Governing Board (Open Access)

Schedule	Wednesday 21 September 2022, 8:00 PM — 10:00 PM BST
Venue	Zoom link: https://cochrane-org.zoom.us/j/86251161434?pwd=aEJaSnFldXNMTGQyeEdQUGx2VFNiUT09
Description	20:00-20:10 GMT+1: Coffee 20:10-21:40 GMT+1: Main business 21:40-22:00 GMT+1: Trustees only https://www.timeanddate.com/worldclock/meetingtime.html?day=21&month=9&year=2022&p1=137&p2=75&p3=188&p4=51&p5=136&p6=37&p7=56&p8=676&p9=237&p10=152&p11=22&p12=103&iv=1800
Notes for Participants	Board members must declare conflicts of interest related to their role on the Board, 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/board. All Trustees and senior staff must also declare interests once a year in a more comprehensive form, which are kept by the Central Executive Team in a Register of Interests. All meeting participants 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 Board's discussion of the matter at the discretion of the Chair. Download a PDF version of the agenda pack from cochrane.azeusconvene.com. Comments and Questions: > Convene agenda packs can be annotated with private notes, which are not shared and serve as aide-memoire; or as

comments and questions seen by everyone with access to the agenda that are designed to support the in-person discussions at Board meetings
> Everyone should be careful to make sure these shared written comments - as 'sticky notes' on the agenda – don't obscure the text of the papers
> The Co-Chairs will review all written comments received one day in advance of a teleconference and decide which ones are material to the discussion, and will therefore be picked up during the meeting in advance of any vote
> Other comments and questions will be answered as written responses on the agenda by ELT, Head of Governance or Co-Chairs, either before the meeting or within one week of the meeting finishing depending on the number and nature of the comments

Organiser Roma Grant

Agenda

8:00 PM	VIRTUAL COFFEE AHEAD OF THE TELECONFERENCE (10 MINS)
8:10 PM	OPENING BUSINESS: (10 MINS)

1. Welcome, Apologies, Declarations of Interest & Code of Conduct, Board Charter, Decision-Making Framework

A Code of Conduct for Trustees_Approved 22Mar18.pdf 1
B Governing Board Charter_Approved 22Mar18 Updated 2020.pdf 4
C Strategy for Change Board decision-making framework 25April22.pdf 7
D DRAFT GB papers definitions.docx 9

2. Thanks and Appreciation to retiring Board Members Rae Lamb and Marguerite Koster

	3. Approval of the Agenda, including the papers and decisions on the Consent Agenda For Decision	
8:20 PM	SUBSTANTIVE BUSINESS: (45 MINS)	
	4. Open Access Editorial Report For Decision	
	GB-2022-31 OA editorial - Final.docx	11
	5. Annual General Meeting 2022 For Discussion	
	GB-2022-32 AGM 2022 Final.docx	13
	GB-2022-32 AGM 2022 Appendix 1 DRAFT AGENDA v6.docx	16
	GB-2022-32 AGM 2022 Appendix 2 AGM Homepage text.docx	19
	GB-2022-32 AGM 2022 Appendix 3 email and news item text.docx	21
	GB-2022-32 AGM 2022 Appendix 4 Resolution questions text.docx	23
	6. Process for appointing Co-optees For Decision	
	GB-2022-40 Process for appointing cooptees.docx	24
9:05 PM	RECURRING BUSINESS: (45 MINS)	
	7. Co-Chairs' Report [ORAL REPORT] For Information	
	8. Future of Evidence Synthesis Oversight Committee [ORAL REPORT]	

	9. Editor in Chief Report	
	GB-2022-33 EIC report _ Governing Board Paper September 2022 revised OPEN.docx	26
	Welcome new Trustees Gill Leng & Wendy Levinson. Introductions	
	10. CEO Report- Operational Performance Report	
	GB-2022-34 CEO Report Operational performance report Sept 2022 v1 [OPEN ACCESS].docx	30
	Copy of SfC Priorities schedule - 2022 Q2 updates Open Access.pdf	40
9:50 PM	CLOSING BUSINESS: (5 MINS)	
	11. Matters Arising not otherwise covered by the Agenda and Any Other Business	
	12. Date of next meeting:	
9:55 PM	13. CLOSED SESSION (TRUSTEES & PROSPSECTIVE BOARD MEMBERS ONLY) (5 MINS)	
	CONSENT AGENDA: For Decision	
	Process for approving Emeritus and Lifetime Memberships	
	GB-2022-35 Governing Board Paper on Membership awards process Final.docx	43
	Future of Evidence Synthesis Oversight Committee Terms of Reference	
	GB-2022-36 FESOC TOR.docx	47

Approval of the minutes from 13 July 2022 [RESTRICTED AND OPEN ACCESS VERSIONS OF SUPPORTING DOCUMENTS]
For Decision

GB MINUTES-2022-1307-APPROVED OPEN ACCESS.docx 52

FOR THE RECORD:

Record of Resolutions voted on between meetings via online poll, with associated papers

GB-2022-27 Barcelona meeting and AGM confirmation [UNRESTRICTED].docx 59

RESOLUTION1Following the recommendation of the Nominating Committee, the Governing Board RESOLVES to (1).pdf 61

RESOLUTION2Following the recommendation of the Nominating Committee, the Board RESOLVES to extend (1).pdf 65

RESOLUTION The Governing Board APPOINTS Gillian Leng and Wendy Levinson as trustees of the Cochrane.pdf 70

Governing Board

Code of Conduct for Trustees

First prepared:	19 February 2018 Governance Sub-Committee
Last updated:	21 March 2018 Governance Sub-Committee
Governing Board approved:	22 March 2018 Lisbon Governance Meetings

1. Introduction

Those who serve on the Governing Board are trustees of a UK charity and have responsibilities both under UK company law as directors and under UK charity law. As part of this, each Governing Board Member ('Trustee') is asked to agree to abide by the Code of Conduct which is set out in this document and to sign the Trustee's Declaration accordingly. This is to be read in conjunction with the Articles of Association of the Charity.

A copy of the Code of Conduct will be made available at the front of all Governing Board agendas.

2. Purpose of the Code

The Code aims to define the standards expected of Cochrane's Trustees in order to ensure that:

- The organisation is effective, open and accountable;
- The highest standards of integrity and stewardship are achieved; and
- The working relationship with any staff and advisers is productive and supportive.

3. Code of Conduct

3.1 Selflessness

Trustees have a general duty to act with probity and prudence in the best interest of the charity as a whole. They should not act in order to gain financial or other benefits for themselves, their family, their friends, or the organisation they come from.

3.2 Integrity

The charity's Trustees should conduct themselves in a manner which does not damage or undermine the reputation of the organisation or its staff. More specifically they:

- Should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their role;
- Must avoid actual impropriety and any appearance of improper behaviour;
- Should adhere to the Board Expenses Policy and avoid accepting gifts and hospitality that might reasonably be thought to influence their judgement, and any gift or hospitality received in any connection to the charity over the value of £50 GBP should be declared to the Board.

3.3 Objectivity

In carrying out their role, including making appointments, awarding contracts,

recommending individuals for rewards and benefits, or transacting other business, the Trustees should ensure that decisions are made solely on merit.

In arriving at decisions in areas where they do not have expertise themselves, the Trustees should consider appropriate professional advice.

3.4 Accountability

The Trustees:

- Have a duty to comply with constitutional and legal requirements and to adhere to official organisational policies and best practice in such a way as to preserve confidence in the charity;
- Are accountable to the organisation's members and other stakeholders for their decisions, the effectiveness of the Board, and the performance of the organisation.

3.5 Openness

The Trustees should comply with Cochrane's Data Protection Policy and ensure that confidential information and material, including material about individuals, is handled in accordance with due care; so that it remains confidential.

In addition, they should be as open as possible about their decisions and the actions that they take. As far as possible, they should give reasons for their decisions and restrict information only when the wider interest clearly demands.

3.6 Honesty

The Trustees have a duty to avoid any conflict of interest so far as is reasonably practicable and adhere to Cochrane's Conflict of Interest policies. In particular, they must make known any interest in any matter under discussion which:

- Creates either a real danger of bias (that is, the interest affects him/her, or a member of his/her family, or friends, or organisation, more than the generality affected by the decision); or,
- Which might reasonably cause others to think it could influence the decision.
- He/she should declare the nature of the interest and withdraw from the room and not participate in discussion and decision making, unless the remaining Trustees agree otherwise.

3.7 Leadership

The Trustees must:

- Promote and support the principles of leadership by example and adhere to Cochrane's Charter of Good Management Practice;
- Attend all meetings regularly (unless there are exceptional reasons not to do so), ensuring they prepare for and contribute appropriately and effectively, and avoid dominating the contributions of others;
- Bring a fair and open-minded view to all discussions of the Board, maintaining a respectful balance between speaking and listening, treating different views with respect, and ensuring that all decisions are made in the charity's best interests;
- Respect the authority of the Co-Chairs of the Board, and the chair of any meeting;
- Having given delegated authority to any of their number or to any staff, be careful - individually and collectively - not to undermine it by word or action.
- Accept and respect the difference in roles between the Board and staff, ensuring that the honorary officers, the Board and staff work effectively and cohesively for the benefit of the organisation, and develop a mutually supportive and loyal relationship;
- Respect the roles of staff, and of management arrangements in the staff team, avoiding any actions that might undermine such arrangements;
- Abide by any equal opportunities, diversity, health and safety, bullying and harassment policies and any other policies agreed by the Board;

- Maintain respectful, collegial and courteous relationships with contacts established in the Board member role;
- When speaking or writing as a Board member, ensure comments reflect current organisational policy even when they might be at variance with personal views;
- When speaking privately (that is, when speaking not as a Board member) adhere to the Spokesperson Policy and make great efforts to uphold the reputation of the charity and those who work in it.

4. Breaches of the Code

In cases where there is a concern that a Trustee has breached this Code, the matter will be reviewed by the Co-Chairs, or a Co-Chair and another Trustee, or two Trustees appointed by the Co-Chairs. They will make a recommendation to the Board. (If a concern has been raised about a Co-Chair, the review will be undertaken by the other Co-Chair and another Trustee).

The Board will decide whether to discuss the recommendation in closed session. Any sanctions will be determined by the Board, up to and including requiring the Trustee concerned to resign from the Board. The Trustee will accept the decision of the Board in such cases.

5. Trustee's Declaration

I declare that:

- I am over age 18.
- I am not an undischarged bankrupt.
- I have not previously been removed from Trusteeship of a UK or overseas charity by a court or charity commission.
- I am not under a disqualification order under the UK Company Directors' Disqualification Act 1986 or an overseas equivalent.
- I am, in the light of the above, not disqualified by section 72 of the UK Charities Act 1993 as amended by the UK Charities Act 2006 from acting as a charity Trustee.
- I undertake to fulfil my responsibilities and duties as a Trustee of the charity in good faith and in accordance with the law and within the charity's objects, mission and values.
- I do not have any financial or other interests in conflict with those of the charity (either in person or through family or friends or business connections) except those that I have formally notified in a conflict of interest statement.
- I will make known any interest in any matter under discussion which creates either a real danger of bias (that is, the interest affects me, or a member of my family, or friends, or organisation, more than the generality affected by the decision); or which might reasonably cause others to think it could influence the decision, and withdraw from the room and not participate in discussion or decision making, unless the remaining Trustees agree otherwise.
- I will abide by the Code of Conduct for Trustees of the charity.
- In the event of my breaching this Code I am prepared to accept sanction as determined by the Board.

Signed:

_____

Name: _____

Date:

_____

Governing Board
Charter

First prepared:	19 February 2018 Governance Sub-Committee
Last updated:	21 March 2018 Governance Sub-Committee
Governing Board approved:	22 March 2018 Lisbon Governance Meetings *Updated 2020 with new organizational vision and mission*

Vision & Strategy

Compelling and durable charitable purpose

Cochrane has a compelling and durable charitable purpose for the benefit of the public. Our vision is a world of better health for all people where decisions about health and care are informed by high-quality evidence. We are an independent, diverse, global organization that collaborates to produce trusted synthesized evidence, make it accessible to all, and advocate for its use. Our work is internationally recognized as the benchmark for high-quality information about the effectiveness of health care.

Long-term strategy flowing from the charitable purpose

The **Board** has a well-developed long-term strategy which is focused on impact. It considers the possible future environments in which **Cochrane** will operate, including the changing needs of beneficiaries - those who use, deliver and/or pay for health care.

Board Leadership

Board commitment to focus on impact

The **Board** is committed to this focus and thereby to the long-term sustainable success of **Cochrane**.

The right 'tone at the top'

Individual **Board** members are committed to act as role models for the charity's approach[1].

Suitable structures and expertise

The **Board** has the necessary skills, expertise and structures in place to fulfil the vision and mission of **Cochrane** and to implement and oversee the 'focus on impact' approach.[2]

[1] Refer to the Code of Conduct for Trustees
[2] Refer to the Board Skills Matrix

Value Drivers & Stakeholder Engagement

Developing a supportive organisational culture

The **Board** has clearly articulated the values of **Cochrane**[3]. These are at the heart of the charity and are fully taken into account in decision-making throughout the organisation. The **Board** regularly assesses the extent to which **Cochrane**'s charitable purposes are being fulfilled and the values are being applied in the organisation and identifies areas for development.

Active engagement with, stakeholders

The **Board** has identified **Cochrane**'s key stakeholders. The **Board** engages with them and the charity's beneficiaries – those who use, deliver and/or pay for health care. The **Board** seeks stakeholders' opinions and communicates with them on matters of importance to them. The **Board** has developed targets and initiatives, covering all aspects of its work, in relation to diversity, inclusion and related issues and monitors progress being made towards achieving the goals it sets.

Fair remuneration aligned with purpose and values

The **Board** is committed to being a good employer and treating all employees fairly[4]. It ensures that remuneration and promotion has full regard to employees' contribution to the charity.

Commitment to a sound financial approach

The **Board** is committed to a sound financial strategy that protects **Cochrane**'s viability, maintaining sufficient reserves to cover contingencies whilst avoiding an undue build-up of reserves.

Innovation & Risk Management

Focus on innovation of benefit to society

The Board ensures that Cochrane has the capacity and capability to be innovative. In promoting innovation, the Board both encourages ongoing incremental improvements and seeks opportunities for transformational change.

Effective risk management system

The Board ensures that its risk management system takes full account of all risks, including the risk that Cochrane will impose negative impacts on society. It seeks to identify how risks may be mitigated and acts accordingly.

Attention to the importance of the 'licence to operate'

The Board has full regard to reputational risk and the importance of its 'licence to operate' to the future success of the charity.

Board Performance

High quality stakeholder and society-orientated information used in decision-making

[3] Refer to Cochrane's Principles: http://www.cochrane.org/about-us/our-vision-mission-and-principles [Accessed 20.02.18]

[4] Refer to Cochrane's Charter of Good Management Practice: http://community.cochrane.org/organizational-info/resources/policies/charter-good-management-practice [Accessed 20.02.18]

The **Board** ensures that it has sufficient high-quality, relevant and reliable information about stakeholder and wider societal matters. **Cochrane** works co-operatively with other organisations to help maximise its impact on society.

Clear focus on performance with respect to beneficiaries, other stakeholders and wider society
The **Board** has developed non-financial, and financial, Key Performance Indicators (KPIs) and a risk management system that flows directly from the strategy. Emphasis is placed on matters of importance to those who use, deliver and/or pay for health care – other stakeholders and wider society. The **Board** seeks to foster a high level of public trust in **Cochrane.**

Fostering resilience to crisis situations
The **Board** works hard to prevent crises which could negatively impact on stakeholders or wider society and has the necessary skills and experience to respond effectively in a crisis situation.

Board Decision-Making Tool

a. Getting Ready

- ☐ Are we clear what we're being asked to decide and approve?
- ☐ How much time is appropriate to devote to this decision?
- ☐ Are there previous decisions relating to this topic which we should be bearing in mind?

b. Strategic fit

- ☐ Does this deliver our Mission and move us towards our Vision?
- ☐ Is it consistent with the *Strategy for Change* Principles of **COLLABORATION, RELEVANCE, INTEGRITY, & QUALITY?**
- ☐ Does this clearly deliver against a Goal and Objective of the *Strategy for Change*?

c. Data/Insight

- ☐ Do we have sufficiently robust information and insight to make a decision with confidence?
- ☐ Have the strategic, economic, financial, and operational implications been adequately considered?
- ☐ Are we clear how this initiative will increase or mitigate the principal organizational risks in the Charity's Risk Register? Are the proposed mitigations credible and robust?

d. Implementation

- ☐ Are we sufficiently clear - at this stage - how this proposal will be implemented?
- ☐ Are we confident it's the most effective, efficient and Principles-aligned way to achieve the Goal & Objective compared to other possible options?
- ☐ Are we satisfied with the plans to measure, monitor and communicate effectiveness; and learn and adapt as implementation progresses?
- ☐ Have the financial and people resources required from Cochrane Groups and the Central Executive Team been sufficiently identified, with robust plans for consultation, clear timeframes, training etc?

e. Return on investment

- ☐ Do we think this initiative will deliver the best value for the organization's stakeholders and beneficiaries compared to other possible options?
- ☐ Will it contribute to organizational financial sustainability; and if so, will this contribution be worth the investment of effort and/or financial resources?
- ☐ Does it support revenue diversification for the Charity and/or Cochrane Groups?
- ☐ Are we clear on the timing of the expenditure and cash flow implications?

1 - Select the relevant criteria for this decision at this point in the decision-making process (tick boxes); 2 – discuss; and 3 – decide

To be used in conjunction with proposals submitted using the DECISION Board paper template

Strategy for Change: 2021-2023

Our Vision	**Our vision is a world of better health for all people where decisions about health and care are informed by high-quality evidence**			
Our Mission	**We are an independent, diverse, global organization that collaborates to produce trusted synthesized evidence, make it accessible to all, and advocate for its use**			
Key Principles	**COLLABORATION** Underpins everything we do locally and globally	**RELEVANCE** The right evidence at the right time in the right format	**INTEGRITY** Independent and transparent	**QUALITY** Reviewing and improving what we do, maintaining rigour and trust
Our Goals	**GOAL 1:** **Producing trusted evidence** To produce trusted and timely synthesized evidence addressing the most important questions for health and care decision making	**GOAL 2:** **Advocating for evidence** To be a leading global advocate for evidence-informed health and care	**GOAL 3:** **Informing health and care decisions** To inform health and care decisions by making our evidence accessible, usable, and available to all	
Objectives for Change	**We will deliver Goal 1 by:** 1. Delivering timely, high quality responses to priority global health and care questions, which the users of our evidence help define 2. Streamlining production of reviews and simplifying editorial systems and processes	**We will deliver Goal 2 by:** 3. Advocating for evidence-informed decision-making and integrity in research, including by pursuing high-impact partnerships and activities	**We will deliver Goal 3 by:** 4. Making all Cochrane Reviews Open Access by 2025 at the latest without placing the financial burden on review authors 5. Improving user experience by increasing the accessibility and usability of our products	
Enabling Objectives	**Our Objectives for Change will be enabled by:** **Improved efficiency** — Reducing editorial and production complexities, and simplifying organizational structures to support the global collaboration that is key to Cochrane's work **Sustainability** — Realizing our Open Access ambitions by moving towards a new organizational business model that reflects expanded fundraising and delivers long-term sustainability for the whole organization **Increased awareness and impact** — Increasing the visibility and profile of Cochrane globally; demonstrating our value and impact to decision-makers and funders; and meeting the needs of future generations **Enhanced accountability** — Strengthening communications and engagement with Cochrane members, supporters, staff and beneficiaries; improving diversity and inclusion; and making a commitment through the evidence we produce and how we collaborate to addressing global health and care priorities and reducing health inequities			

Cochrane Governing Board

GOVERNING BOARD PAPERS - DEFINITIONS

ACTION	DESCRIPTION
For INFORMATION	There is usually no action to be taken on this – the paper may be the beginning of a proposal, or some further background on an issue or proposal the Board might consider at a later date.
To NOTE	Similar to 'for information' but this is information that the Board may need to refer to at a later date. Often used for compliance issues.
For ASSURANCE	Where the Board receives information that provides comfort that Cochrane is meeting it's obligations, whether legal, regulatory, or in terms of delivering its strategic objectives.
For DISCUSSION	When a proposal comes to a Board, that does not need, or is too early to make, a decision. Often the paper author is asking for a steer form the Board about preferred direction of travel.
For DECISION	A decision of the Board is binding and sets the direction of travel for the organisation, unless it is brought back to the Board and revised or overturned.

ACCESS	DESCRIPTION
Open	The default access level for papers submitted to the Board. These papers are published on the Cochrane Community website as part of an open access 'agenda pack' and are available to anyone.
Restricted	For papers that include information about individuals, or strategic and business plans that are not in the Charity's best interests to make publicly available. Unless the full paper needs to be made restricted, the paper's author(s) should highlight the restricted content in yellow. This content will be redacted or removed and the remaining sections of the paper published in the open access agenda pack, labelled as "open access version with restricted access content removed". **If a paper is restricted, either in whole or in part, a clear rationale needs to be provided.** The author(s) also need to confirm whether the full paper can be made open access once the Board has discussed it, or why it's necessary to keep the paper – either in whole or in part - permanently restricted. Full versions of the restricted papers are made available to the Board, Executive Leadership Team, Head of Governance, and Council Co-Chairs only.

DRAFT

Closed	For papers that contain private or sensitive information at the time of submission to the Board that the authors feel should only be shared with the Trustees. These papers are made available only to the Board.

DRAFT

Governing Board: Decision Paper

Title:	**Open Access Journal – Editorial**
Previous papers submitted on this topic:	GB-2022-07 New Journal Business Case
Paper Number:	**GB-2022-31**
From:	Karla Soares-Weiser
People Involved in the developing the paper:	Tracey Howe, Catherine Marshall, Catherine Spencer, Wiley
Date:	21 September 20222
For your:	**DECISION**
Access:	Open

Executive summary

The Governing Board approved the partnership between Cochrane and Wiley to launch a new Open Access Journal in March 2022 (New Journal Business Case GB-2022-07).

The Board recommendation was for the *Cochrane Evidence Synthesis and Methods (CESM) Journal*'s editor to become a 'Deputy Editor-in-Chief'. Wiley has come back to Cochrane strongly recommending for the title to be 'Editor' (rather than Deputy Editor-in-Chief). The decision regarding the job title is impacting on the publicity and launch of the journal. Cochrane's Editor in Chief fully support this change.

