difficult to do (Peter Tugwell and others are doing a project on prioritizing SR updates through an equity lens.) Does the strategic plan need rethinking? it doesn't seem so relevant with these new challenges
Co-Eds Board's meetings	**The future of review production in Cochrane** **Challenges to infrastructure funding in the UK** • The NIHR have been asking for reform for some time - fewer groups, less complexity, higher impact, increased efficiency. They did not want to force this on Cochrane, they wanted to give signals to allow Cochrane to respond, but how the change is being forced. • Clarification that NIHR is committed to retain same level of funding for evidence synthesis but do not want to continue to fund Cochrane infrastructure and they want to see a more competitive process. • Several UK co-eds were very clear that the current status quo is unsustainable and that we will need to find a model that works for all. • Query whether NIHR will allow non-UK groups to apply for the expanded evidence-synthesis grants programme. • Whilst there is opportunity to initiate change there will be anxiety for people whose paid jobs are funded by NIHR. All NIHR funding goes into peoples' salaries. CRGs will not be viable in UK without this and 'radical rethink of structure' is needed. • Co-Eds will need to accept that they are conflicted and that they don't want the current status quo to change because they have what to lose and because of their loyalty to their own teams. • Working with timelines: those in the UK were concerned about only having final answers in March 22. Karla said that we aim to gather information in the consultation to allow for preferred solutions that will be discussed with the Board, hopefully by the end of 2021, with recommendations. The consultation with NIHR is ongoing. **Response from UK based Co-Eds** • UK Co-Eds are pushing for a coordinated, proactive approach with an eye on retaining topic expertise. • Suggestion that we proactively UK-wide "proposal" to the NIHR proactively, rather than waiting to see what they'll offer, including our vision of how the funding could be most effectively distributed. (Supported several UK-based Co-eds). • We need to just propose to NIHR how we can work with them in terms of responsiveness, timely delivery, efficiency and actually identifying priorities - and just do it! • We need to retain expertise and prioritisation efforts which have taken off in UK. Major efforts go to KT and engagement with users of our evidence. • Potential issue with a completely coordinated response (in the UK) is that it implies we are all going to be involved - when they want a reduction in the number of core employees. Zarko emphasized need to speak with one voice because funding and editorial independence are not sustainable. • Co-Eds need to come together on a solution, but we need to know what NIHR are willing to fund. • The NIHR stance on infrastructure funding means we have an opportunity to work on suites of priority reviews across CRGs and with other technology appraisal groups – it will force us to work differently. **Global context** • Important that the Governing Board take on board interests of wider organisation. Competition can get reviews produced more quickly, which is a key priority for funders now. • Non-UK groups which have experienced loss of infrastructure funding:	**Challenges and Opportunities** **Potential new models of evidence synthesis in Cochrane** • Discussion about different models of evidence synthesis was focused on the need to understand what funders want (particularly NIHR for UK-based Co-eds). Some possible options: 1. Clinically-based groups producing reviews in a similar way, but more cost-effectively and quickly in a more coordinated way. 2. Clinically-based groups disbanded and replaced by groups capable of producing reviews on any topic 3. Large editorial unit at the EMD and people bidding for funding. 4. Could CRGs and Networks fuse and have an editorial process that's centralised? • Topic expertise generates better reviews. Tobacco Addiction already use this kind of model and we need to retain access to content experts. • Need to sketch out a range of models and list the pros and cons. • Acknowledgement that there might not be one size fits all approach. • Need to think about what WE want out of this new model too (not just funders). • Suggestion that the future model account for the fact that Cochrane is not just turning out the review but also curating the body of reviews, helping the organizations access to reviews and disseminating review findings. • Key question is would we be more competitive if we have fewer groups? Keeping topic specific identity is clearly a challenge for any new model. • Should we seek stable partnership with other players to help deliver non-standard elements in reviews? For example, the NIHR commissioned reviews include economic assessment, which Cochrane does not usually do. • Identifying funding sources for non-clinical reviews is challenging. Clarification followed up by email: 'In Cochrane we are trying to produce beautiful reviews, ideally quickly and well, but not	**Topics/Questions** **Funding** • Is it anticipated that the OA policy will impact on CRGs/Co-Ed work and does it mean a drop in income for Cochrane from Wiley royalties, or have a more direct impact on CRGs? • Idea of surveying Co-eds to explore funding issues further and a counter suggestion that a series of short structured calls with CRGs might give richer information on how they have navigated their funding environment over a period of time. • Suggestion of central funding support unit that aids with, for example, European grant proposals. **Central Editorial Service Pilot** • What are the key questions this pilot should answer regarding efficiency/independence/timeline that will help us to form a view on the new model for review production?