Recommendation

Wiley's proposal and justification has been considered by Karla Soares-Weiser, Catherine Spencer, Catherine Marshall and Tracey Howe. They recommend that:

- The Board APPROVE the proposal that the title of 'Editor' is used for the editorial lead of the new Cochrane Open Access Journal.

Justification

We have discussed this in depth with Wiley. They strongly recommend using standard titles for the editorial leadership of the journal. Their justification for the proposed change is as follows:

To help the new journal, Cochrane Evidence Synthesis and Methods (CESM), meet its goals of wide participation (not only within the Cochrane community but also beyond) and engagement with the open access journal eco-system, Wiley recommends using standard titles for the editorial leadership of the journal. The current proposed "Deputy Editor in Chief" title is non-standard for a leadership and main editorial contact point for the journal. This will cause confusion as to who to contact or escalate queries to from members of the community and 'Deputy' undermines the lead role the editor will have with the journal. We recommend adopting the standard title of "Editor", which is the same as the Journal of the

American Medical Association (JAMA). That is, JAMA has an Editor in Chief, and their speciality journals, e.g. JAMA Cardiology, have an Editor in the main leadership role. Some other Wiley journals also have an Editor in the main leadership role, e.g. Histopathology.

For clarity, Wiley is *not* proposing a change to planned internal reporting structures at Cochrane.

Resolution

The Governing Board approves the title of Editor for the new Cochrane Open Access Journal editorial lead.

Yes/No/Abstain

Governing Board: Decision Paper

Title:	**AGM 2022: 17 September Barcelona**
Previous papers submitted on this topic:	Resolution passed in July 2022 GB-2022- 27 Barcelona meeting and AGM
Paper Number:	**GB-2022-32**
From:	Roma Grant
People Involved in the developing the paper:	ELT
Date:	21 September 20222
For your:	**FOR DECISION**
Access:	Open

Executive summary

The Governing Board approved the **17 October 2022** as the date of the Annual General Meeting (AGM) as a resolution after its July meeting. The Board must now approve the agenda and associated information, so that they can be published to members via the website. With regard to the Cochrane Articles of Association, notification to members must be given by 23 September 2022.

Recommendation

That the Governing Board:

- APPROVES the agenda and associated information for publication to the members.
- NOTES the arrangements for approval of Auditors at the AGM

Agenda

The draft agenda for approval is at appendix 1. Items of note and changes from 2021:

Catherine Marshall will chair the AGM

Time of meeting: We are in discussion with the Iberoamerican centre and will confirm at the Board meeting the time of the AGM. The planning assumption is 18.30 – 20.00 [GMT+2].

Venue: It will be a hybrid meeting, on line and in person at the Iberoamerican Centre, Barcelona.

Quorum: 100 people on line or in person, so when the notice is uploaded to the website, please encourage members in your network to attend.

Resolutions: There are three resolutions for members to vote on:

- To approve the Minutes from the last Annual General Meeting, held on 27 October 2021;
- To receive and note the Trustees' Report and Financial Statements for the year ended 31st December 2021; and

- A resolution on the appointment of auditors which is discussed below.

Awards and Prizes: As there was no Colloquium this year ELT considered that the AGM would be an appropriate member event to give awards and prizes. There are four to be given:
The Bill Silverman Prize
The Kenneth Warren Prize
The Chris Silagy Prize
The Anne Anderson Prize.

They are all popular with members and further details and how to vote can be found by clicking on the links in the draft agenda. There will be short videos of the recipients to be played at the AGM.

Results of members' votes: Last year the members were given half an hour after the meeting to conclude voting. We are reverting back to previous practice and announcing the results in the meeting ahead of posting on the website.

Auditors' Resolution
The usual resolution to members is "To note the re-appointment of Sayer Vincent as auditors until the conclusion of the next Annual General Meeting".

The Finance, Audit and Risk Committee have approved a tender for new auditors, with a timetable that closes after the date of the AGM, so this resolution no longer applies. We asked for advice from our solicitors, Harbottle and Lewis on how to approach this resolution. Their advice is that Cochrane should:

a) Propose a resolution to re-appoint Cochrane's existing auditors at the AGM.
b) Explain the ongoing tender process and that the existing auditor will continue in position as required. However, they will resign from office at the end of the tender process.
c) Once the tender process has run its course, the Governing Board (directors) can make an appointment to fill the vacancy created by the resigning auditor.
d) This appointment can then be noted by the members at the next AGM.

The ELT discussed this as a way forward and supported it, subject to effective communications to explain the resolution to members and announcing the new auditors to members once chosen.

The proposed revised resolution is:
"To note the reappoint of Sayer Vincent as auditors until the conclusion of the ongoing tender process and appointment of new auditors (footnote)."

(footnote) In accordance with UK law the Governing Board (the directors) of Cochrane will appoint new auditors after an open tender process.

We will discuss with our Comms team what (if any) further information needs to be provided to members other than that contained in the supporting information placed on the website and sent to members.

Voting information for the AGM website, members and supporters:
The following appendices are the information that will go on the website and to members, and we will discuss with our Comms team if we need any further explanation of the Auditor's resolution.

Changes in the text from 2021 are highlighted in green:

Appendix 2 - Annual General Meeting 2022 home page text: in addition to the expected change of venue and time, we have followed the advice of our solicitors about proxy voting and amended the wording accordingly. The previous notice said that members could only give their proxy vote to the AGM Chair to cast on their behalf. In law it can be the Chair or *any other person attending the meeting*. In practice, unless there is an issue for the members, this is a very rare occurrence, and is only a matter for concern if we do have unplanned resolutions.

Appendix 3 - Email and news item text: The address of the venue is in the main text, with an explanation of the priority for in-person attendance. The other changes are informing members that voting will be closed during the AGM and the results announced at the end of the meeting; and the revised Audit resolution.

Appendix 4 – Resolution questions text: This document explain why members should vote on the resolutions. In line with the explanation above, the rationale for voting for the Auditor resolution is changed to reflect legal advice.

Resolution

That the Governing Board:

- **APPROVES the agenda and associated information for publication to the members.**
- **NOTES the arrangements for approval of Auditors at the AGM**

Yes/No/Abstain

Appendices:

Appendix 1: AGM agenda – for approval
Appendix 2: Website information for AGM and voting – for approval
Appendix 3: Email and news item text – for approval
Appendix 4: Resolution questions text – for approval

DRAFT Agenda for the 2022 Annual General Meeting

NOTICE IS HEREBY GIVEN
that the 2022 Annual General Meeting
of The Cochrane Collaboration ('Cochrane')
will be held online and in-person

at the

Iberoamerican Cochrane Centre,
Hospital de la Santa Creu I Sant Paul,
c/o Sant Antoni M Claret 167,
Building 18, ground floor,
08025 Barcelona, Spain

at 18.30 [GMT+2] on 17 October 2022,
to transact the business set out in this Agenda.

Chair: **Catherine Marshall**
Co-Chair, Governing Board

All Cochrane members and supporters are welcome to attend. All members are entitled to vote on AGM Resolutions.

1. Welcome

i. Reminder of the Annual General Meeting voting procedure
ii. Introduction of the Trustees

2. Minutes

Proposed Resolution: To approve the Minutes from the last Annual General Meeting, held on 27 October 2021

3. Trustees' Reports

i. Co-Chairs' Report
Tracey Howe
ii. Treasurer's Report
Karen Kelly

Resolution: To receive and note the Trustees' Report and Financial Statements for the year ended 31st December 2021

4. Appointment of the Auditors

Resolution: To note the reappoint of Sayer Vincent as auditors until the conclusion of the ongoing tender process and appointment of new auditors[1]

5. Council Report

A report and presentation from the Council Co-Chairs, Robert Dellavalle and Stefano Negrini

6. Senior Officers' Reports

i. Editor in Chief of *The Cochrane Library*
Karla Soares-Weiser
ii. Chief Executive Officer
Catherine Spencer

7. Awards and Prizes

- The Bill Silverman Prize is awarded to acknowledge explicitly the value of criticism of Cochrane, with a view to helping to improve its work, and thus achieve its aim of

[1] In accordance with UK law the Governing Board (the directors) of Cochrane will appoint new auditors, following an open tender process.

helping people make well-informed decisions about health care by providing the best possible evidence on the effects of healthcare interventions.

- The Kenneth Warren Prize is awarded at each Cochrane Colloquium to the principal author of whichever Cochrane Review authored by a national living in a developing country is judged to be both of high methodological quality and relevant to health problems in developing countries.
- The Chris Silagy Prize is awarded at each Cochrane Colloquium to an individual who has made an "extraordinary" contribution to the work of Cochrane which would not be recognised outside the scope of this prize.
- The Anne Anderson Award is awarded at each Cochrane Colloquium to a female member of Cochrane who has made a significant contribution to the enhancement and visibility of women's participation within Cochrane.

8. Members' Questions

9. Resolutions: results of members' votes

10. Any Other Business

11. Date of next Annual General Meeting

To be held at the Colloquium in 2023, date to be confirmed

Annual General Meeting 2022

All Cochrane members and supporters are invited to attend the 2022 Annual General Meeting

As part of its legal constitution as a charity, Cochrane holds a public Annual General Meeting (AGM) once a year. The AGM provides an opportunity for Cochrane's Trustees - its **Governing Board** - and senior officers to tell you about the management, finances, and strategic priorities of the organization. You can ask questions on these topics, and you can vote on certain aspects ("**Resolutions**") concerning the constitution and management of the charity.

The 2021 AGM will take place online and in-person on:

- Wednesday 17th October
- 18.30-20.00 [GMT+2]

  Check what time this is where you live.

Register to attend the AGM

You are welcome to attend online or in person whether you are a Cochrane member, supporter, or are just interested in the work we do.

Online registration: You will receive online connection details after your registration. To attend you will need a device with a stable internet connection for the duration of the meeting. You will need a microphone if you want to ask questions verbally during the meeting, or you can ask questions in written form. The meeting has been set up to allow full participation online and the Trustees have approved this format.

In person registration: Cochrane's Articles of Association allow the charity to hold a hybrid in-person and online Annual General Meeting The meeting will be held at the Iberoamerican Centre, Barcelona. The number of people who will be able to attend will be limited, with first preference to those attending the Iberoamerican conference. If you wish to attend in person, please contact support@cochrane.org and your request will be considered.

Vote on the Resolutions

Cochrane members as defined by the **Membership Terms & Conditions** are entitled to vote on AGM Resolutions. Find out if you are a member by logging into your **Cochrane Account**.

You can vote online before or during the meeting, and you can vote even if you don't attend.

If you are voting before the meeting:

- Review the **Agenda and Proposed Resolutions**, which includes information about what you are voting on and why
- **Vote** on the Resolutions

If you are voting at the meeting:

- **Register** to attend the AGM
- Review the **Agenda and Proposed Resolutions**
- **Vote** on the Resolutions during the meeting. The Chair will let you know when voting closes, so that the results can be announced at the end of the meeting.

Votes arising at the meeting and nominating a proxy:

It is unlikely, but possible, that discussions during the AGM lead to an additional vote by members. This may be decided by a virtual 'show of hands' with the online meeting functionality or, at the discretion of the meeting chair, by a formal poll, in which case another electronic vote will take place after the meeting, so that all members may participate.

If you cannot join us live at the meeting, you can nominate another person, a proxy, who may vote on your behalf in case an additional vote by hands takes place. Your proxy will be the Chair of the meeting, Catherine Howe, or another person chosen by you who is attending the meeting.

You can nominate your proxy on the **voting page** up to 48 hours before the start of the meeting.

For queries related to voting, membership, or the agenda, please contact **support@cochrane.org**.

Dear [FIRST NAME OR 'Cochrane Members and Supporters']

You are invited to attend Cochrane's 2022 Annual General Meeting.

As part of its legal constitution as a charity, Cochrane holds a public Annual General Meeting (AGM) once a year. The AGM provides an opportunity for Cochrane's Trustees - its **Governing Board** - and senior officers to tell you about the management, finances, and strategic priorities of the organization. You can ask questions on these topics, and you can vote on certain aspects ("**Resolutions**") concerning the constitution and management of the charity.

The 2022 AGM will take place online and in-person on:

- Monday 17th October
- 18.30-20.00 GMT+2 Check what time this is where you live.
- The Iberoamerican Centre
  Hospital de la Santa Creu i Sant Pau
  C/ Sant Antoni M. Claret 167
  Building 18, ground floor
  08025 Barcelona
  Spain

There are a limited number of in-person spaces available and priority will be given to attendees at the Iberoamerican Conference. If you wish to attend in person, please contact support@cochrane.org and your request will be considered.

The Resolutions being put to the vote at the AGM are set out below for ease of reference. All Cochrane members as defined by the Membership Terms & Conditions are entitled to vote on AGM Resolutions. Voting is now officially open and will remain open until midway through the AGM on 17 October 2022. Results will be announced at the end of the meeting.

Please make sure you register online ahead of the meeting and cast your votes on the Resolutions on agm.cochrane.org. You are entitled to vote even if you are not attending the meeting, but we do encourage you to attend, either in person or online.

With very best wishes,

Tracey Howe & Catherine Marshall
Governing Board Co-Chairs

Catherine Spencer
Chief Executive Officer

Karla Soares-Weiser
Editor in Chief

Proposed Resolutions:

- To approve the Minutes from the last Annual General Meeting, held on 27 October 2021
- To receive and note the Trustees' Report and Financial Statements for the year ended 31 December 2021
- To note the reappoint of Sayer Vincent as auditors until the conclusion of the ongoing tender process and appointment of new auditors[1]

[1] In accordance with UK law the Governing Board (the directors) of Cochrane will appoint new auditors, following an open tender process.

Proposed Resolution	Why are you being asked to vote on this?	Proposed and Seconded By
To approve the Minutes from the last Annual General Meeting, held on 16th December 2020	The minutes provide the formal record of the proceedings of a meeting. This record should be accepted as true and accurate by the members.	Tracey Howe, Catherine Marshall
To receive and note the Trustees' Report and Financial Statements for the year ended 31st December 2020	As a registered UK charity, Cochrane must prepare reports of its financial and organizational activities. The Trustees' Report and Financial Statements for 2021 have been approved by the Governing Board. We now ask you to confirm that they have been made available to you.	Karen Kelly, Catherine Marshall
	UK charities must be audited by law. Auditors must state that the accounts comply with regulations and consider whether Trustees are properly exercising their stewardship responsibilities over the resources entrusted to them.	
To note the re-appointment of Sayer Vincent as auditors until the conclusion of the next Annual General Meeting	Auditors must be appointed for each financial year ~~by the members to whom they report~~. It is also good practice to periodically re-tender the audit work. At the date of the AGM Cochrane will be in the midst of tendering for audit services. Therefore, following the advice of our lawyers and with the approval of the Board, members are asked to note that Sayer Vincent remain as our current auditors until the tender process is completed and the new auditors chosen by the Governing Board. The new Auditors will be announced via the website and a resolution will come to the 2023 AGM in the usual way.	Karen Kelly, Catherine Marshall

Governing Board: Decision Paper

Title:	**Cochrane Governance Process for appointing Co-optees**
Previous papers submitted on this topic:	Paper to Governance Committee GC-2022-06
Paper Number:	**GB-2022-40**
From:	Governance Committee
People Involved in the developing the paper:	Roma Grant
Date:	21 September 20222
For your:	**DECISION**
Access:	Open

Executive summary

This paper recommends a process for appointment of co-optees to Cochrane Governing Board Committees.

The Articles do not contain a power to co-opt. Cochrane's solicitors advise that the Board has now power to co-opt onto itself, but has the authority to

Recommendations

The Governance Committee recommends that the Governing Board APPROVES that the following paragraph is added to the Terms of Reference of all its Committees:

"**Co-option**
The Committee may recommend to the Governing Board (through the Nominating Committee) that a maximum of two members are appointed as co-optees.
i. A co-optee is appointed for one year and, with the approval of the Board, the term of office may be extended for no more than two further terms.
ii. The role is advisory to the Committee and the co-optee will have no voting rights, nor any legal or regulatory obligations as a trustee.
iii. Notwithstanding the above, the co-optee is expected to abide by the Trustees Code of Conduct and relevant Cochrane policies."

Co-optee or Advisor

Whether a co-optee or an advisor, the person is selected for the specific skills and knowledge that they bring. An advisor usually works on a specific, time limited project or issue. For example, an advisor might be employed or volunteer their time to provide advice on choosing an IT system, or to support a team in developing a new product or service. They would not usually be involved in the strategic, governance or longer term issues or consequences that flow from the delivery of the project.

A co-opted committee member is an independent person, appointed where specialist input is required or where an outside view could be useful in guiding the committee's deliberations. Their input is not project specific, but used across the whole of the Committee's remit. As an independent (not a Board member) they do not usually count towards the quorum. The exception is where the Board has decided it needs an independent Chair, as sometimes happens with audit or investment committees.

For clarity, if a person is on a committee because of their *role* – for example, as a member of Council, rather than as an individual – this process does not apply.

There is no convention on whether a co-optee is a voting member or not. In recommending co-optees are non-voting members, the Governance Committee is taking a very pragmatic approach:

- Most decisions in Committee are by consensus. A co-optee would form part of that consensus and their views considered with as much respect as any other member.
- Cochrane Committees are quite small, often with no more than 4 trustees. Allowing a co-optee to vote would be 20% of the total, a high percentage which would be even higher with two co-optees
- This is also the reason that the number of co-optees on any committee is limited to two, to ensure that co-opttees do not have a more dignificant 'voice' on the Committee than Board members..

Process for selection of a Co-opted member

The process to select a co-optee rests with the Nominating Committee, in accordance with their Terms of Reference. The Committee requesting the co-optee should provide Nominating Committee with the following information:

- A rationale for requiring a co-opted member, rather than an advisor, and evidence to support the need for the skillset or expertise required (eg a gap analysis of existing members)
- Working with the ELT lead, the Head of Governance and the Committee, a short but compelling brief for Nominating Committee to use in the search and recommend ways to find appropriate candidates – including networking
- Provide members of the interview panel – at least one of the panel should be a Nominating Committee member
- The Nominating Committee, in conjunction with the requesting Committee will make the recommendation to the Governing Board.

Resolution

The Governance Committee recommends that the Governing Board APPROVES that the following paragraph is added to the Terms of Reference of all its Committees:

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The Committee may recommend to the Governing Board (through the Nominating Committee) that a maximum of two members are appointed as co-optees.
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ii. The role is advisory to the Committee and the co-optee will have no voting rights, nor any legal or regulatory obligations as a trustee.
iii. Notwithstanding the above, the co-optee is expected to abide by the Trustees Code of Conduct and relevant Cochrane policies."

Yes/No/Abstain

Governing Board: Reports

Title:	Editor in Chief report
Previous or schedule reports on this topic:	
Paper Number:	Gb-2022-33
From:	Karla Soares-Weiser
People Involved in the developing the paper:	Ruth Foxlee and Susan Evans (programme managers), Toby Lasseerson, Frances Kellie, John Hilton
Date:	09 September 2022. For Consideration at xxx Board meeting or by Convene between meetings.
For your:	**ASSURANCE**
Access:	Open

1. Purpose:

This report includes key achievements and challenges in the Future of Evidence Synthesis Programme, plus other important editorial activities relating to Goal 1 of Cochrane's Strategy for Change: Producing trusted evidence.

2. Report:

Key achievements

Update on Future of Evidence Synthesis programme of work

Implementation of the Future of Evidence Synthesis projects is ongoing. Some programme highlights:

- The call for applications for **Thematic Groups** is now closed and we received eight applications, some of a very high standard. An assessment panel has been announced and we aim to complete the process by mid-October.
- Different approaches are being adopted to protect Cochrane's **review development pipeline**. This includes identifying high priority reviews that will need central support, based on a series of interviews with UK-based CRGs, including NIHR funded reviews and updates to be delivered before UK CRG funding contracts terminate.
- Options to celebrate Cochrane's 30th anniversary by showcasing some of our reviews are being explored with some members of the community and the Editorial Board.
- We have been focusing on identifying the challenges and lessons learned from the Editorial independence and Efficiency Pilot to scale up of the **Central Editorial Service**. A full report of the pilot is being prepared as a background for the Barcelona meeting, but a summary of the findings is provided below.
- The **Author Proposal Management** project completed in July and, proposals are being received and managed with support from Cochrane UK. The next stage is to look at how update proposals can be managed centrally.
- The goal of the **New Review Format** project is to evolve the format of Cochrane Reviews to improve quality and reduce inconsistencies between published reviews whilst maximising sustainability and cost-effectiveness. We are doing this to improve author experience, streamline editorial, peer review and copy-editing processes, increase accessibility and impact when published, and simplify technology to reduce long-term cost base. Research to inform the project was completed by University of Cologne/Cochrane Haematology, which included stakeholder interviews and surveys with 998 responses. We are now scoping

implementation options with consultation across CET teams and other focussed consultation. What is being considered includes a shorter review format, associated reporting standards, separating supplementary materials from the main review and improving the data journey through the review process. Changes will begin being launched during 2023.

- **Fundraising activities**:
    - The Editor-in-Chief and Head of Advocacy, Communications and Partnerships have met with partners in the WHO to finalise a first version of a case for support to create two Evidence Synthesis Units in and for low and middle-income countries, focusing on capacity strengthening and supporting policy making. We have asked for support from Dr Soumya Swaminathan (WHO Chief Scientist) to reach out to major funders and check their interesting in funding Evidence Synthesis Units in the Global South.
    - A bid for the Wellcome Request for Proposals for an evidence synthesis programme in mental health, in which Cochrane is a partner has advanced past the Expression of Interest and the proposal is now being revised.
- The **Oversight Committee** organized by the Governing Board met on 6 September for the first time. The committee reviewed the terms of reference and discuss an overview of the 10 projects in the The Future of Evidence Synthesis Programme of work. The focus was in the governance structure, relationship with current CRGs during the transition period, and role of the committee in monitoring key performance indicators.

Editorial Independence and Efficiency Pilot
A full report of the Editorial Independence and Efficiency Pilot is being prepared and it will be shared with the Governing Board prior to the October meeting in Barcelona. Below we are providing some results that are been used to plan the expansion of the Central Editorial Service including adapting current editorial policies and standards and developing a quick and fair rejection process.

The pilot team worked tirelessly during the 12 months, and I am very grateful to all their efforts. Part of the work involved fast-track of high-priority reviews and support to 16 CRGs by completing the editorial process after the review has been submitted for publication. In total, the one-year pilot handled **169 submissions** (61 protocols, 83 reviews and 25 updates). Of those 169, 65 submissions (38%) had final decisions of (accept or reject) by the end of the pilot and 104 are still in editorial process. The median number of monthly submissions was 11.5 per month with a minimum of 4 and a maximum of 37 submissions. Rates of rejection were of 25% for protocols and 28% for reviews, and about 20% of the submissions were fast-tracked.

The key challenges identified during the pilot were:
Central Editorial Service:

- The rejection of articles and appeals against reject decisions
- Tripartite arrangement between authors, CRGs, and Central Editorial Service
- Adherence and disagreements on methodological standards
- Running the pilot during a period of organisational transition
- Large numbers of simultaneous submissions
- Changes and challenges with copy-editing and the production process
- Length of submissions and inconsistency in format of peer-review comments at sign off.

CRGs and authors:

- Excessive number of editorial and peer reviewer comments
- Peer reviewers raising comments the CRG or authors didn't agree with
- Tone of comments
- Lack of clear guidance on CRG role and duplication of effort
- Dissatisfaction with reject decisions
- CRGs not having an overview of the status of submissions in Central Editorial Service
- Difficulties using the web version of Review Manager (RevManWeb).

Some of the key learnings being applied to create a business case to expand the editorial service to to all Cochrane reviews are:

- Regular monitor of key performance indicators along with resource use in the editorial service
- Exam of all aspects of the editorial service to maximise efficiency savings.
- Reconfiguration of the current structure of the Central Editorial Service to optimise management and performance.
- Increase the number of volunteer contributors who can provide methods peer review, search peer review, as well as recruiting more sign-off Editors who can provide academic/clinical input.
- There will inevitably be peaks in the number of submissions over the coming months. We therefore need an editorial service that is responsive to fluctuations in submissions.
- Rejection of poor-quality submissions as early in the process as possible to improve efficiency and increase author satisfaction.

Research integrity
The Cochrane Research Integrity team is continuing its agenda of advocacy, policy and research related to research integrity (https://community.cochrane.org/organizational-info/resources/research-integrity). Some highlights include:

- Work on developing methods to identify problematic and/or fraudulent studies, and a Cochrane policy to manage these in systematic reviews. (See accompanying editorial).
- An article published in the Journal of Clinical Epidemiology, in which the team reviewed the literature and interviewed international experts to identify tools that are currently in use across disciplines, as well as "red flags" for identifying problematic research. This work will be presented at the Peer Review Congress in September.
- Collaboration with PubPeer to develop a "Cochrane channel" where Cochrane investigations of research integrity (that meet our standards) will be published and linked to Cochrane reviews.
- Receipt of a small grant from NIHR (Jack Wilkinson, PI) to develop and test a tool that can be used by systematic reviewers to identify problematic studies.
- An article in The Conversation by Lisa Bero noting that systematic reviewers are in an ideal position to identify problematic studies because they look at the study level across a body of evidence:

The trustworthiness of data is the new frontier and Cochrane aims to lead the way in providing tools that are applicable for systematic reviewers to help determine the trustworthiness of data.

Open Access Journal
All contracts are signed, and Wiley is setting up the website and systems. Michael Brown, Professor at Michigan State University, USA, is confirmed in the leadership role. Editorial Board Member and Associate Editor recruitment is underway, as well as commissioning. There is a query about Michael Brown's role title that needs resolving before promotional communication can be released. The submission system is due to open in mid-October 2022 and we are aiming to publish the first articles in Q1 2023. An issue has been raised by Wiley about the title given to the leader of the Journal, and this has been referred to in paper GB-2022-31. I am in full support of the change from 'deputy editor in chief' to 'editor', as requested.

Editorial Board
The Editorial Board met on 23 August to discuss measures of impact and ways to increase usage of the Cochrane Library, and initial results of the Editorial Independence and Efficiency pilot and implications for scaling up the Central Editorial Service. As before, the minutes will be made publicly available. The next meeting, scheduled for 4 October, will focus on the finds and timetable for the 'new review format' project.

Plans for next period (specify e.g., next Quarter)]

1. Work with the Future of Evidence Synthesis Oversight Committee to identify key performance indicators for the main projects and create a process of monitoring and evaluation.
2. Finalise and communicate the application process for 5-6 Thematic Groups.
3. Prepare a business case for scaling up the Central Editorial Service that takes the Pilot learnings into consideration.
4. Work with Cochrane's senior team to prepare a plan the strategic session for the Governing Board face-to-face meeting in Barcelona.

3. Summary:

The Future of Evidence Synthesis transformational programme of work supports the delivery of Strategy for Change Goal 1 Objective 1: Delivering timely, high-quality responses to priority global health and care questions, which the users of our evidence help define; and goal 1 objective 2: Streamlining production of reviews and simplifying editorial systems and processes.

The goals are fully aligned with Cochrane's mission and vision:

- respond to important global health and social care needs;
- streamline the way we produce high-quality evidence syntheses; and
- achieve financial sustainability in an environment where infrastructure funding is diminishing, and funders increasingly require the research output they fund to be open access.

The programme aims to deliver the following outcomes:

1. **Short-term** deliverables are activities to support the pipeline and to scale up the Central Editorial Service. These activities are essential to guarantee a constant flow of publications in the Cochrane Library, particular during the transition of responsibilities for the editorial process from UK Cochrane Review Groups to the central team.
2. **Medium-term**, we are focusing on shortening the format of Cochrane reviews and simplification of processes and systems to continue to attract authors and enhance timeliness of the editorial and publication processes.
3. **Long-term**, we are working towards a simpler organizational structure, with higher accountability, that is clear to both internal and external stakeholders.

4. Next report:

We are preparing background reports to inform the face-to-face meeting about the Future of Evidence synthesis programme of work.

Governing Board: Reports

Title:	**Operational performance report to September 2022**
Previous papers submitted on this topic:	GB-2022-18 [Operational performance report to July 2022]
Paper Number:	**GB-2022-34**
From:	Catherine Spencer
People Involved in the developing the paper:	Executive Leadership Team Roma Grant Interim Head of Governance
Date:	To Board meeting 21 Sept 2022
For your:	**ASSURANCE**
Access:	Open

Executive summary

This paper provides an overview for the Governing Board on achievements and challenges delivering on our plans for 2022 towards the *Strategy for Change*. It includes overviews from the Chief Executive Officer (CEO) and sections summarizing progress on each *Strategy for Change* objective. This is a new approach for 2022, and so we will continue to evolve it and welcome feedback. The Editor in Chief (EiC) Report is now a separate report but will be referred to in the *Strategy for Change* update.

Overview from the CEO

The Executive Leadership Team is looking forward to working with the Governing Board at our Barcelona Strategic Board Meeting. Work is underway to develop papers and presentations that will provide a clear picture of the extreme challenges we face to transition to new business and editorial models.

We need a strong understanding of what we must do to avoid acute financial distress, while also recognising the need to invest in our communications, marketing and fundraising activities to enable us to bring in new funding. We must make the most of the opportunity to thoroughly examine:

- Timing of reducing income from the Cochrane Library, and the timescale needed to develop new or increasing existing income generating activities.
- Reduction in the number of systematic reviews resulting from the closure of the UK Review Groups, while also needing time to build up the Evidence Synthesis Units and Thematic Groups.
- **Prioritisation** – What activities should Cochrane stop doing. How can we create a good foundation to enhance our ability to innovate? What makes Cochrane worth spending money on?
- How we develop a ‘delivery organisation’ culture. Cochrane is operating in a different environment – we need to adjust our offer.

It is essential that the Governing Board provide clear communication, post Barcelona.
We need to demonstrate to the Central Executive Team an understanding of the gravity of the range of challenges we face and the need to transform Cochrane, with a vision as to how that will work. Externally we need to provide compelling evidence of commitment to making progress in our editorial transformation and our income generating activities.

Staffing changes

Charlotte Pestridge, Director Publishing and Technology will be leaving Cochrane in mid-December. Recruitment for her successor is underway. We are working with the agency *Inspired Selection*. We have taken time to consult across the organisation as to whether this remains the right role, thus the gap between Charlotte's resignation and the recruitment process. It is unlikely we will have an overlap of Charlotte and the new person, given notice period is expected to be around three months. Charlotte will ensure that her team are well briefed and hand-over materials are prepared. Cochrane Response will move over to the Development Directorate.

Head of Communications – We are recruiting for a Head of Comms. This role will be able to focus on dramatically improving our Communications. It is vital we improve our comms to clearly and compelling describe our activities and potential. We must particularly improve this area to support Development and income generation activities.

Development
The Director Development, Gavin Adams commences his role on the 3 October. We have been working with him to develop a job description for the Head of Comms and to map out staffing resource for fundraising/communications. The growth of fundraising income is reliant on significant investment in this area.

Publishing and Technology
The changes to the structure of this directorate post departure of Head of Informatics and IT (Information Technology) Services have been completed.

Board retreat
Roma Grant Interim Head of Governance and her colleague Elspeth McDonald have worked exceptionally hard to pull together the Barcelona Strategic Board Meeting. The facilitator Barney Tallack is extremely experienced, his BIO is at the end of this report. The Executive Leadership Team is working with the Co-Chairs and Barney to develop a programme to enable the exploration of issues to form the basis of our strategy moving forwards.

DRAFT TIMETABLE FOR BOARD

MONDAY 10.10.22	Arrivals	
TUESDAY 11.10.22	Assemble and travel to venue – Campus La Mola	
	LUNCH & WELCOME	**Introduction from Co-chairs, CEO and Facilitator** Getting to know you and information sessions
	DINNER	
WEDNESDAY 12.10.22	Board development day	Facilitated
	Board development day	Facilitated
	FAR Committee meeting	Committee meeting – early evening
	DINNER	
THURSDAY 13.10.22	**Second working day** – strategic planning session	Future of Evidence Synthesis Membership
	AGM prep	Run through of AGM – early evening
FRIDAY 14.10.22	**Third working day** – strategic planning session 1	Open Access
	Team building session	From the venue or facilitator
	DINNER	Restaurant off-campus
SATURDAY 15.10.22	**Fourth working day** – strategic planning session	Business modelling / Financial operating model / business scenario planning (including income generation)
	LUNCH	
	QUESTION TIME /AGM (Annual General Meeting) planning	Board & ELT (Executive Leadership Team) to ask **all** the questions plus communication lines preparation for the AGM (Annual General Meeting)
	Free time / team building activities	Possibly one of team building activities from Campus
SUNDAY 16.10.22	Session 1	**Wrap-up** What have we learned - what have we missed. Individual + group commitments. Next steps.
	LUNCH	then travel back to Barcelona
	PM Guided tour Sant Pau site + reception	(https://www.santpaubarcelona.org/ca/visites) GB/ CET (Central Executive Team) & Iberoamerican network – arranged by Iberoamerican Network
MONDAY 17.10.22	XVIII meeting of Iberoamerican network	Formal inauguration. Board members can arrange to attend
MONDAY 17.10.22	AGM (Annual General Meeting) – at the Iberoamerican Centre	6.30 (or 7.00)
TUESDAY 18.10.22	Departures	Or day 2 of the Iberoamerican conference for Spanish speaking members.

30th anniversary plans for 2023

Plans for the anniversary will be focused on the Colloquium, which is confirmed as being 3-6 September 2023.

Events from Cochrane Geographic Groups will be marketed as part of an anniversary ‘festival’.

We also plan to feature one high profile review per month during the year to celebrate Cochrane’s achievements. The plans include podcasts with authors/users, and a complete dissemination package. We are discussing with current members of the community to form a group of guest editors for this initiative.

We are investigating whether it will be possible to have 30th Anniversary Awards. If we proceed, we will call for case studies demonstrating impact. These will also provide useful material for social media and communications.

We want to make the most of our thirtieth year, while recognising that we have low resources and that there are many other areas which require urgent attention. Thus, work for the thirtieth anniversary must be low maintenance and add to our overwhelming need to tell the story of the future Cochrane in a manner which will attract partnerships.

World-Evidence Based Healthcare Day
We have provided blogs and social media coverage for World Evidence- Based Healthcare Day. If we proceed with the awards mentioned above, they may be announced on this day. Emma Thompson, Advocacy and Partnerships Manager, and Muriah Umoquit, Communications and Engagement Officer, are working together to promote our contribution to this event. Tiffany Duque, Senior Engagement Officer, Geographic Groups is planning an online seminar.

London office
We have moved out of St Albans House. Sincere thanks to Lorna McAlley, CEO Executive Assistant, who worked long hours to dispose of equipment and furniture and organised our move into our new offices in The Kings Fund, Cavendish Square, London. Lorna has been assisted by Lee Johnson, Finance Officer. Their work has saved significant money on professional help.

Communications
Work is underway to provide comms to support the changes in Cochrane. We are using Jo Addison, an external consultant, who is working with the Future of Evidence Team. Products will be used for both internal and external communications.

We are also using Jo Addison to support work on Crisis Communications around a forthcoming controversial review.

Website – we are undertaking a website audit; this will be used to help us develop a much-needed new website.

Progress on Strategy for Change Objectives

Goal 1, Objective 1: Delivering timely, high-quality responses to priority global health and care questions, which the users of our evidence help define

Key priorities:
- Future of evidence synthesis transformational programme of work
- Submission pipeline monitoring and risk mitigation
- Establishing Thematic Groups and Evidence Synthesis Units
- Business case for expansion of the Centralised Editorial Service
- Develop and introduce a new, streamlined review format
- Simplification of processes and tech
- Implement new way to monitor, manage and publish high profile reviews

Achievements and challenges
- See the Editor-in-Chief update

Key risks

- The Future of Evidence Synthesis Programme has multiple risks, which were set out as part of the business case presented to the Governing Board, and will be monitored by the programme team, Programme Board (ELT (Executive Leadership Team)) and the Oversight Committee. The risks relating to finding sufficient funding for Evidence Synthesis Units and Thematic Groups are ongoing. Another key risk associated with the capacity of the Central Editorial Service has been identified and we are working on mitigation strategies including options to outsource some of the service.
- We are closely monitoring the number of reviews published in the Cochrane Library and are working on the pipeline project described above to mitigate some of the current risks.

Goal 1, Objective 2: Streamlining production of reviews and simplifying editorial systems and processes

Key priorities:
- Develop and introduce a new, streamlined review format
- Simplification of processes and tech

Achievements and challenges
- See the Editor-in-Chief update
- Teams have started to implement projects as part of Future of Evidence Synthesis.

Key risks
- As above, the Future of Evidence Synthesis Programme has multiple risks, which were set out as part of the business case presented to the Governing Board, and will be monitored by the programme team, programme board (ELT) and the oversight committee.

Goal 2, Objective 3: Advocating for evidence-informed decision-making and integrity in research, including by pursuing high-impact partnerships and activities

Key priority: We will shape our advocacy programme building on Cochrane Convenes recommendations

Achievements and challenges
- We held a webinar on May 24, during the World Health Assembly, with a panel of policy makers. This was organised jointly with the WHO (World Health Organization) EvipNet team and the team leading the Global Commission on Evidence. The Webinar was well attended.
- As we reported previously, during the past months WHO (World Health Organization) and Cochrane have been working on a partnership proposal to create multi-topic, interdisciplinary Evidence Synthesis Units based in, and producing evidence for the Global South. In July, we met with WHO (World Health Organization) colleagues in Geneva and since them have reach out to WHO (World Health Organization) Chief Scientist and other members of the Cochrane Convenes Advisory Group trying to gather support to initiate a discussion with key funders. We will keep the Board updated on progress.
- We issued a statement highlighting the Cochrane Convenes recommendations as part of the second round of public hearings for the new international convention on pandemic prevention, preparedness and response being developed by WHO Member States
    - 12:20
- Following the meetings with WHO (World Health Organization) in Geneva, we have reviewed and updated the ESU (Evidence Synthesis Units) proposal and started to establish opportunities to engage with funders for initial conversations.

Key risks
We are now working with the communications team on the short-term advocacy and dissemination work. The longer-term changes we expect link closely to the Future of Evidence work (i.e. the

establishment of Evidence Synthesis Units in Lower- or Middle-Income Countries (LMICs) directly links to one of the key recommendations of Cochrane Convenes).

Goal 3, Objective 4: Making all Cochrane Reviews Open Access (OA) by 2025 at the latest without placing the financial burden on review authors

Key priority: We will have a Board approved decision and transition plan (roadmap) for OA in 2022

Achievements and challenges

- NIHR have confirmed the open access policy compliance route for Cochrane Programme Grant and Incentive Award reviews submitted for publication from 1 June 2022. NIHR will pay a discounted Article Processing Charge (APC) of £2,500 per review and these reviews will publish with no embargo and a CC BY (full re-use rights) license. So, we have been able to fully comply with NIHR OA policy for this final set of c70 funded Cochrane Reviews.

- We are finalising the business cases for Cochrane Library product development plans, and these will be reviewed by the ELT in late September 2022. The user and customer research findings from Wiley are very positive, confirming that all concepts would increase customer and user value.

- Wiley have not been able to complete the detailed financial modelling for all the open access business model options as planned. This is because we only have historical publishing data on our authors, which will not be relevant from 2024 as Cochrane transitions to a new review development model as part of the Future of Evidence Synthesis. We should have sufficient information to work through scenarios and strategic assumptions with the Board in October and November 2022.

Key risks

- Even though we will be missing some of the detailed financial modelling information for open access business models and still need to reconsider the funder engagement plan, we have sufficient information to support delivery of a transition plan and updated recommendation paper for the Board in November 2022.

Goal 3, Objective 5: Improving user experience by increasing the accessibility and usability of our products

Key priority: Further develop and continuously improve the Cochrane Library working with Wiley, progressing a product development and business model strategy including OA

Achievements and challenges

- Business cases for Cochrane Library product development have been completed and are now being finalised for submission to ELT for review and recommendation.

Improved efficiency (enabling objective): Reducing editorial and production complexities, and simplifying organizational structures to support the global collaboration that is key to Cochrane's work

Achievements and challenges

- See the Editor-in-Chief update for information on "new review format" and "open access journal".

Key risks

- See the Editor-in-Chief update.

- We are closely monitoring the number of reviews published in the Cochrane Library and are working on the pipeline project described above to mitigate some of the current risks.

Sustainability (enabling objective): Realizing our Open Access ambitions by moving towards a new organizational business model that reflects expanded fundraising and delivers long-term sustainability for the whole organization

Key priorities:
- Recruit a Director of Development
- Establish a global fundraising strategy with community consultation, and recruit a fundraising team

Achievements and challenges
- Director of Development starts in post on 3 October.
- The recruitment of a fundraising team is in development. Head of Comms as above.
- We are working with the World Health Organization on a case for support for evidence synthesis units in low- or middle-income countries.
- We are part of a consortium responding to the Wellcome Request for Proposals (RFP) for an evidence synthesis programme in mental health research.
- RevMan Web for commercial use was launched in late May 2022.
- Editorial are completing an editorial review of Essential Evidence Plus – a US clinical decision support product being offered to Cochrane by Wiley.

Key risks
A key risk we do not secure funding for Cochrane, but all activities are focused on the imperative of achieving a sustainable future, and we are continuing the focus – see Income Diversification paper on previous agenda.

Increased awareness and impact (enabling objective): Increasing the visibility and profile of Cochrane globally; demonstrating our value and impact to decision-makers and funders; and meeting the needs of future generations

Achievements and challenges
- An external consultant has been recruited to work with ELT and the Communications team on developing a communications strategy that will help position Cochrane better and increase our visibility. The communication team met in London on 26/27 April and developed a paper that outlines how we will re-focus Cochrane's communications. The paper was discussed at ELT and the direction endorsed. The communications teams will need to become more outward facing, focusing on increasing the visibility of Cochrane and facilitating the fundraising work
- Head of Comms is being recruited, immediate work outsourced on communicating change and crisis management.

Risks
The constrained capacity of the Communications team means some activities will need to stop, and energy needs to be directed towards high impact topics, channels and communications. We will bring in additional capacity where needed. The team will in part rely on the Cochrane Community to amplify messages and help build Cochrane's profile in thought leadership. Additional capacity for internal communication and community engagement is needed and currently being recruited.

Enhanced accountability (enabling objective): Strengthening communications and engagement with Cochrane members, supporters, staff and beneficiaries; improving

diversity and inclusion; and making a commitment through the evidence we produce and how we collaborate to addressing global health and care priorities and reducing health inequities

Key priority: Culture and ways of working - values

Achievements and challenges

- Leadership development programme
- Following the March launch event, the Culture Working Group drew up a findings paper for ELT (Executive Leadership Team) consideration. Feedback from this meeting and the wider CET (Central Executive Team) resulted in a series of slides to further reinforce the project aims. Next steps, over the coming weeks, include the formation of a 'Culture Map'. Working Group members are meeting with teams to explore individual perceptions of Cochranes culture and what we should continue, start and stop.
- It has not been possible to recruit an Internal Communications Executive due to an extremely competitive market, to support engagement with the Community at this time of change. This new post will be focussed on ensuring that communications around the future of evidence synthesis are effectively communicated to the community, such that everyone feels well informed. They will also have a role in building greater engagement with the community more generally. Recruitment is on hold until we have a Head of Comms.

Key risks

- There is a risk that the culture work is not sustained and/or does not deliver what staff expect. There are varied expectations of the work.

Appendix

Barney Tallack Bio

Barney Tallack has worked in the INGO, Social Justice, UK Charity, not for profit and social enterprise sector for 30 years. He has held senior leadership and Board member roles in a variety of international and UK based organisations. He has deep experience in Strategy, Transformation / Change programmes including many long-term transformations, Global Secretariat restructurings, and Governance for INGO Federations, Networks and Unitary NGOs.
As Director of Strategy for Oxfam International, he was responsible for the global strategy process. For 5 years he led the global transformation program and change process (affecting Oxfam's 20 national members, 10,000 staff and €1bn annual spend in over 90 countries). He was also responsible for Oxfam International's governance function, supporting the relocation of Oxfam's global HQ to Nairobi & restructuring its Secretariat. Before 2009 he held senior roles including for Oxfam's 800 shops, running various change programmes, global systems implementations, and was head of Oxfam's fundraising innovation which included launching the UK's first online charity shop and national music Festival.
He has been a Board Member for the Forest People's Programme, Fairtrade Foundation, The Conservation Volunteers, International Health Exchange, Charity Retail Association and of fundraising specific entities in the UK, Switzerland, South Korea and Sweden. He has been involved in the International Civil Society Centre's Horizon Scanning group from its inception and "Accountable Now".