	o Canada: There has been no common strategy in Canada, CRGs have had to establish links with professional and patient groups. Unlikely that this approach works well centrally. o USA: Reviews in Neonatal group now project driven and shaped by priorities of professional societies. Central support important for crafting projects and obtaining funds. o USA: System in USA sees Evidence-based Practice Centres (EPCs) bid for reviews to be done within 8 months. EPCs are geographic and not disease or system based like Cochrane. • This is not just a UK problem. The NIHR have identified problems that affect the global picture. • Not all groups rely on the NIHR, one Europe-based group relies on its own university funding. In addition goodwill and local support, based on Cochrane activities and involvement in professional groups/guideline organisations, are essential to their funding. Possible model for the UK? • Co-eds from Europe and the USA questioned whether process and methodological complexity are sustainable: priority reviews are going to other journals, and not all of them are as high quality as Cochrane. • Suggestion that fewer groups might not be the solution to the problem of funding and that there are benefits to maintaining individual CRG identities. A strength of some groups is that they are recognisable in their professional field, which has resulted in several funders having funded our projects.	necessarily with (enough) dedicated funding either through infrastructure funding or other grants. Starting from the opposite end of the equation (i.e. how much time and funding there is available) and then working out what it's possible to deliver given those might help to make some more pragmatic decisions. This could be around priorities and/or around types of reviews. • Other organizations can do it quicker because they get funded at the point of need to do the reviews. Cochrane works with volunteer authors often ghost-writing the reviews. Funded Cochrane Reviews are delivered just as quickly as by other organizations so we need to rethink how we work so we can be proud of our output and hold our heads up in discussion with funders. • Networks probably haven't been the solution that we thought they would be. They were a response to the challenges that funders were raising, but what it did was to create another layer of bureaucracy. Simpler structure is needed. They have added a layer over and above the CRGs and central team. • Important that Cochrane produces high quality reviews, but possibly not all commissioners are assessing quality in the way that we might, in relation to cost • Need a meeting of small group of Co-Eds before end of June to discuss possible models.	
Consumers	The responses to the questions for discussion at the May 2021 Council meeting were developed from a number of sources. Primarily two "Listening" meetings convened for members of the Cochrane Consumer Network by the Consumers Executive on 21st and 24th May 2021, attended by 28 members in total; a discussion paper produced in 2020 based on, amongst other things, a survey of consumers and the work of a task group; and input from members of the Cochrane Consumer Executive, drawn from the Consumer Network of 1850 members. Consumers told us that the recent past has witnessed huge changes with the arrival of the global pandemic. This has raised monumental challenges for patients, carers and the public in responding to Covid-19 and also the consequent impacts on healthcare. They believe it will change the research agenda for the foreseeable future with a need for timely evidence to support decision making. It has also raised the profile and interest in evidence-based medicine. This presents opportunities to engage the public about EBM and engage a wider audience. Consumers wondered if involvement in Cochrane had diminished during the pandemic and would like to see Cochrane step up its engagement with its volunteers, focusing on building relationships, support, and mentoring or buddying. There are opportunities to involve consumers more in pandemic related activities, in identifying research priorities, and co-producing evidence so that it meets their needs.	**Cochrane evidence** Consumers told us that they value Cochrane's work, but need evidence that meets their needs, on topics that are relevant for them as decision makers, and in accessible formats, which is not always the case. Cochrane reviews are perceived as overly complex, technical, and hard to understand. A frequently made comment was that research on common questions was often not answered by research in the Cochrane Library. Greater involvement of consumers in identifying important questions was regarded as essential to ensuring that evidence meets the needs of the whole global community. The pandemic had revealed the importance of evidence in new formats – rapid reviews, living systematic reviews and so on. The Plain Language Summary was thought to be fundamental and would benefit from improvement (acknowledging that there is currently work underway to do this). The plethora of websites is confusing, and the Cochrane Library was regarded as being difficult to navigate and far from consumer friendly. **Co-production and peer review** Consumers told us that there was an under-estimation of the willingness of consumers to be involved in the work of Cochrane as co-producers and peer reviewers of Cochrane evidence. However, it was presently difficult to understand how to connect with the organisation, partly due its size and complexity and a 'process-driven' and overly formal approach, rather than the development of personal relationships. Involvement was based on emotional connection with people in the organisation. They need to be acknowledged, valued, and thanked. Combined with fewer opportunities to be involved than the scale of evidence production would suggest, this leads to less involvement than there ought to be. We were urged by consumers to be more adventurous in the	The Consumers Executive has several questions it would like to see addressed: 1. What will be the impact of changes to funding of evidence synthesis in the UK on the organisation as a whole, on the network of Review Groups? 2. How will these changes impact on engagement and involvement, including the recruitment and support for volunteers, on research priority setting, co-production and peer review? 3. How will a move to centralise editorial functions impact on consumer peer review? 4. What will be the impact on the organisation of the move to Open Access on the future of the organisation? 5. How can support for involvement and engagement be maintained and strengthened at his crucial time? 6. How can we come together as a community more regularly to discuss, understand and respond to the challenges that face us?