CLIENTS
Working with the Leadership teams & Boards of INGOs including ***Islamic Relief Worldwide*** on their structures, governance, strategy, fundraising & shops**,** ***CBM*** on their transformation programme, governance, HQ restructuring and demerger into two global entities, ***Concern Worldwide*** on their organizational governance and input to their strategy. ***Forest People's Programme*** building a new leadership team and recruiting their new Director. Organisational assessments, governance reviews and accompaniment of the change programmes for ***Light for the World*** *and* ***MEDA*****.** He has worked with CEOs (Chief Executive Officer) of a number of global & national Non-Governmental Organisations as a sounding board. He has provided advice and assessments for the Boards and Executive Leadership Teams of ***SOS Children's Villages, CARE members, Trocaire, PLAN International, Equal Measures 2030.*** *Governance reviews for* ***ECPAT*** *and* **WeProtect Global Alliance** and **ActionAid International**. ***Terre des Hommes Federation*** on their ways of working, ***Oxfam Ireland*** on merger explorations, **Oxfam GB** on stakeholder accountability.

AREAS OF SUPPORT, FOCUS AND APPROACH
Barney supports INGOs and NGOs in "whole organisation / system" transformation programmes, strategy development, restructures, member relations & governance. He brings extensive knowledge on sector trends, benchmarking, policies, processes and approaches. He focusses on

- Translating vision and strategy into implementable transformation programmes and projects
- Change programmes from whole organization transformations to urgent restructurings
- Robust strategy processes that help the organization to redefine its role, added value and focus
- Governance: formal processes, as well as power & politics, accountability, and behaviours
- Organisational diagnostics & analysis including benchmarking against other INGOs

He uses an accompaniment approach for the organisational journey and the long-term development of staff.
Visiting Fellow of Syracuse University NY, Alumnus of the Windsor Leadership Trust and the RCDS

Publications: “The Existential funding Challenge for Northern INGOs”, Exploring Possible Futures for Conservation NGOs for the Luc Hoffman Institute / WWF, contributor, including afterword, to “Between Power and Irrelevance – The future of Transnational NGOs”

Strategy for Change priorities 2022

RAG Grey = delivered; Green = on track; Amber = manageable delay/issue; Red = issues of concern/undeliverable

Obj.	HOW WE WILL DELIVER (Priority activities)	HOW WE WILL MONITOR - METRIC/MILESTONE/TIMESCALE		ELT LEAD	KEY CONTRIBUTORS	STAKEHOLDERS (e.g. CET, Community)	RAG	UPDATES ON PROGRESS - Progress on Delivering metrics/milestones and/or Impact metrics/milestones; Flag any issues or changes to timelines	WHEN WE WILL DELIVER - PROJECT TIMELINES (Scoping, Development, Delivery) OR BAU								PROJECT REFERENCE
		Delivery metrics/milestones etc.	Impact metrics/milestones etc.						2022 Q1	2022 Q2	2022 Q3	2022 Q4	2023 Q1	2023 Q2	2023 Q3	2023 Q4	
GOAL 1: PRODUCING TRUSTED EVIDENCE To produce trusted and timely synthesized evidence addressing the most important questions for health and care decision making																	
Objective 1: Delivering timely, high quality responses to priority global health and care questions, which the users of our evidence help define																	
1.1	**PRIORITY - Future of evidence synthesis tranformational programme of work**	Board approval, implementation plan developed Q2	1. Working group meeting to start programme of work in April 2. Communication plans finalised for Q2 3. Oversight Advisory Group (Governing Board) formed and expecttions set	EIC	ELT	CET and community	Green	Future of Evidence Synthesis programme implementation plan was approved by the Executive Leadership Team on June 14th. All projects are now formally in the implementation phase. Thematic Groups: The call for applications is now open, closing August 5th and work on forming an assessment panel (internal and external members) began. Review Pipeline: Meetings with UK Cochrane Review Groups to understand barriers and facilitators to producing reviews in the run up to the end of NIHR funding have commenced. Central Editorial Service: a report from the Editorial Independence & Efficiency Project is being drafted to inform service scale-up plans. A number of challenges have been raised with the Programme Board already. Author proposal management: Project delivered. Authors can now submit proposals for new Cochrane Reviews directly to the central Editorial Manager site. The Central Study Identification Service project was not successful in the UK Innovate SMART grant; the project team is considering alternative approaches to service delivery. Communication plans: Lack of comms support for the programme remained in issue in Q2 but Future of Evidence Synthesis fortnightly webinars and newsletters continue. Fundraising: "Cochrane reimagined", a 3-pager for funders was created.	Scoping	Development	TBC	TBC	TBC	TBC	TBC	TBC	
1.2	**PRIORITY Submission pipeline monitoring and risk mitigation**	1) Plan finalised and budget approved by Board - May 2022 2) Central title registration in place by Q2 3) Ongoing delivery of project plan to scope, schedule and budget	1. Meet 2022 commissioning targets. 2. Meet 2022 submission targets. 3. Meet 2022 publishing targets	EIC	EPM, P&T, ELS	CET and community	Amber	Paper and budget request in development. This will cover three main areas of activity: 1. Identify pre-submission pipelines; 2. Themed calls for reviews as agreed with Editorial Board; 3. Commissioning updates based on citation and access data. Editorial Board will prepare an editorial announcing calls for reviews and we will look to invite 50 updates of reviews later ion the year once we have appropriate resourcing in place. Discussion around process for title registration through Editorial Manager is complete. This will require an interim solution to cover for lack of resource in place, but will need increased resource in place ahead of wider rollout for it become BAU.	NA	Scoping	TBC	TBC	TBC	TBC	TBC	TBC	
1.3	**PRIORITY Maintain Centralised Editorial Service, complete EIEP pilot and set clear expectations regarding resources needed to expand**	Scalable CES in place and operating by June 2022	1. Meet time to publication targets 2. Meet throughput targets	EIC	EPM	CET and community	Amber	Content is going through the Central Editorial Service without blockages (content includes from pilot groups (phase A and B), groups that have lost funding, and high-priority reviews). A funding agreement from the EPOC group to Central Editorial Service to provide editorial services has been agreed, and the first invoice has been submitted. Recruitment is almost complete for two new Managing Editors, and recruitment for the Head of Editorial is underway. Iterations in the process to improve quality and efficiency in the editorial process are ongoing and documented. Plans for further expanding the Central Editorial Service are in development, and being discussed with the EIEP working group. Challenges arising for the Editorial Service include a large number of recent unexpected submissions from one CRG, which have been assessed for priority status to push through the highest-priority content first. Ensuring sign-off editor capacity for a swell in submissions will be key.	Scoping	Scoping	Development	Development	Delivery of expanded Central Editorial Service to cover content from folding UK groups, continuation of pilot groups and high-priority content.	Development	Development	Delivery of expanded Central Editorial Service to cover all content.	
1.4	Implement new way to monitor, manage & publish **high profile** reviews	New procedures in place and operating by Q3		EIC	EPM, ACP, P&T	CET and community	Amber	Lack of resources meant that this process did not start on Q1. Work has been carried on to establish a process for the CFS review, including independent editorial process by one of the CRGs and sign off by the Editorial Board. Delays on define how the risk register will be used.									
Objective 2: Streamlining production of reviews and simplifying editorial systems and processes																	
2.1	**PRIORITY Develop and introduce a new, streamlined review format**	1) Concept & user research report delivered May 2022, 2) Scope of work agreed June 2022 for Editorial Board approval July 2022, 3) Author and editor guidance, including MECIR reporting standards and comms plan agreed and start implementation by Q3, 4) Systems implementation to start by Q4, 5) Aiming for April 2023 full go live.	Longterm 1) Improved author satisfaction 2) Shorter review production timelines. 3) Reduced editorial time and costs. 4) Reduced copy editing time and costs. 5) Improved reader satisfaction.	EIC/DP&T	EPM Heads, P&T	CET and community	Green	-Development Editor in post since early June 2022. -All surveys results were delivered by early July 2022. Core team in the process of writing up final report and proposed scope for new review format based on research findings. - Planning for a two months consultation period running through to mid September 2022.	Scoping	Scoping	Development	Development	Development	Delivery	BAU	BAU	
2.2	**PRIORITY Simplification of processes and tech** ***- including prioritizing 1-2 additional projects (e.g, RevMan, central title registration)***	1) Direct submissions requirements and scope confirmed by March 2022 2) Finalise plans for closing RevManS by April 2022, with closure expected in early 2023. 3) Review RevMan Web product strategy in Q2 2022 following validation of copyediting and xml workflow systems. 4) Implement Porto, new review portfolio mgmt system for non-Cochrane users by May 2022, and for Cochrane users by Q4 2022, as part of Archie closure plan. 5) Re-launch Cochrane Taskexchange by Q4 2022 and drive use across the community 6) Complete Covidence interoperability and launch improved data extraction to Cochrane authors by Q3 2022 7) Complete centralised search and data curation improvements using machine and crowd to deliver the Evidence Pipeline as a core process for Cochrane by Q4 2022.	Longterm 1) Improved author satisfaction 2) Shorter review production timelines. 3) Reduced systems support costs following closure of Archie workflows and RM5 in 2023. 4) Increased use of Covidence by Cochrane authors for data extraction. 5) Full use of centralised search service as part of FOES.	EIC/DP&T	P&T. EPM, customer support, membership	CET and community	Amber	1) The Porto review portoflio management system was released for non-Cochrane users in late May 2022 as part of the commercial release of RevMan Web. Ongoing development progressing as planned with release for Cochrane reviews expected by Q4 2022. 2) Covidence interoperability work is ongoing to improve data extraction functionality. On schedule for Q4 2022 release. 3) The Fonto copy editing system to deliver improved copy editing workflow has been demoed to the team and is due to be implemented from August 2022.									
GOAL 2: ADVOCATING FOR EVIDENCE To be a leading global advocate for evidence-informed health and care																	
Objective 3: Advocating for evidence-informed decision-making and integrity in research, including by pursuing high-impact partnerships and activities																	
3.1	**PRIORITY We will shape our advocacy programme building on Cochrane Convenes recommendations**	Advocacy programme planned and delivered as anticipated. Social media coverage of report and call to action. PR coverage of Cochrane Convenes.Develop ability to write and place thought leadership op-eds.	Number of organisations that support the call to action. Follow up survey with supporters 12 month later - what actions have they taken? Changes that occur related to our advocacy; collection of 'stories' as news items on CC website to capture impacts that are easy to measure in numbers. New connections made with impactful partners / influencers (how many, who, possible impact explained)	DDev	HoACP	CET and community	Green	Held WHO side event in May - well attended.		✓	✓	✓	✓				
3.2	Revisit all partnerships and reduce to most impactful ones. Consider more agile approach - work with partners for time limited projects then move on. Retain high value partners eg WHO	Review of partners against SfC goals and levels of impact/influence Mapping of possible new priority partners Partnership strategy paper for Board	Number of high impact connections (new and established). Mapping executed and reviewed by groups. Partner strategy paper for board written and delivered. Number of impact stories shared.	DDev	HoACP	CET and community	Amber	Work has not yet started but our official status with WHO was extended with another three years.			✓	✓					
GOAL 3: INFORMING HEALTH AND CARE DECISIONS To inform health and care decisions by making our evidence accessible, usable, and available to all																	
Objective 4: Making all Cochrane Reviews Open Access (OA) by 2025 at the latest without placing the financial burden on review authors																	

Strategy for Change priorities 2022

RAG Grey = delivered; Green = on track; Amber = manageable delay/issue; Red = issues of concern/undeliverable

Obj.	HOW WE WILL DELIVER (Priority activities)	HOW WE WILL MONITOR - METRIC/MILESTONE/TIMESCALE		ELT LEAD	KEY CONTRIBUTORS	STAKEHOLDERS (e.g. CET, Community)	RAG	UPDATES ON PROGRESS - Progress on Delivering metrics/milestones and/or Impact metrics/milestones: Flag any issues or changes to timelines	WHEN WE WILL DELIVER - PROJECT TIMELINES (Scoping, Development, Delivery) OR BAU								PROJECT REFERENCE
		Delivery metrics/milestones etc.	Impact metrics/milestones etc.						2022 Q1	2022 Q2	2022 Q3	2022 Q4	2023 Q1	2023 Q2	2023 Q3	2023 Q4	
4.1	**PRIORITY We will have a Board approved decision and transition plan (roadmap) for OA in 2022**	Final costed options paper and proposed transition plan to Board by Q4 2022	Finding a financially sustainable OA publishing model as part of a broader revenue & funding diversification strategy	DP&T	ELT, CLIB team	CET	Amber	1) The market and customer validation work for Cochrane Library product development and maintaining a subscription business model is ongoing. The research has been completed, with Wiley report due in July 2022. 2) Work to agree future publishing technology requirements with Wiley is ongoing and will be reported as part of the open access recommendation paper in Oct/Nov 2022. 3) Ongoing open access industry/expert meetings. 4) Wiley working on detailed assessment and modelling of agreed open access business model options with reports due in Sept 2022. 5) Behind on funder engagement due to delayed Development Director recruitment. This is currently on hold. Open access included in the recent funders case for support developed as part of Evidence Synthesis Units project.									
4.2	New Multilingual strategy & how it fits with OA (2023 onwards)	Development of draft multilingual strategy and approval of strategy by ELT and governing board	Finding a sustainable approach to continue multilingual activities	DDev	HoACP,Comms Manager, Multilingual Manager, Head of CLIB	CET and community, Subject to Board approval	Green	Scenarios for multilangual work developed. And discussed by ELT. Final paper shared with ELT early July, and shared with the Board co-chairs for information.		✔	✔						
4.3	Open access journal, establish new journal in partnership with Wiley	Journal launched January 2023	Readership gained, revenues	EIC	EPM, P&T		Green	Contracts signed. Appointed Editor. Author marketing and commissioning plan will go live from July 2022. Journal will be set-up by September 2022 to accept submissions. First issue planned for January 2022.		Development	Development	Development	Launch	BAU	BAU	BAU	
Objective 5: Improving user experience by increasing the accessibility and usability of our products																	
5.1	**PRIORITY Further develop and continuously improve the Cochrane Library working with Wiley, progressing a product development and business model strategy including OA**	*4 Cochrane Library business cases developed by July 2022 and implementation started for at least 2 initiatives by Q3.*	*Subscription revenue business model protected.* *Increase usage of new features .* *Increase user and customer satisfaction*	DP&T	EIC, EMP, P&T	CET	Green	Finalising business cases for end-August based on four themes: 1) Enhanced presentation of RCT data in CLIB 2) Finding Cochrane data from across multiple reviews 3) Cochrane data use and re-use 4) Enriching CLIB with additional data sets Small delay in business cases but still on time to inform the open access recommendation paper due to be delivered to Board in Oct/Nov 2022. Q3 releases on the Cochrane Library will include PICO browse, prototype PICO search filter on main search , presentation of joint authorship and some Spanish portal fixes.	Scoping	Scoping	Scoping / Dev	Scoping / De	Dev	Dev	Dev	Dev	
OUR WORK IS ENABLED BY:																	
Improved efficiency - Reducing editorial and production complexities, and simplifying organizational structures to support the global collaboration that is key to Cochrane's work																	
IE.1	Ensure expenditure is sufficiently within budget in 2022 to position us to deliver breakeven budgets in 2023 and 2024	Management accounts and projections Five-year projections updated for every FAR		DFCS	ELT, WLG	CET	Amber	Progression delayed but Q222 management accounts are in progress & planning for update of 2022-26 financial modelling (including detailed LIVE staff analysis) in hand.	Development	Delivery	BAU	BAU	BAU	BAU	BAU	BAU	
IE.2	Develop M&E system for geographic groups, revisit functions in the light of changes in review production, develop criteria for accepting/upgrading groups	M&E Framework developed, tested and implemented (should be operational in 2023)	Increase in geo groups performance on key deliverables. Number of new and closed groups.	DDev	HoACP	CET and community	Green	Webform for tracking Geo Group activities developed; platform on community site set up so people can search these activities. ELT and Geographic Groups Executive have reviewed platform and provided feedback. Now being tested by 9 geographic groups - testing till September. Then adjustments and implementation starting in 2023.		✔	✔	✔					
Sustainability - Realizing our Open Access ambitions by moving towards a new organizational business model that reflects expanded fundraising and delivers long-term sustainability for the whole organization																	
S.1	**PRIORITY Recruit a Director of Development**	Director of Devpmt in post by June 2022		CEO	ELT	CET	Green	Director of Development has been appointed and due to start in October. Contract is with candidate, once received we can communicate successful candidate to wider organisation.		✔	✔						
S.2	**PRIORITY Establish a global fundraising strategy (for income generation and diversification) with community consultation - and recruit a fundraising team**	1. Global Fundraising Strategy - Global fundraising strategy in place, in time to inform 2023 budget - Recruit team/capacity to progress plans - At least ? funding proposals submitted worth at least ... 2. Revenue diversifiation - Revenue diversifiation strategy submitted to Board for approval by June 2022. - 2 new products business cases developed by Q4 2022 for submission to Board by Q1 2023 if positive. - RevMan Web commercial launch in May 2022		DDev	Fundraising Task Force	CET & community	Amber	1. Affected by Dir of Dev situation. Planning now to recruit team as well as Director. Fundraising plan for 2022 in place, and ELT reviewed revenue diversification in March 22 Revenue diversification 2. Commercial launch of RevMan Web in late May 2022 for commercial users. Business case for academic users, with access and pricing recommendations will be available from mid-August 2022.		✔	✔	✔					
S.3	Continue existing fundraising initiatives and progress fundraising plans, pending the appointment of the Development Director	Wellcome funding application submitted by …. Fundraising database in place by …		CEO	HoACP	CET and community	Amber	Pending start of Dir of Development	✔	✔	✔	✔					
S.4	Plan process towards a new strategy for 2024 and beyond, and assess resource/support requirements for 2023	Q3, Q4		CEO	ELT, WLG	CET & Community	Green	New CEO to progress substantially in 2023, 2022 is for planning for 2023				✔	✔	✔	✔	✔	
S.5	Embed risk management at all levels within the Cochrane on a consistent basis (> one year)	Q122 (risk policy, professional advice) Q222 (FAR risk update paper/monitoring & training) Q322 BAU	Annual self-assessment against IRM Charities SIG Risk Management Maturity Framework	DFCS	ELT, WLG, FAR Committee	CET	Amber	Progression delayed but Board Risk Policy approved, following professional advice, and now periodic Board risk reporting in place via WLG/ELT/FAR. WLG risk management training to be rearranged. Potential Board session in October.	Development	Delivery	BAU	BAU	BAU	BAU	BAU	BAU	n/a
S.6	Close the London office & associated services (2022)	Hard deadline 1 Sept 2022 (on time, on budget) Plan for post 1 Sept 22	Alternative working arrangements and protocols in place	DFCS	EA (CEO), ITS Admin	CET	Amber	Progression delayed but ELT have approved, subject to contract, that we take on a three-year lease (break: one-year) at The Kings Fund. Departure from St Albans House progressing and office paperwork being processed, office contracts being terminated. ELT to dicuss broader considerations of move to Hybrid working and implications on organisational policies, ways of working.	Scoping	Development	Delivery	BAU	BAU	BAU	BAU	BAU	tbc
Increased awareness and impact - Increasing the visibility and profile of Cochrane globally; demonstrating our value and impact to decision-makers and funders; and meeting the needs of future generations																	
IA.1	Develop communication strategy - focused on delivering key organisational messages, but also on marketing, increasing visibility, illustrating impact	Communication plan developed with quarterly targets	Focused external reach and visibility (PR mentions, social media meterics). Development of Cochrane as a thought leader. Meeting of quarterly targets.	DDev	HoACP	Needs to include OA comms, and ref future of evidence synthesis [CET]	Amber	Doucment Refocusing communications shared and discussed with ELT. This wil provide guidance for new Head of to be recruited. Focus on external comms and advocacy		✔							
IA.2	Develop Events strategy - internally and externally focused events - considering community needs and external visibility	Events strategy developed and approved by Board - Decision taken on GES for 2023 Q2 2022 - Plan for Community Leaders meeting by Q2 2022 - Host Community Leaders Meeting by Q4		DDev	HoELS	CET and community	Green	Events strategy development and events planning all on course. Update to go to the Governing Board in May with further information.									
Enhanced accountability - Strengthening communications and engagement with Cochrane members, supporters, staff and beneficiaries; improving diversity and inclusion; and making a commitment through the evidence we produce and how we collaborate to addressing global health and care priorities and reducing health inequities																	
EA.1	**PRIORITY Culture and ways of working [Values for the community]**	Leadership development programme delivered Develop further the Board/executive partnership	Participants report satisfaction, and impact on their leadership. Staff report positive impact.	CEO	ELT, WLT	CET CET & Community	Green	Initial Leadership Programme for WLG delivered, evaluation to be done, including next steps, taking into account new CEO and wider leadership changes/joiners. Culture mapping activity with teams completed and being consolidated before next steps (see faq no. 4 Culture Slack channel) Community Values work on hold pending new CEO.	✔	✔	✔	✔	✔	✔	✔	✔	
EA.2	Review and rationalisation of Cochrane websites	Audit of Cochrane.org conducted and Cochrane.org revised Plan for website overhaul in place and budget identified		DDev		CET and Community	Red	Not yet started. Links to comms strategy which needs to be developed first									

Strategy for Change priorities 2022

RAG Grey = delivered; Green = on track; Amber = manageable delay/issue; Red = issues of concern/undeliverable

Obj.	HOW WE WILL DELIVER (Priority activities)	HOW WE WILL MONITOR - METRIC/MILESTONE/TIMESCALE		ELT LEAD	KEY CONTRIBUTORS	STAKEHOLDERS (e.g. CET, Community)	RAG	UPDATES ON PROGRESS - Progress on Delivering metrics/milestones and/or Impact metrics/milestones; Flag any issues or changes to timelines	WHEN WE WILL DELIVER - PROJECT TIMELINES (Scoping, Development, Delivery) OR BAU								PROJECT REFERENCE
		Delivery metrics/milestones etc.	Impact metrics/milestones etc.						2022 Q1	2022 Q2	2022 Q3	2022 Q4	2023 Q1	2023 Q2	2023 Q3	2023 Q4	
EA.3	Put in place a register/list of current and planned organizational policies with review dates and authority level (ELT/GB etc)	Work to start in Q2		CEO	Governance, WLT (Editorial and HR)	Important for risk management [CET]	Amber	This will be progressed by then new Interim Head of Governance									
EA.4	Review and update governance arrangements, to ensure they are fit for purpose for the Cochrane's next stage of development	External consultant engaged; plan delivered; work underway		CEO	Governance, Board	CET and Community	Amber	This will be progressed by then new Interim Head of Governance									

Governing Board: Reports

Title:	Process for approving Emeritus and Lifetime Memberships
Previous or schedule reports on this topic:	GB-2021-53 Acknowledging long standing and leadership contributions to Cochrane
Paper Number:	GB-2022-35
From:	The Membership and Awards Committee: (Catherine Marshall (Chair); Jordi Pardo Pardo; Vanessa Piechotta; Liz Dooley; Chris Champion)
People Involved in the developing the paper:	Catherine Marshall; Tracey Howe; Jordi Pardo Pardo; Vanessa Piechotta; Liz Dooley; Chris Champion
Date:	14th September 2022 For Consideration at the 21 September 2022 Board meeting.
For your:	**ASSURANCE**
Access:	**OPEN**

1. Purpose:

The purpose of this report is to inform the Governing Board of the processes that have been set up around Emeritus and Lifetime Memberships through the Membership and Awards sub-committee.