		way we communicate and involve people, and in LMICs. There are opportunities to use technology like mobile phones, and WhatsApp, for example. There are networks of patient-led organisations that we could be reaching out to. Cochrane is seen as UK-centric. **Standards for Involvement** There was a recognition that a move to other forms of resourcing evidence synthesis presented opportunities for greater involvement and engagement, where funders require applicants to demonstrate how they intend to engage and involve patients, carers, and the public. The practice of involvement varies across the organisation and consumers told us that they believed developing Standards for Involvement (as adopted by the UK NIHR) were both right in principle and would also be fundamental to preparing for new funding applications. **Cochrane Review Groups** Consumers value personal relationships and connections that are offered by Cochrane's networks of groups and are considerably concerned by the potential for the loss of the Review Group network and what that might mean for their involvement as volunteers, in peer review, as members of author teams, and in activities like priority setting. It was unclear how these things might be organised in future. **Centralisation of editorial functions** Properly resourced support for involvement was a key to it thriving. A move to centralise processes like peer review arising from the Editorial Integrity Review may impact on recruitment, and support, and its long-term sustainability.	
Fields	Should Cochrane become a Guideline Development Group? How can we be 'good' rather than perfect? More than producing guidelines we should go back to the origin – in terms of who we are! The gold standard of evidence – but does that mean being a producer of systematic reviews or provider of stamps of quality approval? Our challenges haven't been new – just exacerbations of existing problems. Our funding is based on getting reviews completed. The funder doesn't understand why it is difficult for a Cochrane Field to produce reviews. Big issue for Fields is the ongoing lack of no direct line of funding and so work is in-kind. Online working allows people to attend things that wouldn't normally be accessible to everyone. Supporting knowledge translation should also be considered as an opportunity to complement the evidence production portfolio. Fields structure might be well positioned to help with that type of thing. The challenges remain – how to develop rigorous evidence appraisals that can be used in decision making. Current format of 200-page Cochrane Review is not fit for decision making.	COVID pandemic specific – expedited thinking in Cochrane about how we think about produce Cochrane reviews. We have been able to react and meet needs in different ways, the movement is in the right direction. What is happening with the EMS and rethinking the production pipeline has gained some forward momentum. We have responded to needs of users more quickly. More closely work with guideline development groups to be sure they create guidelines where Cochrane reviews are being able to be translated into practice. Could be income generation opportunities as well. For Fields there are lots of opportunities. They can produce a lot of material that could be sold in terms of education and products. For example, in their e-book they have a journal, but the journal is not systematic, is just a collection of papers. A product which produces the information in a more systematic way has potential for income opportunity. Cochrane currently only looks where there are RCTs. There are lots of areas where there are no RCTs. Need to build the answer to the best evidence available – whatever that is!	Support with advice on funding opportunities - we are good at producing products, but we aren't good at "selling" them. Better leverage of Cochrane brand – who we are is in the name. We have used it quite a lot in getting funding – for those who understand science at least. The name and brand can be powerful. Fields don't have to ask a lot of funding from Cochrane. Put the strengths together to disseminate Cochrane better. Is there were a way that Cochrane could provide methods and topic support other than having to go out and build this myself as a Field? If Cochrane doesn't have a review that covers the important topic then we have a problem as we only can talk about the reviews that are available. Restructuring and re-organisation is needed. The networks are quite funny as they don't correspond to any classification based on Medicine. If you have to rebuild - try to give a better understanding (with outside reference) to think about the structure. A perception that Fields aren't part of Cochrane. Done a bunch of reviews but don't feel like Cochrane. Cochrane now is so centralised and focussed – a big cooperation – wonder how many others field the same way??	How do you prioritise all of these activities by areas of health? Historically CRGs have been developed because of the interest of individuals. More streamline structure – wants more simplicity in the structure. Everything is far too complicated which is why it takes too long. One of the key points I that this is a voluntary organisation. Reason it has grown through the passion. The Cochrane brand is already strong and other non-Cochrane reviews have already been stamped with Cochrane when they have used Cochrane methods in their review. For the meeting – if use small groups consider those who have English as a second language. They can be afraid of going inside a group when there is no context of what topics will be discussed.