2. Report:

Background

Following approval of the Emeritus and Lifetime Membership categories by the Governing Board[1], we have established a Membership and Awards Governing Board Sub-committee, and through that committee we have established a process for the awards including forms for nominations, checklists for assessing nominations and a timeframe for the first round of nominations.

Criteria of the awards

Lifetime Membership	Emeritus Membership
Purpose To acknowledge individuals at all levels of the organisation who have made an exceptional, long-standing commitment to Cochrane's work.	**Purpose** To acknowledge individuals who make a significant, long-standing contribution to the leadership of the organization.
Criteria • Served in a Cochrane role for a significant period of time, normally more than 10 years.	**Criteria** • Served in a significant leadership position in Cochrane, e.g., Co-ordinating Editor, Centre Director, normally for a period of more than 10 years.

[1] Acknowledging long standing and leadership contributions to Cochrane, GB-2021-53

• Made an extraordinary contribution to Cochrane that exceeds the expectations of their role in Cochrane. • Held positions of responsibility in the organization, e.g. contributed to committees, governance groups or other initiatives. • Embodies Cochrane's Principles, especially the principle of collaboration. • They are stepping down from their Cochrane roles.	• Made an extraordinary contribution to Cochrane that exceeds the expectations of their role in Cochrane. • Embodies Cochrane's Principles, especially the principle of collaboration. • They are stepping down from their Cochrane roles.

Summary of process

We present here a summary of the process that is planned for these awards. The full process information and the associated forms are available on request. The key points in the process that we want the Board to be aware of are as follows.

- In the first rounds, we will open nominations for a set period of time and have a pre-defined schedule for assessing and announcing awards. In future we may consider a more ongoing process, but this is our preference initially. We intend to launch the first round in October.

- The nominations will be made online and will comprise of a nomination form and two letters of support. The form will need to explain clearly how the individual meets the award criteria.

- After the nominations period closes, the nominations will be collated and shared with the Membership and Awards committee members for review. If necessary, the committee members can take references by contacting those providing the letters of support.

- Following a consensus meeting of the committee, the recommendations for the awards will be sent to the Governing Board for formal confirmation (this is for formal approval, but also so that Board members are always aware of who is being offered these prestigious awards).

- Once approved, we will develop a communications plan for the awardees and order the certificates and finalise other administrative tasks. We want to tell people's stories through these awards, so significant effort will be invested in the communications plan.

We have looked at processes for similar awards and it appears that current practice is that the final decision of such awards, once approved by the Board, is not contestable. As a result, we do not intend to have an appeals process.

The full timescale for round 1 is below.

Membership Awards timeline
① Nomination
Announce and promote awards from October to December
Deadline 6th Jan 2023
② Review
Jan - Feb 2023
Allocate nominations to committee Members
Take up references where required
Membership Committee meeting to arrive at recommendations
3 Approval
Feb 2023
Governing Board approval
4 Announcement
March 2023
Prepare communications, order certificates and pin badges
Make formal announcements
Announce dates for next round of nominations

Task	Who	How long	By when
Announce nomination process and publish web form	Governing Board and membership team	From Oct to Dec	Oct 2022
Deadline for nominations to be considered for next award window			6th Jan 2023
Distribute nominations between committee members	Membership Team	1 week	13th Jan 2023
Review nominations	Membership and Awards Board Committee	2 weeks	27th Jan 2023
Make calls where nominated person is not known to anyone on the membership and awards committee	Membership and Awards Board Committee	1 week	3rd Feb 2023
Meeting of Membership and Awards Committee to make final recommendations to the Governing Board	Membership and Awards Board Committee		w/c 6th Feb 2023
GB meeting to approve	Governing Board		Feb Board Meeting
Prepare communications	Membership and Communications Teams	2 weeks	10th Mar 2023
Order certificates / badges	CET	2 weeks	3rd Mar 2023
Publish list of new memberships	Governing Board		Mar 2023
Announce next deadline			Mar 2023 for a Sept 2023 deadline

Communications
The communications approach for these awards will align with 30th Anniversary plans, to highlight Cochrane's impact throughout its history. The awards will be telling stories about individuals, but also about the Groups they have been part of. We will profile people individually over a series of weeks after the main announcement. Throughout the communications campaign we will also be looking to raise awareness of the awards to stimulate applications for the next round of nominations.

3. Summary:

I. Emeritus and Lifetime Membership awards are an important way to celebrate extraordinary contributions to our organisation. We believe that the process we have summarised above will be efficient and appropriate for these prestigious awards.
II. Our amazing community underpin every area of our Strategy, so these awards should be seen as part of a wide range of work that helps us maintain and healthy and motivated community that supports all goals of our Strategy and the enabling objectives in particular.

4. Next report:

The next report to the Board in relation to these memberships will be when we submit the first cohort of awards for Board approval at the February Board meeting.

Governing Board: da Report

Title:	**Future of Evidence Synthesis Oversight Committee Terms of Reference: Final**
Previous papers submitted on this topic:	
Paper Number:	**GB-2022-36**
From:	Roma Grant
People Involved in the developing the paper:	Sally Green (Committee Chair), Catherine Marshal (GB Co-chair), Karla Soares-Weiser (Editor-in-Chief), Catherine Spencer, Chief Executive
Date:	21 September 20222
For your:	**Decision**
Access:	Open

Executive summary

At its last meeting on 27 July the Governing Board requested some minor amendments to the Future of Evidence Synthesis Oversight Committee Terms of Reference to emphasise its *oversight* function.

These amendments have been made, plus:

- As Marguerite Koster is no longer a Board member, she has been moved to 'non-voting' membership of the Committee;
- It is emphasised that the Committee is advisory, not decision-making; and
- As the Committee is time limited, and annual review is built into its activities.

The first meeting of the Committee was held on Tuesday 6 September 2022. A small amendment was proposed to the remit, amending section 2, bullet 2 of the remit to read '…ensure ~~the views~~ *the membe*rs of Cochrane Groups and other members of the Cochrane community'.

The changes are highlighted in yellow on the appended Terms of Reference for your information.

Recommendation

The Governing Board is asked to NOTE these amendments to the Terms of Reference of the Future of Evidence Synthesis Oversight Committee.

Appendix

Appendix 1 – Terms of Reference

Governing Board Committee

1 Terms of Reference

Cochrane's Articles of Association provide the Governing Board with the power to appoint Board Committees (Sub-Committees), and to delegate to these Committees authority to undertake its duties or functions as required. Non-members of the Governing Board may be invited to participate accordance with the role and remit of the relevant Committee.

Committee	**Future of Evidence Synthesis Oversight Committee**
Purpose	The Future of Evidence Synthesis Oversight Committee is a time-limited committee, responsible, on behalf of the Governing Board, for providing oversight of the implementation programme[1] on the strategic redesign of Cochrane's processes and structures for the production and publication of Cochrane Reviews and other evidence synthesis. This Committee is NOT operational, and therefore will play no part in assessing applications for or from thematic groups, evidence synthesis units or any other vehicle created as part of this programme.
Membership	*Voting (Governing Board members):* • Sally Green (Chair) • Catherine Marshall (Governing Board Co-Chair) • Karen Kelly (Treasurer) • Jordi Pardo Pardo • Vanessa Piechotta *Non-voting with Council and other experts:* • Marguerite Koster, Advisor • Vanessa Jordan, Author representative, Cochrane Council • Stefano Negrini, Co-Chair, Cochrane Council • Zarko Alfirevic, Co-ordinating Editor/Editorial Board member • Martin Burton, Co-ordinating Editor/Geographic Group Director
Remit	The remit of the Future of Evidence Synthesis Oversight Committee covers three principal areas: **1. Assurance & scrutiny** *[Note: the Committee is not a decision-making body]* • To ensure the Governing Board is fully informed and able to exercise its responsibilities for stewardship, governance, and risk management by providing oversight and scrutiny of the implementation programme and reporting back to the Governing Board on its findings.

[1] See Annex 1, below

	• To provide independent challenge of the Programme Board's performance, with a specific focus on scrutinizing measures to address any performance indicators with a red or amber status. • If applicable, to assess the Future of Evidence Synthesis Programme Board's requests for significant changes to the scope or budget of the implementation programme and/or additional funding from the strategic reserves and provide the Governing Board with fully risk-assessed recommendations. **2. Advice** • To provide advice to the Programme Board at the Programme Board's request. Advice may be sought from the Committee on any issue, but examples include: how to foster support from Cochrane Group staff for change, how best to engage with current and potential funders, how to deal with variation from milestone targets, etc. • To act as the liaison with the Cochrane Council, via the Council representatives on the Committee, and thereby ensure the ~~views~~ members of Cochrane Groups and other members of the Cochrane community are engaged and involved in the implementation programme. **3. Leadership** • Committee members will act as ambassadors for the Future of Evidence Synthesis Programme, sharing agreed communications with both internal and external audiences.
Quorum	Quorum will be a minimum of three voting members.
Meetings	• The Committee will typically meet every quarter (at least one month before a written report is due to the Governing Board) and may provide advice to the Programme Board by email more frequently upon request. • A representative of the Future of Evidence Synthesis Oversight Programme Board, normally Karla Soares-Weiser, Editor in Chief, will attend Committee meetings. The Committee may invite any other participant(s) from the Programme to inform their work. • Members will be expected to make a contribution to meetings in order to ensure the best advice is provided to the Board, and to allow the Committee to fulfil its role and responsibilities. • Members will be expected to provide pertinent and professional challenge where appropriate, albeit demonstrating clear respect for colleagues and their views. • Members will be expected to maintain confidentiality in respect of all discussed issues where this is so required. • All advice and recommendations will be voted on by a simple majority of those present. In the case of equality, the Chair will have a casting vote.
Membership, Reporting and Assurance Arrangements	• All members of the Committee are appointed by the Governing Board. • The Committee shall consist of not less than three Trustees appointed by the Governing Board in addition to the Chair. • The Committee may co-opt members who in the opinion of the Committee will bring additional relevant skills to the Committee, but Trustees shall always form the majority. • At each meeting, every member will make a declaration of any real or perceived competing interests and these will be recorded.

	Reports from the Committee: • The Committee will provide short written reports to the Governing Board once a quarter (submitted for a formal meeting) covering the following: I. Significant successes and challenges in the preceding reporting period and a summary of plans for the period ahead. II. Changes to the Strategic Risk Register arising from the implementation Programme and a summary of how the Committee has scrutinised these changes and the performance of the Programme Board in implementing mitigating actions, etc. III. The Committee's view on how well the implementation Programme is progressing, with a special focus on relations with the Cochrane community. IV. If applicable, requests for significant changes to the scope or budget of the implementation Programme and/or additional funds from strategic reserves. • The Committee will provide verbal reports to the Council via its representatives on the Committee. The Council will have access to the open access resources about the programme published on the Cochrane Community website and elsewhere. • The Chair will conduct an informal review of the effectiveness of the Committee on an annual basis with the support of the Committee's Secretary. This will include a review of the membership and any proposed changes will be recommended to the Governing Board. • An action log will be maintained that will identify individuals and appropriate timelines for specific tasks, progress against which will be actively monitored at subsequent meetings (covered by the minutes).
Secretary	• The Central Executive Team will ensure that secretariat services are provided to the Committee, including the taking of minutes, record of attendance and distribution of papers. • Minutes reviewed by the Chair will be issued by the secretary, normally within 10 working days of the meeting and will list the topics discussed, actions agreed, and all individuals responsible for undertaking these actions. These minutes will be taken to the Committee for approval, and if requested, made available to the full Governing Board.
Review	These Terms of Reference will be reviewed annually and a recommendation made to the Board to cover a) any changes b) whether the committee should be continued or disbanded, and c) successes or challenges in fulfilling the Terms.
First prepared	June 2022 revised August 2022/September 2022
Last updated	
Governing Board approved	June 2022

Annex 1: Scope and activities of the implementation Programme

Up-to-date as of May 2022

Key goals of the Programme are to:

1. Be more responsive to the evidence needs of our funders and beneficiaries (in terms of relevance, quality and numbers of reviews);
2. Separate Cochrane review production and editorial functions;
3. Simplify our organizational structure and clarify lines of accountability;
4. Simplify the methods and processes of review production for greater efficiency and improved author experience;
5. Increase pathways to publication in that Cochrane reviews can be submitted for consideration directly to the Central Editorial Service by authors and by a range of Cochrane organizational structures;
6. Modernize, simplify and diversify the format of Cochrane reviews for enhanced usability and greater impact;
7. Diversify our revenue to enable our open access commitment;
8. Maintain existing methodological and content expertise;
9. Sustain and grow Cochrane Community collaboration and engagement.

Approved implementation activities for this stage are:

1. **Evidence Synthesis Units:** Work with partners to set up a small number of externally funded Evidence Synthesis Units to produce evidence syntheses in priority areas, to be located in both high and low- or middle- income countries.
2. **Cochrane Thematic Groups:** Develop collaborative, flexible arrangements across the Cochrane Community to ensure we maintain valued skills and expertise. New Cochrane Thematic Groups will be shaped thematically to address global priorities and will work in collaboration with other Cochrane entities, accountable to the Central Editorial Service. They will focus on global priorities and provide support to the Central Editorial Service. They will also have a remit in prioritization, knowledge translation and stakeholder engagement. A small number of Thematic Groups in high priority areas will be established as a pilot.
3. **Expansion of the Central Editorial Service** to manage editorial processes for all evidence syntheses published on the Cochrane Library. This will include a Fast Track service.
4. **Undertake targeted projects** to simplify systems and processes.

DRAFT
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Governing Board Meeting Minutes

13 July 2022, 20:00 GMT+1 – Meeting held by videoconference

The Cochrane Collaboration ('Cochrane'). Registered in England as a company limited by guarantee No. 03044323 Charity Number 1045921. VAT registration number GB 718 2127 49. Registered office: St Albans House, 57-59 Haymarket, London SW1Y 4QX United Kingdom.

Trustees declare conflicts of interest related to their role on the Board, which are published on the Cochrane Community website and are updated annually or when circumstances change. All meeting participants 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 participants may be required to absent themselves from all or part of the Board's discussion of the matter at the discretion of the Chair.

Board members (Trustees) present:

Name:	Attending from:
Tracey Howe (Co-Chair)	UK
Catherine Marshall (Co-Chair)	New Zealand
Yuan Chi	China
Juan Franco	Germany
Sally Green	Australia
Karen Kelly (Treasurer)	UK
Marguerite Koster	USA
Tamara Kredo	South Africa
Rae Lamb	New Zealand
Jordi Pardo Pardo	Canada
Emma Persad	Sweden
Vanessa Piechotta	Germany

Others present:

Name:	Role:	Attending from:
Catherine Spencer	Chief Executive Officer	UK
Robert (Bob) Dellavalle	Council Co-Chair	USA
Casey Early	Director of Finance & Corporate Services	UK
Stefano Negrini	Council Co-Chair	Italy
Karla Soares-Weiser	Editor in Chief	Israel
Lucie Binder	Head of Governance	Germany
Roma Grant	Interim Head of Governance (minutes)	UK

Apologies:

Chris Champion	Interim Co-Director, Head of Engagement, Learning & Support	UK
Sylvia de Haan	Interim Co-Director, Head of Advocacy, Communications & Partnerships	Netherlands
Charlotte Pestridge	Director of Publishing & Technology	UK

Restrictions:
Board Minutes are open access unless content is restricted when the Board considers it confidential and/or commercially sensitive. Minutes of the closed sessions of the Board, which are attended only by Trustees, are recorded on behalf of the Co-Chairs, and are only made available to the Trustees.

Approved Resolutions:

Minute:	
GBMIN-2022-28	**The Board approves the Letter of Representation in connection with the audit of the financial statements of The Cochrane Collaboration for the year ended 31 December 2021**
GBMIN-2022-28	**The Board approves the revised Going Concern Assessment in connection with the audit of The Cochrane Collaboration for the year ended 31 December 2021**
GBMIN-2022-29	**The Board approves the 2021 Trustees' Report & Financial Statements**
GBMIN-2022-33	**The Board approved the appointment of Casey Early as Company Secretary with a review by the Governance committee after six months**
GBMIN-2022-34	**The Board approves that all CEO-level financial and non-financial delegations are assigned to Catherine Spencer with effect from 11 July 2022**

---MEETING START---

GBMIN-2022-26 **Welcome, Apologies, declarations of Interest for this meeting, Board Code of Conduct and Board Charter**

Catherine Marshall chaired the meeting. Apologies had been received from Chris Champion, Interim Co-Director, Head of Engagement, Learning & Support. She thanked Karen Kelly, Casey Early and Lucie Binder for the clarity and detail of the financial reports

The Board gave a sincere vote of thanks to outgoing members of the Central Executive Team: Lucie Binder, Head of Governance, Sylvia de Haan, Head of Advocacy communications and Partnerships, Rachel Marshall, Head of Editorial, and Chris Mavergames, Head of Informatics & Technology. Their contribution to Cochrane was appreciated and they were wished well in their future endeavours.

Catherine Spencer was welcomed to her first meeting formally in the CEO role. Roma Grant, the new interim Head of Governance, was also welcomed.

No changes to attendees' declarations of interest posted on the Cochrane Community website were required for this meeting. The Trustees were reminded of their duties as set out in the Board Code of Conduct and Board Charter.

GBMIN-2022-27 **Approval of the Agenda, including the papers and decisions in the Consent Agenda**

The Agenda and Consent Agenda were APPROVED, including the minutes from the meeting on 11 May2022.

GBMIN-2022-28 **2021 Audit Outcomes *[Paper: GB-2022-24]***

Karen Kelly, Treasurer, presented the comprehensive suite of reports. The Board was requested to NOTE the Post-Audit Report, prepared by the Auditors, Sayer Vincent. The content had been reviewed by the Finance, Audit & Risk Committee prior to presentation to the Board.

Key points to note included:

- The 'technical' adjustments in relation to the accounting treatment in the financial statements. There was no disagreement between Sayer Vincent and management about these changes.
- The Auditors had highlighted to the Board the high level of reserves, and the need to preserve their value, particularly in the current environment of rising inflation. The Treasurer noted that the Director of Finance & Corporate Services would be making proposals to a future Finance, Audit & Risk Committee meeting about ways to preserve value.

The Treasurer, on behalf of the Finance, Audit & Risk Committee, recommended that the Board approved the resolutions to approve the Letter of Recommendation, and the revised Going Concern Assessment.

The Board welcomed the 'clean' audit report and sought clarity on some of the points raised in the Post-Audit Report. The Director of Finance & Corporate Services confirmed that the issue with the UKRI invoice was a compliance point over late submission of an issue, and that any process issues would be addressed with the new Director of Development and fundraising team, when appointed. He also confirmed that the reclassification of bank deposits was a minor issue. It was the same bank account with a new, shorter, notice period. There was very low interest on this account and the Board were assured that as interest rates rose in the UK he would be looking for rates of 2% or more and would be cognisant of the ethical issues when looking for appropriate investment funds.

In response to a question about longstanding problems with IKMD, it was confirmed that the company was a necessary consequence of having a Central Executive Team office in Denmark. The issues were different each time, but he considered that they were almost resolved.

The Chair called for a vote. The following resolution was approved:

> **The Board approves the Letter of Representation in connection with the audit of statements of The Cochrane Collaboration for the year ended 31 December 2021**
>
> **YES: Yuan Chi, Sally Green, Tracey Howe, Marguerite Koster, Tamara Kredo, Rae Lamb, Catherine Marshall, Jordi Pardo Pardo, Emma Persad, Vanessa Piechotta, Juan Franco, Karen Kelly**
> **NO: NONE**
> **ABSTAIN: NONE**
> **NO VOTE: NONE**

The Chair called for a vote. The following resolution was approved:

> **The Board approves the revised Going Concern Assessment in connection with the audit of The Cochrane Collaboration for the year ended 31 December 2021.**
>
> **YES: Yuan Chi, Sally Green, Tracey Howe, Marguerite Koster, Tamara Kredo, Rae Lamb, Catherine Marshall, Jordi Pardo Pardo, Emma Persad, Vanessa Piechotta, Juan Franco, Karen Kelly**
> **NO: NONE**
> **ABSTAIN: NONE**
> **NO VOTE: NONE**

GBMIN-2022-29 **2021 Trustees' Report & Financial Statements** ***[Paper: GB-2022-25]***

Karen Kelly introduced the draft Trustees' Report & Financial Statements for 2021. The paper was taken as read.

She noted that the report brings together the performance outcomes with the financial report. She was pleased to report that outturn was in line with projected budget and in particular, the reserves very strong, with free reserves at approximately £4 million - £2 million above the reserves floor.

The Treasurer reminded the Board that the final accounts were a snapshot of the financial position at the end of 2021 and that there were proposals in hand to use some of the free reserve.

Subject to minor amendments as a result of comments made by the Board, which Casey Early and Roma Grant would address, the Treasurer recommended the Board APPROVE the 2021 Trustees' Report & Financial statements. She also wished to acknowledge that 2021 had been a difficult year and record her thanks for the achievements of staff and the Community.

Catherine Marshall thanked the Treasurer on behalf of the Board for her oversight of the end of year process and production of the Report and thanked the head of Finance for the preparation of the report.

The Chair called for a vote. The following resolution was approved:

The Board approves the 2021 Trustees' Report & Financial Statements

YES: Yuan Chi, Sally Green, Tracey Howe, Marguerite Koster, Tamara Kredo, Rae Lamb, Catherine Marshall, Jordi Pardo Pardo, Emma Persad, Vanessa Piechotta, Juan Franco, Karen Kelly
NO: NONE
ABSTAIN: NONE
NO VOTE: NONE

BMIN2022-30 **Update on Board Appointments** ***[Oral Report]***

Lucie Binder provided an oral update on progress in recruiting two trustees and a Board Treasurer.

The deadline for applications was Friday 15 July 2022. She had already received some applications, but none for the role of Treasurer. The Board considered this role was less urgent as Karen Kelly would not be leaving until 2023, but reiterated that it would be helpful to have a handover period. The Head of Governance confirmed that if there were no suitable candidates a proposal would be developed for a further round recruitment round that included the use of external support.

Facilitation of the appointment of new members will be led by the Nominating Committee and supported by Roma Grant (interim Head of Governance) following Lucie Binder's departure from Cochrane. The Nominating Committee has a timetable which should provide the Board with recommendations for new trustees at its next formal meeting. The Co-Chair confirmed that the intention was the new trustees would join the Board retreat in October.

The interim Head of Governance will update the Board periodically on progress.

GBMIN-2022-31 **Co-Chairs Report *[Oral Report]***

Tracey Howe gave the Co-Chairs report. She extended a warm welcome to Catherine Spencer, who became Chief Executive of Cochrane on 11 July 2022 and reported that Catherine had been working with the Co-chairs before she officially started with Cochrane, in particular interviewing for a new Director of Development and an interim Head of Governance.

The Co-Chair noted that she and other trustees (Juan Franco and Sally Green) had been in London in recent weeks and met with staff and senior management. She felt that this was important during a period of uncertainty for Cochrane.

She had also attended a Cochrane UK meeting in Manchester. Whist it was professional and positive, there was an inevitable concern that this might be the last time of meeting because of funding cuts. In the following Board discussion, Karla confirmed that there were people still committed in continuing reviews for Cochrane after the end of their contracts, but we might need to acknowledge that reviews produced by the new NIHR Evidence Synthesis Units will be published in the NIHR journal instead of, or as well as, the Cochrane Library. The Editor-in-Chief expressed concern about the publication pipeline for 2023, but assured that her team was working with reviewers and external stakeholders and would keep the Board informed of progress.

GBMIN-2022-32 **Future of Evidence Synthesis Oversight Committee Report *[Oral Update]***

As prospective Chair of the Committee, Sally Green presented an oral report outlining the progress on both the programme and setting up the Committee. The next step would be approaching members to join and set up the first meeting. She asked the Board for a steer on whether the membership of the Committee, and in particular her role as Chair would create an actual or perceived conflict of interest for Cochrane, as her organisation would be likely to express interest in becoming one of the new Evidence Synthesis Unit.

Concerns were expressed about the purpose and remit of the Future and Evidence Oversight Committee, in particular the 'independence' of the committee and the potential perception that members of the Committee would have prior and privileged access to information to support their own organisation's bids.

After discussion the following items were AGREED:

- The Committee is a sub-committee of the Board, comprised of Trustees, Council and other organizational representatives.
- The Committee would provide advice, support and scrutiny to the operational programme board, whilst providing the Board with assurance. It would not assess individual project applications.
- Good communication was essential to ensure the Cochrane Community understood the role of the Committee and its work in the context of the wider programme.
- Catherine Marshall, Karla Soares-Weiser and Roma Grant would meet to discuss further clarity and explanation in the governance of the Future of Evidence Synthesis programme and how to manage any conflicts of interest effectively.
- An additional sentence of explanation would be added to 'Purpose' in the Terms of Reference clarifying the scope of the committee and making clear real and perceived conflicts of interests would be actively managed.
- The Board, by a show of hands, APPROVED the membership of the Committee.

GBMIN-2022-33 **2022 Performance Report *[Paper: GB2022-21]***

The Chair asked Karla Soares-Weiser to present the report.

CEO Report:

The CEO report had been written by Judith Brodie before she left Cochrane.
The highlights drawn to the Board's attention included

- Changes to the technology team
- Generating ideas for 30th anniversary of Cochrane in 2023.
- A need for good communication with the community as a counterbalance to concerns in the external environment.

Editor in Chief Report:

It was reported that progress had been made on the editorial synthesis programme.The full report including mitigations to guarantee editorial independence, separation of functions and pipeline management would be presented to the Board at the next formal meeting.

Plans for the new Open Access Journal are progressing well and Michael Brown has been appointed as the Deputy Editor and he will shortly start recruiting an Editorial Board.

The Editor in Chief also reported that the Director of UK National Institute for Health & Care Research (NIHR), Lesley Stewart, has requested a meeting to discuss potential NIHR support for Cochrane work. A meeting has also been set to introduce Catherine Spencer to Lesley.

The Board requested that they receive a draft business case for the 2023 Colloquium by 1st week of August.

Tracey Howe raised an item from a previous Board only discussion, namely the potential loss of IT skills, as Chris Mavergames leaves Cochrane. The Board was informed that this had created an opportunity for others in the team to develop, rather than managing the risk of having all skills invested in one person.

Catherine Marshall noted that the Performance Report represents a lot of work by the organization and thanked staff. She also recorded formal thanks to Judith Brodie for preparing the CEO's report.

The Chair called for a vote. The following resolution was approved:

The Board approved the appointment of Casey Early as Company Secretary with a review by the Governance committee after six months

YES: Yuan Chi, Sally Green, Tracey Howe, Marguerite Koster, Tamara Kredo, Rae Lamb, Catherine Marshall, Jordi Pardo Pardo, Emma Persad, Vanessa Piechotta, Juan Franco, Karen Kelly
NO: NONE
ABSTAIN: NONE
NO VOTE: NONE

GBMIN-2022-34 **Finance Report *[Paper: GB-2022-26]***

The Treasurer introduced the Q1 management accounts. The paper was taken as read, with no concerns at this time.

Casey Early noted that Q2 results were imminent and would be circulated to the Finance, Audit & Risk Committee in August. Key items to note were an exchange rate bounce which could be favorable to Cochrane and an unprecedented staff turnover in the first six months of the year.

The The Chair called for a vote. The following resolution was approved:

> **The Board approves that all CEO-level financial and non-financial delegations are assigned to Catherine Spencer with effect from 11 July 2022**
>
> **YES: Yuan Chi, Sally Green, Tracey Howe, Marguerite Koster, Tamara Kredo, Rae Lamb, Catherine Marshall, Jordi Pardo Pardo, Emma Persad, Vanessa Piechotta**
> **NO: NONE**
> **ABSTAIN: Juan Franco**
> **NO VOTE: Karen Kelly**

GBMIN-2022-35 **Risk Report *[Paper: GB-2022-27]***
The Treasurer introduced the report which was taken as read. Catherine Marshall commended the report for clarity and ease of understanding.

GBMIN-2022-36 **Matters Arising not otherwise covered by the Agenda and Any Other Business**
There were none.

GBMIN-2022-37 **Date of Next Meeting**
16 August 2022, 00:00-01:30 GMT+1, by videoconference (informal meeting).

The Chair thanked the Executive Leadership Team, Council Co-Chairs, Head and Interim Head of Governance for their attendance. They left the meeting at 21:40 GMT+1. The Trustees continued in closed session, a record of which is kept on behalf of the Co-Chairs.

---MEETING END---

Governing Board: Reports

Title:	**Barcelona Board Strategy Meeting and AGM Approval: October 2022**
Previous papers submitted on this topic:	N/A
Paper Number:	**GB-2022-27**
From:	Catherine Marshall Tracey Howe
People Involved in the developing the paper:	Catherine Spencer Roma Grant
Date:	XXX
For your:	**DECISION**
Access:	Open

Executive summary:

This paper provides an update on the Board Strategy Meeting and AGM planned for Barcelona in October.

Recommendations:

The Governing Board is asked to:

- AGREE the dates of the Board Strategy Meeting (11-17 October 2022)
- Formally APPROVE the date of the Cochrane Collaboration Annual General Meeting as Monday 17 October 2022, time to be agreed by the Co-chairs.

Context:

The Board has not met face-to-face since 2019, and its composition has changed, as has that of the Cochrane staff leadership team. The meeting planned in Barcelona in October will reflect the fact that since the last meeting there has been:

- 5 new board members – with potentially 2 additional new trustees joining the meeting
- A recently formed Executive Leadership Team (ELT) with a new Director of Development starting in October
- A new Chief Executive

Cochrane, both the CET and the wider community, is undergoing fundamental change to its ways of working, so the Board felt it appropriate to have a meeting to:

- Reconnect as a Board and leaders of Cochrane
- To discuss with the ELT the key strategic issues that will deliver the organisation's vision and mission

Agenda and Content:

The full agenda and content is being developed with the Co-chairs, but some sessions will be externally facilitated. Cochrane has been invited by Xavier Bonfill Cosp and the Iberoamerican Network to an event on Sunday 16 October. It is proposed that the outline agenda is resented to the Board for its informal session on 16 August2022. Roma Grant will be contacting Board and ELT members regarding attendance and logistical arrangements.

The Board is requested to APPROVE the dates of the Governing Board Strategic Retreat as:

- Tuesday, 11 October 2022: Welcome - late afternoon and preparation for first full day on Wednesday to
- Monday 17 October 2022: After an early evening AGM, time to be agreed.

Annual General Meeting:

Under UK company law and the Articles of Association the Board must formally agree the date and time of the AGM. Articles 6.3 and 6.4 of the Articles of Association approved in 2020, allow the Board to decide it should be should be a Physical (face-to-face) or a Hybrid meeting (members present electronically and/or in person). It is recommended that the meeting should be a Hybrid meeting, based in Barcelona. The Iberoamerican centre have offered the use of their room after the inaugural conference day meeting, so is estimated start is sometime after 6pm.

The Board is requested to APPROVE:

- Monday 17 October as the date of the Cochrane Collaboration Annual General meeting as a hybrid meeting based in Barcelona. The time of the meeting to be delegated to the Co-chairs

Resolution

Subject	RESOLUTION: 1 Following the recommendation of the Nominating Committee, the Governing Board RESOLVES to appoint Tracey Howe to a second (and final) two-year term as Co-chair of the Cochrane Collaboration, from 1 September 2022.
Voting Deadline	22 Aug 2022, 11:59 PM BST
Organiser	Roma Grant
Voters	Tracey Howe Catherine Marshall Yuan Chi Sally Green Juan Franco Karen Kelly Marguerite Koster Tamara Kredo Rae Lamb Jordi Pardo Pardo Emma Persad Vanessa Piechotta
Total Votes	11 Yes 0 No 1 Abstain 0 No Vote
Decision	Approved on 24 Aug 2022

Documents

1. GB-2022-28 Re-election of the Co-Chair

Vote Item

RESOLUTION:

1 Following the recommendation of the Nominating Committee, the Governing Board RESOLVES to appoint Tracey Howe to a second (and final) two-year term as Co-chair of the Cochrane Collaboration, from 1 September 2022.

Total Votes 11 Yes 0 No 1 Abstain 0 No Vote
Decision Approved on 24 Aug 2022
Decision Remarks

Governing Board: Reports

Title:	**Re-election of the Cochrane Co-chair /extension of Rae Lamb's Term of Office**
Previous papers submitted on this topic:	
Paper Number:	**GB-2022-28**
From:	Sally Green, Chair of the Nominating Committee
People Involved in the developing the paper:	Nominating Committee Roma Grant, Interim Head of Governance
Date:	To Governing Board
For your:	**DECISION**
Access:	Open

Executive summary

This paper is a recommendation from the Nominating Committee to re-appoint Tracey Howe for a second and final term as Co-chair of the Cochrane Collaboration; and to extend Rae Lamb's term of office to the end of September 2022.

Resolution:

1 Following the recommendation of the Nominating Committee, the Board RESOLVES to appoint Tracey Howe to a second (and final) two-year term as Co-chair of the Cochrane Collaboration, from **1 September 2022**.

2 Following the recommendation of the Nominating Committee, the Board RESOLVES to extend Rae Lamb's term of office as a member of the Cochrane Collaboration Governing Board to **30 September 2022.**

Appointment of Co-Chair

The Nominating Committee agreed a process for the appointment of a Co-chair at their May meeting, as Tracey Howe's first term of office expires on 1 September 2022.

Background: It was agreed that the Board would not look beyond existing board members for the role. The Board was advised and at the end of the application period only one application had been received, from Tracey Howe indicating that she wanted to be considered for a second (and final) term of office.

There being no other candidates, the Committee considered her application at their meeting on 27 July 2022 and recommends to the Board that Tracey Howe be re-elected.

Extension of Rae Lamb's Term of Office

Rae Lamb's Term of Office ends on 1 September 2022. However, this means that the Board will not be able to thank and farewell her at a formal meeting. She has also confirmed that she will be unable to join the Board in Barcelona.

As she was one of the trustees who left her first term of office early, she is entitled to remain on the Boar until 2025. Therefore, with her agreement (and noting that she will be unable to join the Board in Barcelona), the Governing Board is requested to extend her Term of Office to 30 September 2022, to allow her to attend the September Board meeting.

Resolution

Subject	RESOLUTION 2 Following the recommendation of the Nominating Committee, the Board RESOLVES to extend Rae Lamb's term of office as a member of the Cochrane Collaboration Governing Board to 30 September 2022.	
Voting Deadline	22 Aug 2022, 11:59 PM BST	
Organiser	Roma Grant	
Voters	Tracey Howe	Yes
	Catherine Marshall	Yes
	Yuan Chi	Yes
	Sally Green	Yes
	Juan Franco	Yes
	Karen Kelly	Yes
	Marguerite Koster	Yes
	Tamara Kredo	Yes
	Rae Lamb	Abstain
	Jordi Pardo Pardo	Yes
	Emma Persad	Yes
	Vanessa Piechotta	Yes
Total Votes	11 Yes 0 No 1 Abstain 0 No Vote	
Decision	Approved on 22 Aug 2022 Rae Lamb abstained as voting was about her. Unanimous decision	

Documents

1. GB-2022-28 Re-election of the Co-Chair

   GB-2022-28 Re-election of the Co-Chair.docx 1

Vote Item

RESOLUTION

2 Following the recommendation of the Nominating Committee, the Board RESOLVES to extend Rae Lamb's term of office as a member of the Cochrane Collaboration Governing Board to 30 September 2022.

Total Votes 11 Yes 0 No 1 Abstain 0 No Vote
Decision Approved on 22 Aug 2022
Decision Remarks
Rae Lamb abstained as voting was about her. Unanimous decision

Vote Details

Tracey Howe ✔ Yes

Catherine Marshall ✔ Yes

Yuan Chi ✔ Yes

Sally Green ✔ Yes

Juan Franco ✔ Yes

Karen Kelly ✔ Yes

Marguerite Koster ✔ Yes

Tamara Kredo ✔ Yes

Rae Lamb ○ Abstain

Jordi Pardo Pardo ✔ Yes

Emma Persad ✔ Yes

Vanessa Piechotta ✔ Yes

Governing Board: Reports

Title:	**Re-election of the Cochrane Co-chair /extension of Rae Lamb's Term of Office**
Previous papers submitted on this topic:	
Paper Number:	**GB-2022-28**
From:	Sally Green, Chair of the Nominating Committee
People Involved in the developing the paper:	Nominating Committee Roma Grant, Interim Head of Governance
Date:	To Governing Board
For your:	**DECISION**
Access:	Open

Executive summary

This paper is a recommendation from the Nominating Committee to re-appoint Tracey Howe for a second and final term as Co-chair of the Cochrane Collaboration; and to extend Rae Lamb's term of office to the end of September 2022.

Resolution:

1 Following the recommendation of the Nominating Committee, the Board RESOLVES to appoint Tracey Howe to a second (and final) two-year term as Co-chair of the Cochrane Collaboration, from **1 September 2022**.

2 Following the recommendation of the Nominating Committee, the Board RESOLVES to extend Rae Lamb's term of office as a member of the Cochrane Collaboration Governing Board to **30 September 2022.**

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There being no other candidates, the Committee considered her application at their meeting on 27 July 2022 and recommends to the Board that Tracey Howe be re-elected.

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Rae Lamb's Term of Office ends on 1 September 2022. However, this means that the Board will not be able to thank and farewell her at a formal meeting. She has also confirmed that she will be unable to join the Board in Barcelona.

As she was one of the trustees who left her first term of office early, she is entitled to remain on the Boar until 2025. Therefore, with her agreement (and noting that she will be unable to join the Board in Barcelona), the Governing Board is requested to extend her Term of Office to 30 September 2022, to allow her to attend the September Board meeting.

Resolution

Subject	RESOLUTION: The Governing Board APPOINTS Gillian Leng and Wendy Levinson as trustees of the Cochrane Collaboration for a first term of three years commencing 1 October 2022.
Voting Deadline	8 Sep 2022, 11:59 PM BST
Notes to Voters	This is a recommendation from the Nominating Committee. A panel of Nominating Committee members plus Tracey Howe interviewed both candidates on Friday 2 September 2022, and fully supported both candidates applications.
Organiser	Roma Grant
Voters	Tracey Howe Catherine Marshall Yuan Chi Sally Green Juan Franco Karen Kelly Tamara Kredo Rae Lamb Jordi Pardo Pardo Emma Persad Vanessa Piechotta
Total Votes	9 Yes 0 No 0 Abstain 2 No Vote
Decision	Approved on 9 Sep 2022

Documents

1. GB-2022-30 New Appointed Trustees Recommendation September 2022 RESTRICTED final
2. LENG Gillian
3. LEVINSON Wendy

Vote Item

RESOLUTION: The Governing Board APPOINTS Gillian Leng and Wendy Levinson as trustees of the Cochrane Collaboration for a first term of three years commencing 1 October 2022.

Total Votes 9 Yes 0 No 0 Abstain 2 No Vote
Decision Approved on 9 Sep 2022
Decision Remarks

Governing Board: Report

Title:	**New appointed Trustees: Recommendation of Nominating Committee – September 2022**
Previous papers submitted on this topic:	
Paper Number:	**GB-2022-30**
From:	Nominating Committee
People Involved in the developing the paper:	Interview Panel
Date:	2 September 20222
For your:	**DECISION**
Access:	Restricted to the Nominating Committee and Board

Executive summary

The Governing Board will have two vacancies for 'appointed' trustees as at 1 October 2022. In accordance with their Terms of Reference, the Nominating Committee has undertaken a search for candidates and now makes recommendations to the Board.

Recommendation

The Nominating Committee RECOMMENDS to the Governing Board that Gillian Leng and Wendy Levinson be appointed as trustees of the Cochrane Collaboration for a first term of three years commencing 1 October 2022.

Search Process

The Nominating Committee reviewed applications at its meeting on 27 July 2022. It was decided that

- The search for Treasurer be paused until Q1 2023 as no applications had been received.
- Of the eight applications received (geographical spread: Europe – 1(Spain); UK – 2; North America 4 (USA-3, Canada-1); India – 1), three candidates should be invited to interview.
- One candidate was unable to attend the interviews. Sally Green and Catherine Marshall have offered to meet with him to explain, and welcome him to stand again at the next available opportunity.

Interview Process

A panel formed by Sally Green, Tamara Kredo, Yuan Chi and Tracey Howe interviewed Gillian Leng and Wendy Levinson on Friday, 2 September 2022. Following discussion it was AGREED that both recommended candidates are an excellent fit with Cochrane and will, in the view of the appointment panel, enhance the strategic work and relationships of the Board. They both

have held senior positions across multiple organisations and bring vast expertise as Board members in Executive and Non-executive roles. Both were aware of the challenges faced by Cochrane at this time and gave insight into their thinking around this.

Gillian Leng was involved in Cochrane from the start and her whole distinguished career has been committed to evidence informed health care. She is strategic thinker, providing logical cases and personal credibility. She also brings views as a user of Cochrane evidence as a policy maker and guideline development.

Wendy Levinson likes strategic challenges and looking at the big picture issues, whilst conscious of celebrating wins. She currently developed and leads a large global network and understands challenges faced in the strategic issues. She asks searching questions and can summarise complex issues.

Process

In accordance with the Articles of Association, there cannot be a majority of 'appointed' members on the Governing Board. Therefore, the candidates cannot be appointed until two of the current appointed members leave the board. Rae Lamb and Marguerite Kosta will both stand down by 30 September, hence the start date of 1 October.

Next Steps

If the Governing Board resolve to appoint Gillian Leng and Wendy Levinson, they will be informed and invited to attend a welcome session at the meeting of 21 September. Both candidates are aware of the Barcelona meeting and we will begin their on-boarding and induction process.

Copies of their CVs and applications are attached for Governing Board member review.

Appendices

Appendix 1 Gillian Leng CV
Appendix 2 Gillian Leng application
Appendix 3 Wendy Levinson CV
Appendix 4 Wendy Levinson application

CONFIDENTIAL

Curriculum Vitae

PROFESSOR GILLIAN C. LENG, CBE

PROFILE SUMMARY

Gillian is an experienced Board member and chair, with roles covering membership organisations, charities, a school board, public and private sector organisations. She has sat on sub-committees including Audit and Risk committees and conference committees. Originally trained as a doctor, her career has been driven by a passion to encourage the use of evidence to underpin policy and guidance development. She is an effective communicator with experience of speaking to diverse audiences, including through national media, and is highly committed to improving lives and to equality and diversity.

Her work has spanned health, public health, social care and education, academia and research. She has led strategy development and funding approaches in membership organisations and public bodies, contributed to organisational restructure and risk assessment. She has wide experience of stakeholder engagement, including professional organisations, patient bodies and government. She is closely linked to emerging challenges, including recovery from the pandemic, climate change and the use of artificial intelligence alongside other new technologies.