		Really liked the way the Cochrane Community has come together. Training health practitioners is really our place. Where we feel comfortable and have a lot of connections and that's another aspect. Training must be a pillar for Cochrane. Huge training platform and website and all need to be developed further. Can Universities support with funding for further training?	Cochrane reputation for methodological excellence has kept our group producing Cochrane reviews, because in our area the methodological quality of reviews tends not to be good and therefore Cochrane reviews have a large impact. If we were working in an area with a better baseline quality of research we might have done many reviews outside of Cochrane instead of taking the time to advocate within Cochrane. Cochrane was beginning to focus on issues surrounding the author experience but had to drop this during the pandemic. If it is to be an organisation of volunteer authors it needs to pay attention to the author experience. An important issue - It's about feeling valued and part of the organisation and valued for your contributions. This raises serious concerns for the governing board. We want the organisation to include and feel inclusive. Wonder how we could really do that. Maybe that also accounts for non-attendance at meeting e.g. AGM, voting etc. Fields have always felt is has been hard work to be understood by the rest of the community. We need to rebuild the organisation around the really important work.	
Geo Group Directors	Concerns around the organization not having a Strategic Framework at all. This could weaken the organization. Couldn't we have a living document, to be adapted as things such as the funding situation become clearer or change?		GGDs Exec and all GGDs provided detailed feedback to the Council on the draft Strategic Framework last year – and that this document would be a good starting point for [further] discussion. Has anything changed since then? Which of the points raised would be more or less relevant?	1) Priority setting and capacity building 2) Promoting diversity, equity and inclusion within Cochrane. 3) Linked to fundraising work – impact stories, marketing, visibility, PR, and how Cochrane is perceived by funders.
Information Specialists	• Challenges around workloads – the pandemic has taken up a lot of time for staff within Cochrane, and some important projects have been pushed back/usual support may have been suspended, for example, the Information Specialist Support Team have spent a lot of time working on the COVID-19 Study Register, leaving them less time to support the information specialist community. • Challenges around communication between Cochrane members and entities.	• Opportunity and challenges in developing rapid review methods • Opportunity for greater collaboration with bodies like WHO • Opportunity to raise the profile of Cochrane by producing evidence on the highest priority topics quickly. • Opportunity to expand beyond standard intervention reviews and RCTs/CCTs – for example, the COVID-19 study register considers other types of studies, not just clinical trials. • Enhanced visibility of Cochrane Information Specialists´ work and value by establishment of COVID-19 study register, sustainability of the register should be ensured.	We see the main challenges for Cochrane Information Specialists as: • The funding issues around the UK groups, and the possible loss of jobs/information specialist support. Low morale created by the lack of certainty because of this. Strong leadership, and a clear plan for the future is needed, with input from the community. • Methods support – there is currently no support for information retrieval methods beyond the standard (i.e. RCT-based) intervention review. The Methods Support Unit, the Information Specialist Support Team, and the Information Retrieval Methods Group currently do not provide this type of support. If Cochrane are to expand to deal with different review types, we need to ensure that information specialists are trained in advanced search methods. • The Editorial Integrity and Efficiency Project - how will the information specialist role be incorporated into any centralised service, and how might this be resourced? • How can information specialists conduct more efficient searches? We need Cochrane-specific research into a number of areas, for example: Which databases we should search, and which we can stop searching? Which tools can help us, and which need improvement? Funding for information retrieval research is needed, especially with regard to efficient review production. For instance, can anything be learned from the new Two-Week Systematic	• The work of Cochrane entities goes beyond review production, and includes projects like priority setting. Cochrane groups also take part in dissemination, PICO annotation and knowledge translation – how do we make these tasks more visible to funders? • Does the technology we have support our work well enough? (e.g. Covidence, CRSWeb) What are the barriers to using the technology developed by/for Cochrane? • Peer review of search strategies – the CIS Exec thinks a culture of search peer review is very important amongst information specialists. We need support from Cochrane to promote wider adoption of search peer review, how can we achieve this? • Should Cochrane sponsor research / conduct research / create guidance on how to conduct other types of review (e.g. reviews of non-randomised studies, prognostic reviews etc). Consensus was that randomised small groups were preferred.

			Review Method developed at Bond University, by one of the CIS Executive https://iebh.bond.edu.au/education-services/2-week-systematic-reviews-2weeksr? Should MECIR search requirements apply to "non-standard" reviews? What is the contribution of specialised registers to review production? • Visibility of information specialists in Cochrane. The recent survey of information specialists by the Exec (yet to be finalised) showed that information specialists do not feel valued by the organisation. Cochrane could help by recognising information specialists as knowledgeable professionals who provide a valuable service and carry out more tasks than just running database searches. This could be done by ensuring professional development opportunities, communicating importance of information specialists´ role for the efficient production of reviews of high quality, and assuring role is adequately resourced and filled within groups (12% of Cochrane review groups currently do not employ an information specialist). • The survey also showed a reduction in the number of hours that Cochrane information specialists are employed compared with 12 years ago, yet more tasks have been added to the workload (e.g. PICO annotation, dissemination tasks, editorial tasks). How can we continue to do more with less? Which tasks could be done centrally, which are best placed at the group level? How can we ensure that centrally mandated tasks (such as PICO annotation) do not conflict with the needs of CRGs? • Specialised registers – are they still necessary and should review groups be required to have them? All Cochrane review groups agree to maintain a register when they sign an MOU with Cochrane. However, does the value of the specialised register match the amount of effort needed to maintain them? Several groups requested and obtained exemptions of maintaining a specialised register. Could the requirement to maintain a specialised register be replaced by the more general requirement to contribute to CENTRAL?	
Managing Editors	• Cochrane's work on COVID-19 related reviews- the timeliness of this review production model may not be possible to replicate across the board. Better publication timelines are now expected for all reviews but may not be possible without engaged, trained authors and peer-reviewers, and access to the resources within CET and EMD. • The potential change to NIHR funding for UK CRGs. This is difficult to fully understand without more specific detail around the NIHR intensions.	• Cochrane's work on COVID-19 related reviews-different review production model and peer review process. • Remote working, more accessible training and event options. • New communication channels.	**Challenges:** • The roll-out of new tools and platforms i.e. EMS, RMW/Archie integration, Convey and Production Manager. Editorial Independence and Efficiency Project (EIEP). • Ensuring new tools are optimised for use before roll-out. • NIHR open access policy and impact on Cochrane open access aims. • CRGs funding. • Cochrane CRGs/CET division. • Jobs instability due to EIEP and changes to funding, particularly for the UK CRGs. **Information and/or support:** • Projects involving the community should be announced well in advance of implementation, ideally with a central overview and timeline of forthcoming projects that are in the pipeline, and clear information on Cochrane's direction of travel.	**Topics** • Role and responsibilities of participating CRGs in the Editorial Independence and Efficiency Project. • National research opportunities. • More discussion needed on Cochrane developing a more sustainable business model for CRGs and Central teams and how this would impact on the current CRGs structure. Potentially sharing of more central funds with CRGs? • Development and publication of guidance to ensure internal governance, including criteria for consultation with Exec/Council/Governing Board. **Discussion format:**