EDUCATION AND TRAINING

Education

1990-94	Dept of Population Health Sciences, University of Edinburgh
1982-87	School of Medicine, University of Leeds
1979-82	Dept of Physiology, University of Leeds
1974-79	The Grammar School, Harrogate, North Yorkshire
1972-74	Haberdashers' School for Girls, Monmouth, Gwent

Qualifications and awards

2022	Honorary Doctor of Science, Leeds University
2012	Fellow of the Royal College of Physicians of Edinburgh (FRCPE)
2011	Commander of the Order of the British Empire (CBE)
2008	Fellow of the Royal Society of Arts (FRSA)
2007	Fellow of the Royal College of Physicians (FRCP)
2006	Fellow of the Faculty of Public Health (FFPH)
1994	MD: Measurement of peripheral vascular disease in epidemiological surveys
1987	MB.ChB. Leeds
1982	BSc Physiology class I, Leeds
1979	Semi-finalist, BBC's Young Scientist of the Year competition

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BOARD EXPERIENCE

Chair and trustee – Guidelines International Network: 2016 – present
GIN is an international membership organisation supporting guideline developers on every continent. GIN is a Scottish Charity. It has almost 200 members, with regional groups, methodological communities and a flagship annual conference. Funding comes from membership fees as well as sponsorship and various grants. As chair, Gillian led the annual general meetings, the board and routinely met with the CEO and executive team. She led the Board to develop a new vision and mission statement.

Executive Board member - NICE: 2002 - 2022
NICE, the National Institute for Health and Care Excellence, is a non-departmental public body that assesses the value of new technologies and produces evidence-based advice and guidance for the health and care system in line with best practice. As the accounting officer for NICE from 2020 to 2022, Gillian led the development of a new strategy for NICE, including guidelines based on living evidence. She set up the original guidelines programme in 2001, drawing on her experience of systematic reviewing and established links with Cochrane. She worked closely with local systems to ensure advice was useful, useable and used, as well as actively engaging with external stakeholder and national partners.

Trustee and Honorary Librarian – Royal Society of Medicine: 2013 – 2020
The RSM is a membership organisation whose role is to provide education and training to medical professionals. It hosts an extensive library of journals and resources, providing a search and retrieval service for members. Funding comes from membership fees as well as from donations and conference fees. The RSM is a charity and a Royal Charter body registered with the Privy Council. Gillian chaired the Library Strategy stakeholder group to develop and approve a new information strategy for the RSM, and sat on the Technology Advisory Group to provide advice and oversight on the RSM's programme to install a new Customer Relation Management system

Association member – Bupa: 2013 – 2019
Bupa is an international health insurance and healthcare group providing care to over 31 million people worldwide. Association members carry out a governance and oversight function by attending the Annual General Meeting and other medical events. Gillian helped shape Bupa's approach to routine quality metrics based on evidence to improve the quality of care for patients through the use of comparative data.

Trustee – Centre for Ageing Better: 2013 – 2015
The Centre for Ageing Better is one of several What Works Centres established by the Government. It has a role to promote the use evidence and research to improve the lives of people as they grow older. It is a charity with an endowment from the Big Lottery fund. As an inaugural trustee, Gillian contributed to work to establish the Centre as a charity, including overseeing the articles of association and worked with the other trustees to create a staffing structure for the new Centre.

Parent Governor – Robert Bloomfield Middle School: 2005 – 2008
Robert Bloomfield is a very successful school in central Bedfordshire. It has almost 1,000 pupils and is the largest middle school in the country. As a parent governor I provided advice on performance metrics to enable the governing body to keep track of performance and on wellbeing of the children, and supported fund-raising events run by the school.

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CAREER OVERVIEW

Current appointments

2022- ***Adviser,*** Brevia Health Advisory Board

2022- ***Consultant,*** 24 Haymarket Investor Network

2022- ***Affiliate professor***, National University of Singapore

2012- ***Visiting Professor,*** King's College London

Previous appointments

2020-2022 ***Chief Executive,*** National Institute for Health and Care Excellence

2012-2020 ***Deputy Chief Executive,*** NICE

2008-2012 ***Chief Operating Officer, NHS Evidence,*** NICE

2007-2012 ***Honorary Senior Lecturer***, London School of Hygiene and Tropical Medicine

2004-2008 ***Implementation Director,*** NICE

2001-2004 ***Guidelines Programme Director,*** NICE

2000-2001 ***Consultant in Public Health Medicine,*** Bedfordshire Health Authority

2000-2007 ***Honorary Senior Lecturer,*** University College London

1987-2000 ***Medical training roles,*** Leeds, Scotland and London

OTHER CURRENT ROLES

Commissioner, Global Evidence Commission to address societal challenges

Gillian is part of an independent panel of commissioners tasked with producing a report with recommendations for better ways to meet the needs of decision-makers in routine times and in future global crises. It is considering many types of challenges, decisions and evidence, including health systems that are failing to improve health outcomes or care experiences, antimicrobial resistance and climate change.

NHS Innovation and Life Sciences Commission

Gillian is one of a small number of Commissioners tasked with assessing the key issues facing the NHS and life sciences sector. Chaired by Lord O'Shaughnessy, the Commission is combining data, strategy and case studies to create a set of implementable recommendations.

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Mobile: 07811209586; Email: gcleng@doctors.org.uk

Governing Board Appointed Member Candidate Statement

This Candidate Statement and your photograph will be published on the Cochrane Community website if you are appointed. Please submit it in Word format by the stated deadline.

Family name (surname):	**Leng**
First name(s):	**Gillian Catherine**
Today's date:	**13/7/2022**
Your current country of residence:	**United Kingdom**

You may expand the boxes when providing answers to the questions below, but keep your answers short and to the point.

1. Why do you want to become a member of the Cochrane Governing Board and what would make you effective?

I would love to be part of the future of the Cochrane Collaboration by contributing to the Governing Board. The organisation is hugely important for international healthcare and plays a vital function in ensuring effective, robust evidence is available at a global level. As the trend for 'living guidelines' increases, the role of Cochrane as an evidence provider will become ever more essential, bringing alignment where appropriate with the needs for guideline developers. I have been a strong 'Evidence advocate' since I was a junior doctor, I contributed as a Cochrane Editor for many years and I would now welcome the opportunity to help shape the future of the Cochrane Collaboration!

As a Board member, I would bring a range of relevant skills and experience to support Cochrane as it moves forwards into a new and challenging phase, building on its strategy and seeking new sources of funding. I am an experienced board member and trustee (see below), I have long-standing and deep knowledge of the evidence world both from my role at NICE and from Cochrane, and I care passionately about improving healthcare based on the evidence. I would bring experience of strategy development and implementation, energy and enthusiasm for the future. In particular, I would bring breadth from a range of different sectors and types of organisation, all of which may be useful to help address the future challenges.

2. What experience do you have serving as a trustee, or on a board of directors or similar?

I have experience of serving on a range of boards. As an executive, I sat on the board of NICE for over 20 years, most recently as the Chief Executive. As a non-executive, I am currently a trustee on the Board of GIN (the Guidelines International Network), due to step down in the Autumn. I have also been

a trustee of the Royal Society of Medicine, of the Centre for Ageing Better and a School Governor. [see detail in my resume]. I am very familiar with the governance requirements of UK charities and the role of a trustee.

3. What experience do you have in: Digital product development; AND/OR Fundraising and business development; AND/OR Publishing or Open Access?

Digital product development. I was responsible for the development of NHS Evidence, a digital product designed to provide access to high quality resources for professionals working in healthcare, and for the public. I led the IT team that developed this product, as well as a range of other digital products including mobile apps for NICE guidance and the British National Formulary, as well as the interactive 'NICE Pathways'. As a trustee for the RSM, I sat on their Technology Development Board to oversee an upgrade to their CRM and the website. I also understand many of the requirements and challenges for digital product development in general, through the work I did at NICE with partners across the healthcare system to put in place a robust evidence-based value assessment for new digital technologies.

Fundraising and business development. I have a good understanding of business development through various changes that I've overseen at NICE, such as establishing new programmes of work and putting in place an approach for charging using a fee-for-service model. My experience at NICE has also given me significant experience of generating efficiency savings as well as seeking additional funding. The membership organisations where I've been a trustee (the RSM and GIN) have perennial funding challenges, exacerbated by the pandemic. The RSM in particular has a very proactive approach to fundraising, using a combination of fees, capital assets and donations.

Publishing and open access. I oversaw the transfer of the functions associated with the National Knowledge Service, into NICE in 2014. I then became responsible for a number of functions associated with publishing, including the purchase of journals for the NHS, plus the contract with Wiley for the Cochrane Library. I also explored the opportunities for open access publishing of NICE systematic reviews, and I'm currently involved in assessing the potential for a new open access journal for guidelines as part of GIN.

4. Acting as a Board member requires a collaborative approach to decision-making, setting aside personal opinions and group affiliations and acting in the best interests of the charity. Describe how you would fulfil this obligation, using examples from previous work.

This is a style and approach I am extremely familiar with and is exactly how I would expect to work. It's the way in which guideline committees operate, with everyone explicitly signing up at the outset to a shared purpose and common goal. A healthy debate of any issues may result in disagreement or challenge, which need to be carefully managed by an expert chair, but everyone should expect to support the final decision regardless of their own personal views.

As well as this being the approach of committee decision-making, it was also the way the NICE board and senior team operated. It required everyone to have a good understanding of what the organisation was trying to achieve, with a clear expectation of supporting the final decision regardless of personal views. This collaborative approach isn't of course automatic, and requires investment in relationship-building across board members.

5. Is there anything else you would like to say in support of your application?
I have over 20 years experience of working within the national and international worlds of guideline development and the associated evidence and research functions. My knowledge and understanding of this complex environment would put me a strong position to help Cochrane develop and secure a strong role for the future. Since leaving NICE I have taken on a number of part-time roles that I am confident don't pose a conflict of interest for Cochrane. However, I would be more than happy to discuss these roles in more detail, if that would be helpful.

Declarations:

To be eligible to stand for election, candidates must confirm the following by putting a 'tick' (✓) or their initials in the boxes below:

I hereby confirm that I:

1. Have read the following guidance produced by the National Council for Voluntary Organisations in the UK: • What is a charity • What is a charity trustee • What trustees must do • How trustees look after the charity	GL
2. Accept the Governing Board Charter	GL
3. Accept and will adhere to the Code of Conduct for Trustees	GL
4. Have completed the Declaration of Interests Statement (Annex 1 of this document) and, should I be appointed, am willing to relinquish any interests with commercial companies with a direct interest in the findings of Cochrane Reviews, such as pharmaceutical companies or device manufacturers	GL
5. Have completed the 'Trustee Eligibility Declaration' required by the UK Charity Commission for all Trustees (Annex 2 of this document)	GL
NAME: Gillian Leng	
DATE: 8 July 2022	

Annex 1: Declaration of Interests Statement

1. Do you have now, or have you had in the last three years, any interests with a commercial company with a direct interest in the findings of Cochrane Reviews, such as pharmaceutical companies or medical device manufacturers? Potential interests would include, but may not be limited to: paid or honorary positions; directorships or trusteeships; grants, funding or consultancies; honoraria or other one-time payments (such as speaking fees); shares, stock options, patents; personal gifts; outstanding loans; royalty payments.	**Yes/No (If yes, please provide details)** No.
2. Do you have now, or have you had in the last three years, any interests with organizations related to healthcare or medical research? Potential interests would include, but may not be limited to: paid or honorary positions; editorial roles, directorships or trusteeships; grants, funding or consultancies; honoraria or other one-time payments (such as speaking fees); shares, stock options, patents; personal gifts; outstanding loans; royalty payments.	**Yes/No (If yes, please provide details)** Yes. These organisations include: NICE (director until Feb 2022 - paid); Brevia Health (PT adviser on health system priorities since April 2022 – paid); 24 Haymarket investor network (PT adviser on health system needs since April 2022 – paid); University of Singapore and King's College London (honorary professorships – unpaid); Royal Society of Medicine (support for their webinar programme – unpaid); IQVIA and Atheneum (ad hoc consultancy on the UK approaches to regulation and HTA – paid).
3. Do you have shares of more than 20% in another organization, or act as a trustee or director (executive or non-executive)?	**Yes/No (If yes, please provide details)** No to the question about shares. Yes, I act as a trustee of GIN, the Guidelines International Network.
4. Do you or your close family members have any other competing interests that could pose a conflict of interest with your role on the Board?	No.

Annex 2: Trustee Eligibility Declaration

As required by the UK Charity Commission

Please tick or initial in the boxes below to confirm the following:

I declare that I:

Am over 18 years of age and am willing to act as a trustee of The Cochrane Collaboration	GL
Understand Cochrane's purposes (objects) and rules set out in its Articles of Association	GL
Am not prevented from acting as a trustee because I: • Have an unspent conviction for one or more of the offences listed here • Have an Individual Voluntary Arrangement, debt relief order and/or a bankruptcy order • Have been removed as a trustee in England, Scotland or Wales (by the Charity Commission or Office of the Scottish Charity Regulator) • Have been removed from being in the management or control of any organization in Scotland (under relevant legislation) • Have been disqualified by the Charity Commission • Am a disqualified company director • Am a designated person for the purposes of anti-terrorism legislation • Am on the sex offenders register or equivalent in any country • Have been found in contempt of court for making (or causing to be made) a false statement • Have been found guilty of disobedience to an order or direction of the Charity Commission	GL
Will provide true, complete and correct information to the Charity Commission if elected as a Board member	GL
Understand that it's an offence under section 60(1)(b) of the Charities Act 2011 to knowingly or recklessly provide false or misleading information	GL
Comply with my responsibilities as a trustee that are set out in the Charity Commission guidance 'The essential trustee (CC3)'	GL

Cochrane

Governing Board Appointed Member Candidate Statement

This Candidate Statement and your photograph will be published on the Cochrane Community website if you are appointed. Please submit it in Word format by the stated deadline.

Family name (surname):	**Levinson**
First name(s):	**Wendy**
Today's date:	**July 6, 2022**
Your current country of residence:	**Canada**

You may expand the boxes when providing answers to the questions below, but keep your answers short and to the point.

1. Why do you want to become a member of the Cochrane Governing Board and what would make you effective?
Though I have not been involved in Cochrane in the past, I greatly admire the work of Cochrane and use the reviews frequently. I know that Cochrane is undergoing major changes and I think my skills in leadership of large organizations, strategic planning, and fundraising may help to support Cochrane's future. Furthermore, my international network through Choosing Wisely may also serve to support Cochrane and build a useful collaboration.
2. What experience do you have serving as a trustee, or on a board of directors or similar?
I have been in academics throughout my career and have had the honor of leading a number of academic organizations. My roles in these organizations have included volunteer positions serving as Chair or President of the boards of the American Board of Internal Medicine, the Society of General Internal Medicine, the Professors of Medicine, and the Canadian Association of Professors of Medicine. I have also held full-time positions including serving as the Chair of Medicine at the University of Toronto (a department with over 1500 faculty members) and the Division head of General Internal Medicine and Geriatrics at the University of Chicago. In these roles I have helped to provide strategic direction and administrative leadership to large numbers of physicians, other health professionals and staff. **In my present work with Choosing Wisely Canada, I have helped to develop and grow a robust campaign across Canada. Furthermore, I lead an informal network of approximately 30 countries in the world who are building Choosing Wisely campaigns with our support.**

In these roles, my colleagues have appreciated my leadership skills and my collaborative style of engaging colleagues in a positive fashion.
3. What experience do you have in: Digital product development; AND/OR Fundraising and business development; AND/OR Publishing or Open Access?
I have extensive experience fundraising in positions in academic leadership and in my present Choosing Wisely efforts. My experience in fundraising has been in both the United States and Canada primarily.
4. Acting as a Board member requires a collaborative approach to decision-making, setting aside personal opinions and group affiliations and acting in the best interests of the charity. Describe how you would fulfil this obligation, using examples from previous work.
My colleagues would describe me as supportive, collaborative and team oriented. I am senior in my career and helping individuals and teams be successful is most important to me. I have extensive experience as a board member and understand how to listen deeply and help teams move forward in their thinking. I enjoy the process of a board grappling with challenges, particularly complex ones.
5. Is there anything else you would like to say in support of your application?
I have always enjoyed working as a team with others who share a common passion. As a member of your Board, I would commit to bringing my expertise, energy, and passion to the work because I truly believe that Cochrane is important to health and health care around the world.

Declarations:

To be eligible to stand for election, candidates must confirm the following by putting a 'tick' (✓) or their initials in the boxes below:

I hereby confirm that I:

1. Have read the following guidance produced by the National Council for Voluntary Organisations in the UK: • What is a charity • What is a charity trustee • What trustees must do • How trustees look after the charity	✓

2. Accept the Governing Board Charter	✓
3. Accept and will adhere to the Code of Conduct for Trustees	✓
4. Have completed the Declaration of Interests Statement (Annex 1 of this document) and, should I be appointed, am willing to relinquish any interests with commercial companies with a direct interest in the findings of Cochrane Reviews, such as pharmaceutical companies or device manufacturers	✓
5. Have completed the 'Trustee Eligibility Declaration' required by the UK Charity Commission for all Trustees (Annex 2 of this document)	✓
NAME: Wendy Levinson	
DATE: July 6, 2022	

Annex 1: Declaration of Interests Statement

1. Do you have now, or have you had in the last three years, any interests with a commercial company with a direct interest in the findings of Cochrane Reviews, such as pharmaceutical companies or medical device manufacturers? Potential interests would include, but may not be limited to: paid or honorary positions; directorships or trusteeships; grants, funding or consultancies; honoraria or other one-time payments (such as speaking fees); shares, stock options, patents; personal gifts; outstanding loans; royalty payments.	**Yes/No (If yes, please provide details)** **I have no interests with any commercial company (and have not previously). I am paid only by the University of Toronto and one of the affiliated academic hospitals for my work as a Professor and for Choosing Wisely Canada.**
2. Do you have now, or have you had in the last three years, any interests with organizations related to healthcare or medical research? Potential interests would include, but may not be limited to: paid or honorary positions; editorial roles, directorships or trusteeships; grants, funding or consultancies; honoraria or other one-time payments (such as speaking fees); shares, stock options, patents; personal gifts; outstanding loans; royalty payments.	**Yes/No (If yes, please provide details)** **As noted above I am paid by the University of Toronto and the affiliated hospital. In the past I received honoraria on a one time basis from other academic medical centers for being a "visiting professor" but not in the last 3 years.**

3. Do you have shares of more than 20% in another organization, or act as a trustee or director (executive or non-executive)?	**Yes/No (If yes, please provide details)** NO
4. Do you or your close family members have any other competing interests that could pose a conflict of interest with your role on the Board?	NO

Annex 2: Trustee Eligibility Declaration

As required by the UK Charity Commission

Please tick or initial in the boxes below to confirm the following:

I declare that I:

Am over 18 years of age and am willing to act as a trustee of The Cochrane Collaboration	✓
Understand Cochrane's purposes (objects) and rules set out in its Articles of Association	✓
Am not prevented from acting as a trustee because I: • Have an unspent conviction for one or more of the offences listed here • Have an Individual Voluntary Arrangement, debt relief order and/or a bankruptcy order • Have been removed as a trustee in England, Scotland or Wales (by the Charity Commission or Office of the Scottish Charity Regulator) • Have been removed from being in the management or control of any organization in Scotland (under relevant legislation) • Have been disqualified by the Charity Commission • Am a disqualified company director • Am a designated person for the purposes of anti-terrorism legislation • Am on the sex offenders register or equivalent in any country • Have been found in contempt of court for making (or causing to be made) a false statement • Have been found guilty of disobedience to an order or direction of the Charity Commission	✓
Will provide true, complete and correct information to the Charity Commission if elected as a Board member	✓
Understand that it's an offence under section 60(1)(b) of the Charities Act 2011 to knowingly or recklessly provide false or misleading information	✓
Comply with my responsibilities as a trustee that are set out in the Charity Commission guidance 'The essential trustee (CC3)'	✓

Curriculum Vitae

Wendy Levinson
MD

Primary Office	St. Michael's Hospital 30 Bond St. Toronto, Ontario, Canada M5B 1W8
Telephone	416-864-6060 x77548
Email	wendy.levinson@utoronto.ca

1. EDUCATION

Degrees

1981	Diploma of Epidemiology, McGill University, Canada
1976	MD, McMaster University, Hamilton, Ontario, Canada
1973	BSc, University of Toronto, Toronto, Ontario, Canada

Postgraduate, Research and Specialty Training

1981 - 1982	Internal Medicine Residency, Good Samaritan Hospital and Medical Center, Portland, Oregon, United States
1978 - 1980	Robert Wood Johnson Clinical Scholar Program, McGill University, Montreal, Quebec, Canada
1977 - 1980	Internal Medicine Residency, McGill University, Montreal, Quebec, Canada
1976 - 1977	Rotating Internship, McGill University and Jewish General Hospital, Montreal, Quebec, Canada

Qualifications, Certifications and Licenses

2012	Fellow, Royal College of Physicians, London, United Kingdom
2006	Fellow, Canadian Academy of Health Sciences (CAHS)
2001	Fellow, Royal College of Physicians and Surgeons of Canada
1989	Fellow, American College of Physicians
1982	Diplomate, American Board of Internal Medicine (re-certified 2008)

2. EMPLOYMENT

Current Appointments

2013 - present	Chair, Choosing Wisely Canada, Canada
2013 - present	Chair, Choosing Wisely International
2001 - present	Professor of Medicine, Department of Medicine, University of Toronto, Toronto, Ontario, Canada

Previous Appointments

HOSPITAL

2007 - 2009	Physician-in-Chief, Sunnybrook Health Sciences Centre, Toronto, Ontario, Canada
2000 - 2004	Acting Director, Inner City Health Research Unit, St. Michael's Hospital
2000 - 2004	Associate Director of Research, St. Michael's Hospital, Toronto, Ontario, Canada
1984 - 1996	Assistant Chief of Medicine, Good Samaritan Hospital and Medical Center, Portland, Oregon
1982 - 1996	Associate Director, Internal Medicine Residency Program, Good Samaritan Hospital and Medical Center
1981 - 1982	Director of Ambulatory Care Training, Internal Medicine Residency Program, Good Samaritan Hospital and Medical Center