			• Public and transparent project documents and consultation with the community. • Support in finding funding opportunities and help with approaches to organisations and opportunities identified. • CRG's portfolio management guidance and mandatory review standards. • Clearer information about Editorial Independence and Efficiency project (EIEP) Workstream 2 - consultation stage. • Staff wellbeing metrics.	Stratified (i.e. including members of each constituency) randomized groups with facilitators leading a clear task and a feedback session (ideally) or shared doc (if feedback session not feasible).
Methods Groups	• Current challenges that will hopefully stabilise soon include staff turnover, burnout, changes in working practices that negatively impact on wellbeing and bereavements. • Lack of engagement and networking opportunities with remote communication, as well as 'Zoom fatigue'. • Funding cuts as austerity hits. • Long-term resource for long-term projects, e.g. living reviews, living guidance. Some teams were bought together quickly and are now losing members as they return to their business as usual (how can we maintain these projects going forward). • Technical limitations - for the rapid evidence synthesis conducted for different stakeholders (e.g. WHO), RevMan Web doesn't support other meta-analyses or network meta-analyses, and requires you to have registered the review, etc. However, these projects have to be completed very quickly, which means this is a lost opportunity for Cochrane as you have to use other review authoring or analysis tools. • Publication challenges as you cannot publish these rapid evidence syntheses in a Cochrane journal (another missed opportunity for Cochrane). • The need to be able to synthesize evidence quickly, and have the methods available to do this (searching methods, registers of studies, living evidence, prospective meta-analysis, different types of evidence [e.g. risk, prevalence, diagnosis, vaccine, treatment], different types of study designs) • Access to enough specialist methodologists • Multiple evidence syntheses addressing ostensibly the same questions (e.g. multiple NMAs on the same topic) • Sometimes the methods are there but lack of access, e.g. resources	• New ways of working, including better organisation for remote meetings and new platforms enabling collaboration and interactive decision making in real time. • Flexibility and accessibility of remote events, training and meeting • Innovative publishing models that enable us to produce products and get evidence into practice more quickly. Recognition of the importance of evidence synthesis and for Cochrane to cement its reputation as a leader in evidence synthesis, and in particular (from a methods perspective): • ability to bring together review teams quickly (including methodologists) • ability to bring together a large network of methodologists to advise of methods (e.g. rapid reviews, living evidence) • springboard off existing infrastructure (e.g. development of Cochrane COVID-19 study register, TaskExchange)	• Not having enough methodologists to support review teams. • Lack of development of methods in some areas. • Some points covered in Q1 as well as juggling to meet increased workload demands; employers understood the need to disproportionately divert resources (staff time and expertise) to produce high quality synthesised evidence during the pandemic - but employers now want their staff to refocus on their employing institution, which have been financially devastated by the pandemic. • As always some paid time from Cochrane or some pay back from Cochrane for the work we do for free.	**Potential topics:** • Potential impact of sudden CEO change on strategic direction. • New funding model looking forward - how to keep Cochrane viable and relevant. • Potential impact of Editorial Integrity and Independence project on Methods Groups. Ideally as facilitated discussion, so that all voices can be heard and discussion kept on track within time limit.