UNIVERSITY

2004 - 2014	Sir John & Lady Eaton Professor and Chair of Medicine, University of Toronto
2000 - 2004	Vice Chairman of Medicine, Department of Medicine, The University of Toronto, Toronto, Ontario, Canada
1997 - 2001	Director, Robert Wood Johnson Clinical Scholars Program, The University of Chicago, Chicago, Illinois
1997 - 2000	Chief, Section of General Internal Medicine and Geriatrics, The University of Chicago, Chicago, Illinois

UNIVERSITY - RANK

1997 - 2001	Professor of Medicine, Department of Medicine, The University of Chicago Pritzker School of Medicine
1995 - 1996	Professor of Medicine, Department of Medicine, Oregon Health Sciences University, Portland, Oregon
1989 - 1995	Associate Professor of Medicine, Department of Medicine, Oregon Health Sciences University
1983 - 1989	Assistant Professor of Medicine, Department of Medicine, Oregon Health Sciences University

3. HONOURS AND CAREER AWARDS

Distinctions and Research Awards

Received

2017	**Dr. Robert H. Williams, Distinguished Chair of Medicine Award**, Dept of Medicine, Faculty of Medicine, The Association of Professors of Medicine, United States *The association's highest honor, the Williams Award recognizes a physician who has demonstrated outstanding leadership as the chair of a department of internal medicine at a medical school in North America.*
2017	**Royal College Osler Lecturer**, Presenter, Canadian Society of Internal Medicine, Canada. (Distinction) *CSIM/Royal College Osler Lecturer is a nominated distinction. The lectures address broad issues relating to general internal medicine in Canada.*
2016	**Ronald Christie Award**, Dept of Medicine, Faculty of Medicine, Canadian Association of Professors of Medicine, Canada. (Specialty: Medicine) *The Christie Award is given to a former Chair of a Canadian Department Medicine who has made outstanding contributions to academic medicine in Canada.*

2015	**Officer of the Order of Canada**, Governor General of Canada, Ottawa, Ontario, Canada. (Distinction) *Appointed for her contributions to promoting effective communication between physicians and patients, as well as for her sustained leadership in academic medicine.*
2013	**2013 CMA May Cohen Award for Women Mentors**, Canadian Medical Association (CMA), Ottawa, Ontario, Canada. (Distinction) *The CMA May Cohen Award for Women Mentors is presented to a woman physician mentor who has demonstrated outstanding mentoring abilities by: encouraging, facilitating and supporting the mentee in career and leadership development; contributing to the success of the mentee through the sharing of insight, perspective and knowledge based on the mentor's experience; helping the mentee develop a network of relationships that might not normally be available early in their career; and, acting as an eff.*
2011	**Chair's Proud Partners Award**, Baycrest, Toronto, Ontario, Canada. (Distinction) *This award was given to Dr. Levinson for her strong support of geriatrics, her commitment to have geriatric medicine flourish during her tenure as Chair, and her strong support at the Ontario government level for an alternate payment model for geriatricians to help support academic geriatricians.*
2010	**Distinguished Women in Medicine and Science**, The Medical Women Faculty Organization, Feinberg School of Medicine, Northwestern University, United States. (Distinction) *This annual lecture, honoring Carolyn Brent, MD, the first chairwoman of the Medical Women Faculty Organization at Northwestern, highlights the career of a successful woman, scientist, leader, and mentor.*
2009	**Robert J. Glaser Award**, Society of General Internal Medicine, United States. (Distinction) *This is the SGIM's highest award, and is given for outstanding contributions to research, education or both in generalism in medicine.*
2006	**Fellow**, Canadian Academy of Health Sciences (CAHS), Canada. (Distinction)
2004	**Best Published Research Paper Award**, Society of General Internal Medicine. (Research Award) *"Patients' and Physicians' Attitudes Regarding the Disclosure of Medical Errors." Journal of the American Medical Association. 2003;289(8):1001-1007.*
2004	**George Engel Award**, American Academy on Physician and Patient. (Research Award) *Outstanding Research Contributing to the Theory, Practice and Teaching of Effective Health Care Communication and Related Skills.*
2003 - 2006	**Canada Research Chair**, Toronto, Ontario, Canada. (Research Award) *Tier 1.*
2001	**Best Published Research Paper Award**, Society of General Internal Medicine. (Research Award) *"Understanding Our Patients: A Study of "Clues" in Surgery and Primary Care." Journal of the American Medical Association.*
1996	**Outstanding Service Award**, Oregon Foundation for Medical Excellence. (Distinction)

Teaching and Education Awards

Received

2010	**KJR Wightman Visiting Professorships in Medicine**, Dept of Medicine, Faculty of Medicine, Royal College of Physicians and Surgeons of Canada, Canada. (Multilevel Education) *The Wightman Visiting Professor participates in undergraduate and postgraduate teaching and in discussions with peers, both in internal medicine and in the professor's particular area*

	of academic interest at faculties of medicine across Canada.
2005	**Helen Batty Faculty Development Award**, Faculty of Medicine, University of Toronto. (Faculty Development) *Awarded to the Master Teacher Program.*

4. PROFESSIONAL AFFILIATIONS AND ACTIVITIES

Administrative Activities

INTERNATIONAL

Academic Alliance of Internal Medicine (AAIM)

2012 - 2015	**Member**, Board of Directors
2012 - 2015	**Member**, Executive Committee

American Board of Internal Medicine (ABIM)

2009 - 2010	**Chair**, Board of Directors
2008 - 2009	**Chair Elect**, Board of Directors
2006 - 2010	**Member**, Executive Committee
2004 - 2009	**Member**, Board of Directors
1999 - 2001	**Member**, American Board of Internal Medicine Test Writing Committee for Clinical Skills

American Board of Internal Medicine Foundation (ABIMF)

2010 - 2014	**Member**, Board of Directors

American Board of Medical Specialties (ABMS)

2012 - 2014	**Member**, Executive Committee
2009 - 2014	**Member**, Board of Directors
2006 - 2010	**Member**, Maintenance of Certification (MOC) Task Force

American College of Physicians (ACP)

2014 - 2017	**Member**, Board of Regents, United States.
1993 - 1995	**Member**, Physician-Patient Communication Subcommittee
1992	**Chair**, Scientific Program for Regional ACP Meeting, Eugene, Oregon

Association of Professors of Medicine (APM)

2014 - 2015	**Immediate Past President**, Board of Directors
2013 - 2014	**President**, Board of Directors
2012 - 2013	**President Elect**, Board of Directors
2007 - 2015	**Member**, Board of Directors

Ben Gurion University, Joyce and Irving Goldman Medical School

2017 - present	**Co-Chair**, International Academic Review Committee
2010 - 2016	**Member**, International Academic Review Committee

Institute of Medicine as a Profession (IMAP)

1999 - present	**Board Member**

Society of General Internal Medicine (SGIM)

2002 - 2004	Task Force on Future of General Internal Medicine
2000 - 2002	Nominations Committee
1996 - 1997	**Member**
1995 - 1996	**President**
1994 - 1995	**Member**
1993 - 1994	**Chair**, Publications Committee
1992 - 1994	**Member**, SGIM Ethics Committee
1991 - 1993	**Director**, Continuing Medical Education Committee, Continuing Education
1990 - 1993	**Council Member**
1990 - 1991	**Chair**, Pacific Northwest Regional SGIM Council
1988 - 1990	**Council Member**, Pacific Northwest Regional SGIM Council

NATIONAL

Canadian Association of Professors of Medicine (CAPM)

2009 - 2010	**President**
2008 - 2009	**President-Elect**
2004 - 2014	**Member**

Peer Review Activities

ASSOCIATE OR SECTION EDITING

Book Editor

2019	Goldman L, Schafer A, Crow M, Doroshow J, Drazen J, Griggs R, Landry D, Levinson W, Rustgi A, Scheld W, Spiegel A. Goldman-Cecil Medicine. 26th edition. 2-Volume Set. Philadelphia (United States): Elsevier Saunders; 2019.
2015	Goldman L, Schafer A, Crow M, Doroshow J, Drazen J, Griggs R, Landry D, Levinson W, Rustgi A, Scheld W, Spiegel A. Goldman-Cecil Medicine. 25th edition. 2-Volume Set. Philadelphia (United States): Elsevier Saunders; 2015.
2012	Goldman L, Schafer A, Arend W, Armitage J, Clemmons F, Drazen J, Griggs R, Landry D, Levinson W, Rustgi A, Scheld W. Goldman's Cecil Medicine. 24th edition. Philadelphia (United States): Elsevier Saunders; 2012.
2001	Noble J, Greene HL II, Levinson W. Textbook of Primary Care. 3rd edition. St. Louis (United States): Mosby; 2001.
1995	Greene H, Levinson W, Modest G, Young M, Noble J. Textbook of Primary Care Medicine. 2nd edition. Boston (United States): Mosby-Year Book; 1995.

Contributing Editor

2019 - present	BMJ Practice Series Advisor – Choosing Wisely
2000 - 2004	Journal of the American Medical Association
1992 - 1994	Journal of General Internal Medicine

Editor-in-Chief

1996 - 1998	Journal Watch for Women's Health, Published by Massachusetts Medical Society

Research Funding

1. GRANTS, CONTRACTS AND CLINICAL TRIALS

PEER-REVIEWED GRANTS

FUNDED

2022 Apr - 2023 Mar	**Chair**. Choosing Wisely Canada (Regional Networks). Provincial & Territorial Governments. PI: **Levinson, Wendy**. 1,380,000 CAD
2019 Apr - 2023 Mar	**Chair**. Choosing Wisely Canada. Canadian Medical Association. PI: **Levinson, Wendy**. 1,000,000 CAD
2019 Apr - 2023 Mar	**Principal Investigator**. Choosing Wisely Canada. Health Canada. Health Canada: Health Care Policy Contribution Program. 5,720,000 CAD
2018 Apr - 2019 Jun	**Principal Investigator**. Sharing Innovations of Choosing Wisely Campaigns Globally. Commonwealth Fund. International Program in Health Policy and Innovations Small. 40,000 USD
2017 Jun - 2020 Jun	**Co-Principal Investigator**. Choosing Wisely International Funding. Bertelsmann Stiftung. PI: **Levinson, Wendy**. 60,000 EUR
2017 Jun - 2018 May	**Principal Investigator**. Choosing Wisely International Funding. Korea University. Institute for Evidence Based Medicine. 10,000 CAD
2016 Apr - 2019 Mar	**Principal Investigator**. Choosing Wisely Canada. Health Canada. Health Canada: Health Care Policy Contribution Program. 2,199,132 CAD
2016 Apr - 2019 Mar	**Chair**. Choosing Wisely Canada. Canadian Medical Association. PI: **Levinson, Wendy**. 600,000 CAD
2016 Apr - 2019 Mar	**Chair**. Choosing Wisely Canada (Regional Networks). Provincial & Territorial Governments. PI: **Levinson, Wendy**. 1,700,000 CAD
2016 Apr - 2018 Mar	**Principal Investigator**. Choosing Wisely Canada (Ontario). Health Quality Ontario. 1,000,000 CAD
2015 - 2018 Dec	**Principal Investigator**. I am a Choosing Wisely Canada Student: Sowing the Seeds of Student Leadership for Resource Stewardship. American Board of Internal Medicine Foundation (ABIM Foundation). Putting Stewardship into Medical Education and Training. Collaborator(s): Dr. Brian Wong. 25,000 USD
2015 - 2016	**Principal Investigator**. International Collaboration to Advance Measurement in Low Value Care. Commonwealth Fund (The) (New York). 50,000 USD
2014 - 2017	**Principal Investigator**. Monitoring the Overuse of Medical Services Across Populations. Canadian Institutes of Health Research (CIHR). Planning and Dissemination Grant. 10,000 CAD

2014 - 2015	**Principal Investigator**. International Roundtable to Advance Physician Leadership on Overuse. The Commonwealth Fund. 50,000 USD
2013 - 2016	**Chair**. Choosing Wisely Canada. Ministry of Health and Long Term Care (MOHLTC). 2,086,000
2011 - 2014	**Co-Director**. Building Bridges to Integrate Care (BRIDGES). Ministry of Health and Long Term Care (MOHLTC). 5,402,000
2009 - 2010	**Co-Principal Investigator**. “Exploring mentorship as a strategy to build capacity for knowledge translation research and practice”. Canadian Institutes of Health Research (CIHR). PI: Anna Gagliardi. 95,578
2008 - 2012	**Co-Principal Investigator**. “Disclosing Unanticipated Outcomes to Patients: Randomized Trial”. Agency for Healthcare Research and Quality (AHRQ). PI: Tom Gallagher. 588,550
2008 - 2010	**Co-Investigator**. “Talking with Patients about Other Healthcare Workers’ Errors: Ethical, Legal, and Practical”. Greenwall Foundation. 173,309
2006 - 2009	**Co-Principal Investigator**. “Using Team Simulation to Improve Error Disclosure to Patients and Safety Culture”. Agency for Healthcare Research and Quality. PI: Tom Gallagher
2006 - 2009	**Co-Principal Investigator**. “Exploring Racial/Ethnic Differences in Communication Between Patients and Orthopaedic Surgeons”. Social Sciences and Humanities Research Council of Canada (SSHRC). PI: Pamela Hudak. 99,999
2006 - 2008	**Co-Principal Investigator**. “Using Simulation to Promote Team-Based Disclosure of Errors”. Canadian Patient Safety Institute. PI: Sherry Espin. 74,006
2005 - 2010	**Co-Investigator**. “Strengthening the Health System Through Improved Priority”. Canadian Institutes of Health Research (CIHR). PI: Andreas Laupacis. 925,000
2005 - 2007	**Co-Principal Investigator**. “Administrative Costs for Physician Practices of Physician-Health Plan/Player Transactions”. Robert Wood Johnston Foundation. PI: Lawrence Casalino. 100,000
2003 - 2008	**Co-Principal Investigator**. “National Social Life, Health and Aging Project (NSHAP)”. National Institute of Aging RO1. PI: Linda Waite. 11,264,135
2003 - 2006	**Co-Investigator**. “Health Care Utilization in Homeless Persons”. Canadian Institutes for Health Research (CIHR). PI: Stephen Hwang. 261,328
2003 - 2006	**Principal Investigator**. “An Integrated Training Program in Health and Social Science Research to Improve the Health of Marginalized Populations”. Canadian Institutes of Health Research (CIHR). 1,350,000
2002 - 2005	**Co-Principal Investigator**. “Promoting Blood Pressure Control and Cholesterol Reduction to Prevent Major Complications in Persons with Diabetes”. Canadian Institutes for Health Research (CIHR). 184,131
2001 - 2007	**Principal Investigator**. “Informed Decision-Making in Older Patients and Surgeons”. National Institute of Aging (NIA). 1,600,000

2001 - 2004	**Co-Principal Investigator**. “Multi-Center Trial of Academic Hospitalists”. Agency for Healthcare Policy, Research and Quality RO1. 4,267,456
2000 - 2003	**Co-Principal Investigator**. “A RCT of Computer Screening for Domestic Violence”. Agency for Healthcare, Research and Quality (AHRQ). 764,652
2000 - 2003	**Co-Principal Investigator**. “The Hartford Geriatric Center of Excellence”. The Hartford Foundation. 476,900
2000 - 2001	**Principal Investigator**. “Informed Decision-Making Between Surgeons and Older Patients: An Innovative Web-based Assessment”. New England Research Institute. 35,000
1999 - 2004	**Principal Investigator**. “Patient Preferences for Disclosure: A National Survey”. Agency for Health Care Policy and Research Grant RO1. 1,470,760
1999 - 2000	**Principal Investigator**. “Center for Physician-Patient Communication”. Arthur Vining Davis Foundation. 200,000
1998 - 2003	**Co-Director**. “Health Services Research Training Program, National Research Service Award”. Agency for Health Care Policy and Research. 340,000
1998 - 2002	**Principal Investigator**. “The Clinical Scholars Program at the University of Chicago”. Robert Wood Johnson Foundation Grant. 2,350,249
1998 - 2000	**Principal Investigator**. “Resolving Disagreements in the Patient-Provider Relationship: Tools for Improving Communication and Patient Care”. Robert Wood Johnson Foundation Grant. 137,384
1996 - 1999	**Principal Investigator**. “General Internal Medicine Residency Training Grant”. Department of Health and Human Services. 670,000
1996 - 1999	**Principal Investigator**. “The Community Resource Connection: A Collaborative Model for Chronic Care”. Robert Wood Johnson Foundation Grant. 525,723
1995 - 1997	**Co-Principal Investigator**. “Thriving in a Busy Practice: A Randomized Trial to Improve Physician-Patient Communication”. Garfield Memorial Fund Grant. 252,602
1994 - 1995	**Principal Investigator**. “Managing the Maze: A Collaborative Model for Chronic Care”. Robert Wood Johnson Foundation. 112,046
1993 - 1996	**Principal Investigator**. “General Internal Medicine Residency Training Grant”. Department of Health and Human Services. 874,800
1992 - 1996	**Principal Investigator**. “Doctor-Patient Communication and Medical Malpractice”. Agency for Health Care Policy and Research Grant RO1. 1,465,270
1990 - 1993	**Principal Investigator**. “General Internal Medicine Residency Training Grant”. Department of Health and Human Services. 747,435
1989	**Principal Investigator**. “Physician-Patient Communication”. Zlinkoff Foundation for Medical Research and Education Grant. 25,000
1988 - 1989	**Principal Investigator**. “Standardized Patient Program: A Collaborative Project of Four

	Internal Medicine Training Programs". National Fund for Medical Education Grant. 9,000
1987 - 1990	**Principal Investigator**. "General Internal Medicine Residency Training Grant". Department of Health and Human Services. 555,280
1984 - 1987	**Principal Investigator**. "General Internal Medicine Residency Training Grant". Department of Health and Human Services. 562,233

Publications

1. PEER-REVIEWED PUBLICATIONS

Journal Articles

1. Wong S, Rajapakshe S, Barber D, Patey A, **Levinson W**, Morkem R, Hurwitz G, Wintermute K, Leis JA. Antibiotic prescribing for respiratory tract infection across a national primary care network in 2019. Can Commun Dis Rep. 2022 Apr 6;48(4):157-163. doi: 10.14745/ccdr.v48i04a06. PMID: 35480706; PMCID: PMC9017799.

2. Squires JE, Cho-Young D, Aloisio LD, Bell R, Bornstein S, Brien SE, Decary S, Varin MD, Dobrow M, Estabrooks CA, Graham ID, Greenough M, Grinspun D, Hillmer M, Horsley T, Hu J, Katz A, Krause C, Lavis J, **Levinson W**, Levy A, Mancuso M, Morgan S, Nadalin-Penno L, Neuner A, Rader T, Santos WJ, Teare G, Tepper J, Vandyk A, Wilson M, Grimshaw JM. Inappropriate use of clinical practices in Canada: a systematic review. CMAJ. 2022 Feb 28;194(8):E279-E296. doi: 10.1503/cmaj.211416. PMID: 35228321; PMCID: PMC9053971.

3. **Levinson W.** Considering Value in Prescribing and Deprescribing for Older Adults. JAMA Netw Open. 2022 Feb 1;5(2):e2148606. doi: 10.1001/jamanetworkopen.2021.48606. PMID: 35166789.

4. Clarke M, Born K, Johansson M, Jørgensen KJ, **Levinson W**, Madrid E, Meng DM, Franco JVA. Making wise choices about low-value health care in the COVID-19 pandemic. Cochrane Database Syst Rev. 2021 Sep 22;9:ED000153. doi: 10.1002/14651858.ED000153. PMID: 34549804.

5. Levinson W, Wong B. Aligning Continuing Professional Development with Quality Improvement. CMAJ May 03, 2021 193 (18) E647-E648; DOI: https://doi.org/10.1503/cmaj.202797

6. Mehta N, Murphy MF, Kaplan L, **Levinson W**. Reducing unnecessary red blood cell transfusion in hospitalised patients. BMJ. 2021 Apr 6;373:n830.

7. Bhatia RS, Shojania KG, **Levinson W**. Cost of contact: redesigning healthcare in the age of COVID. BMJ Qual Saf. 2021 Mar 1;30(3):236-239.

8. Soong C, Born KB, **Levinson W**. Less is more, now more than ever. BMJ Qual Saf. 2021 Jan;30(1):56-58. doi: 10.1136/bmjqs-2020-011444. Epub 2020 May 22. PMID: 32444426.

9. Born K, **Levinson W**. Reframing Resource Stewardship and Sustainability as Professionalism: What Can Efforts for a Net-Zero Health System Learn from Choosing Wisely Campaigns? Healthc Pap. 2020 Oct 1;19(3):35-40.

10. Bouck Z, Calzavara AJ, Ivers NM, Kerr EA, Chu C, Ferguson J, Martin D, Tepper J, Austin PC, Cram P, **Levinson W**, Bhatia RS. Association of Low-Value Testing With Subsequent Health Care Use and Clinical Outcomes Among Low-risk Primary Care Outpatients Undergoing an Annual Health Examination. JAMA Intern Med. 2020 Jul 1;180(7):973-983.

W. LEVINSON

11. Grimshaw JM, Patey AM, Kirkham KR, Hall A, Dowling SK, Rodondi N, Ellen M, Kool T, van Dulmen SA, Kerr EA, Linklater S, **Levinson W**, Bhatia RS. De-implementing wisely: developing the evidence base to reduce low-value care. BMJ Qual Saf. 2020 Feb 6.

12. Johansson M, Bero L, Bonfill X, Bruschettini M, Garner S, Glenton C, Harris R, Jørgensen KJ, **Levinson W**, Lotfi T, Montori V, Meng DM, Schünemann H, Vaz Carneiro A, Woloshin S, Moynihan R. Cochrane Sustainable Healthcare: evidence for action on too much medicine. Cochrane Database Syst Rev. 2019 Dec 6;12:ED000143.

13. Born K, Kool T, **Levinson W**. Reducing overuse in healthcare: advancing Choosing Wisely. BMJ. 2019 Nov 5;367:l6317.

14. Bouck Z, Pendrith C, Chen XK, Frood J, Reason B, Khan T, Costante A, Kirkham K, Born K, **Levinson W**, Bhatia RS. Measuring the frequency and variation of unnecessary care across Canada. BMC Health Serv Res. 2019 Jul 3;19(1):446.

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