Virtual Governance Meetings 2021: Council response

10 June 2021

In this collated report we focus on the commonalities among the different constituencies. We appreciate that each group type (review, methods, geographic, fields) has a different focus and area of expertise and therefore each Executive's feedback is of high value. These views are reported in the table produced by the CET.

Overall, common concerns and opinions emerged from the Executives, each one influenced by its own perspective:

- Concerns about funding linked to Open Access and potential NIHR funding changes for UK CRGs .
- The plan for re-organization, increased centralized control of review production and new and better defined standards.
- The struggle to find the right balance between:
  - Internal (our values) versus external (funders, but also others) needs;
  - Speed of production and rigour of methods;
  - Common centralized processes to level-up quality and standards versus diffused organization to increase reach-out and facilitate contacts;
  - Voluntary work and professionalism;
  - Evidence production and knowledge translation;
  - Complexity of content versus ease of use/accessibility.

1. What new challenges and opportunities have been created for Cochrane by world events of the past 18 months?

Challenges	Opportunities
1.1.1 Review production	
• Reduced support to CRGs. • Cumbersome processes with centralised editorial functions on top of CRG and Network layers. • Easy access to enough specialist methodologists. • Availability of multiple and trusted sources. • Multiple evidence syntheses addressing ostensibly the same questions (e.g. multiple NMAs on the same topic). • Sometimes the methods are there but lack of access, e.g. resources. • Reduced support to new authors.	• Recognition of the importance of evidence synthesis. • Open Access allowed Cochrane evidence to be available and accessible. • Expand beyond standard intervention reviews and RCTs/CCTs. • We need to cover areas where there are no RCTs with the best evidence available. • New review production model and peer review process. • Ability to bring together a large network of methodologists.

1.1.2 Speed of review production	
• Timely evidence to support decision making. • The need to be able to synthesize evidence quickly and have the methods available to do this. • Challenge to do reviews quickly, but with methodological rigour. Quality is still our unique selling point. • Things can be done faster, but the pace can't be maintained. • Better publication timelines expected but may not be possible without increased support.	• Innovative quick publishing models. • Centralised editorial process for more timely reviews. • Ability to bring together review teams quickly. • Rapid review methods. • Evidence on the highest priority topics produced quickly.
1.1.3 Knowledge translation	
• Current format of 200-page Cochrane Review is not fit for decision making. • Reduced prioritising with stakeholders, especially consumers, due to pressures during COVID pandemic.	• An opportunity to complement the evidence production portfolio. • Lots of opportunities to produce material that could be sold in terms of education and products. • Training health practitioners.
1.1.4 Cochrane in general	
• We are an organisation not a publishing house. • Profile and interest in evidence-based medicine. • Consumers involvement in Cochrane diminished • Some important projects have been pushed back. • Challenges around communication with lack of engagement and networking opportunities. • Publication challenges as you cannot publish rapid evidence syntheses in a Cochrane journal. • Technical limitations - for the rapid evidence synthesis conducted for different stakeholders (e.g. WHO).	• Strategic Framework living document. • The best is the enemy of the good: which balance? • Who we are: the gold standard of evidence – but does that mean being a systematic reviews producer or a provider of quality stamps for reviews also of others? • Focus on Cochrane's structure. • Collaboration and partnerships at international and national level.
1.1.5 Funding cuts	
• Type of funding – to project rather than structures • Funding is based on getting reviews completed. • Long-term resource for long-term projects (how can we maintain these projects going forward?) • Open access: o Pay for publication LMIC countries. o Without revenue we lose things like methodology, centralised editorial service.	
1.1.6 Work	
• Workloads • Staff turnover, burnout, changes in working practices. • 'Zoom fatigue'.	• New ways of working: remote working, more accessible training and event options. • New communication channels: flexibility and accessibility of remote events, training and meetings. • Springboard off existing infrastructure.

2. What are the main challenges for your constituency and what information and/or support do you need from Cochrane to address those challenges?

To provide a general answer for Cochrane, we decided to drop the individual groups' needs (quite differentiated and valuable one by one and reported by each Executive) to synthesise the overarching needs to be addressed.

1.1.7   Organization
- Improve internal communication and access to the organization, clear roles understood by all other groups.
- Value for people: voluntaries work, professional development opportunities, communicating importance, and assuring role.
- Provide templates of work and make technology easier with protocols and standards to be defined.
- Reduce UK-centricity and improve access for people with English as second language (subtitles during meetings).
- Support with advice on funding opportunities (we are good at producing products, but we aren't good at "selling" them) with a better leverage of the Cochrane brand. Keep high the standards.
- Restructuring and re-organisation is needed (e.g. the Networks, Fields and CRGs don't often correspond to any Medicine classification).
- Strong leadership, and a clear plan for the future is needed, with input from the community.
- Clear information on Cochrane's direction of travel.
- Projects involving the community should be announced well in advance of implementation, ideally with a central overview and timeline of forthcoming projects that are in the pipeline.
- Public and transparent project documents and consultation with the community.
- Support in finding funding opportunities and help with approaches to organisations and opportunities identified, with collaboration and coordination (consortia) to avoid duplication or even competition.

1.1.8   Review production
- Sketch out a range of models and list the pros and cons to decide best model, recognising that there might not be one size fits all approach – decisions not only from funders but also from us.
- How to balance between centralised service and people far from central? Which tasks could be done centrally, which are best placed at the group level? Keep decentralisation (Cochrane Review Groups) to facilitate access while increasing the centralisation of editorial functions to improve and standardise efficiency, speed and quality. Cochrane CRGs/CET division.
- Recruitment of content experts (clinicians) to produce better reviews.
- Methods support to support review teams and development of methods in some areas.
- Ensuring new tools are optimised for use before roll-out.
- Ensure inclusivity and education for new and voluntary authors, for consumers and for clinicians.
- Specialised registers – are they still necessary?
- CRG's portfolio management guidance and mandatory review standards.
- Staff wellbeing metrics.

1.1.9   Knowledge Translation
- Cochrane evidence that meets needs, on relevant topics, and in accessible and new formats, and easily reachable (Cochrane Library difficult to navigate).
- Properly resourced support and systematisation of knowledge translation.

3. What topics would you like to discuss with other Group staff, and organisational leaders and members, at the Governance Meetings in June?
With different focuses among the groups, some common topics emerged quite strongly, including:
- **Sustainable funding models** (and open access): how (including tasks other than review production, and national research opportunities) and which impact on evidence synthesis and knowledge translation. Potentially sharing more centralised funds with CRGs.

- **Editorial Independence and Efficiency Project:** roles and responsibilities of participating CRGs.
- **New models of work and simplification**: review groups, centralised editorial functions, technology and standardisation of work.
- **Internal organisation**: governance, strategic plan rethinking, how to come together as a community more regularly, English as a second language, diversity, equity and inclusion. Transparent criteria for consultation with the Execs, Council, Governing Board.
- **Priority setting** (central and by areas of health) and **capacity building** with a focus on new authors and consumers.

How would you like to discuss them (e.g. by mixing CRG staff with Geographic Group staff, or in randomised small groups)?
There was consensus on dividing into small groups with facilitators leading a clear task, with suggestions to have the groups mixed using randomisation possibly stratified per constituency. It was suggested also feedback session (ideally) or a shared doc (if feedback session not feasible).