

**Minutes of teleconference of the
Cochrane Collaboration Steering Group (CCSG)
on Wednesday 25 July 2012 at 13:00 hours BST**

[Minutes approved by email on 17 August 2012.]

Present: Sally Bell-Syer, Lucie Binder (Project Support and Business Communications Officer), Maria Burgess (Acting Team PA, minutes), Rachel Churchill, Paul Farenden (Interim Executive Director, for items 1 to 4 only), Jeremy Grimshaw (CCSG Co-Chair), Jini Hetherington (Company Secretary), Gail Higgins, Julian Higgins, Sophie Hill, Lorna McAlley (Administrative Assistant, minutes), Mona Nasser, Charlotte Pestrige (Consultant, for item 5 only) Mary Ellen Schaafsma (Treasurer), Denise Thomson, David Tovey (Editor in Chief), Liz Whamond and Mingming Zhang.

1. Welcomes, apologies, declarations of interest, and approval of the agenda

Jeremy welcomed everyone to the teleconference; Steve and Jonathan had sent their apologies. It was agreed that Paul would leave the call after item 4, as he was due to attend another meeting. There were no declarations of interest identified (with the exception of the declaration made in the course of item 9) and the agenda was approved.

2. Co-Chairs' report

The focus of the Co-Chairs' recent activity had centred on the Future Publishing Arrangements Project (FPAP) and the appointment of a new Chief Executive Officer (CEO), interviews for which will take place on 26th and 27th July 2012, in Frankfurt. CCSG members confirmed their support for the recruitment process.

3. Editor in Chief's report

David requested support for two appointments: 1) Maternity cover for Rachel Marshall to commence in September 2012, and 2) Editor to work on the two derivative products, Cochrane Clinical Answers and Dr Cochrane. The second post requires someone with a clinical background, part-time for one year. Concerns were raised as to why the recruitment process had commenced prior to endorsement by the CCSG. David explained that this was purely strategic, due to the timing of his upcoming annual leave and that the advertisement would be withdrawn if the CCSG did not support it. David left the teleconference for the remainder of this item. There was strong support for both appointments, though the need for strengthening HR processes was recognised. David also suggested that the Co-Chairs write to the Monitoring and Registration Committee to thank them for their contribution to the Collaboration and a smooth handover of responsibility to the CEU.

ACTION: David to continue with the recruitment for both posts. Jeremy to send letter of thanks to the MaRC.

4. Treasurer's verbal report on current financial situation, and cash flow forecast

The profit and loss statements, balance sheets and cash flow forecast to the end of June 2012 were considered. It was noted that income from royalties was higher than had been estimated. Mary Ellen reported that she had been working with Paul and Graham Carson (the Collaboration's bookkeeper) to identify possible alternative templates for the financial reports. Several points were made including the continued importance of the CCSG having access to both simple and detailed reports; the different software used to produce the reports makes uniformity difficult; and the new CEO may have a strong

opinion on the style of presentation. Mary Ellen welcomed recommendations and asked that all email her if they had any others.

ACTION: Mary Ellen to continue to work with Paul and Graham to identify alternative templates for the financial reports.

5. **Future Publishing Arrangements Project: report from the Project Board**

Due to the commercial sensitivity of the discussion, minutes for this item are not available.

6. **Subject matter for Strategic Session 2013**

This item was deferred until the next meeting.

ACTION: Jini to add to agenda for CCSG meeting in Auckland.

7. **20th Anniversary Celebrations: update and funding request**

Jeremy presented the report and requested funding for the video project and miscellaneous costs. He confirmed that administrative support costs for Anniversary Working Groups would be covered by the contingency amount requested. There was very strong support for the funding request. It was suggested that the fundraising working party investigate the possibility of applying for grants from the Nuffield or Wellcome Trusts.

ACTION: Jini to add £50,000 to the cash flow forecast for the Anniversary Task Force and advise the bookkeepers. Jeremy to let Richard Davis know that his requested budget has been approved.

8. **Directorship of the Collaboration Trading Company**

There was strong support for Donna Gillies' appointment as Director, following consideration of her CV and covering letter.

ACTION: Jeremy to inform Lorne of the Steering Group's approval for Donna's appointment; Jini to notify Companies House after Donna becomes a Director at the Annual General Meeting on 1st October 2012.

9. **Re-election of Jeremy Grimshaw as Co-Chair**

Sophie took the chair for this item, which was discussed as the final item of the teleconference. The Steering Group received one nomination, which was from Jeremy Grimshaw. He was nominated by Rachel Churchill, Julian Higgins and Steve McDonald (refer nomination statement and letters of support in the agenda papers). Sophie invited Jeremy to speak to his nomination statement and then to leave the conference call for the remainder of this item. Jeremy summarised his willingness to take on a second term as Co-Chair and then left the teleconference for the remainder of this item. Rachel added to the points in her nomination letter by emphasising Jeremy's strategic skills. Julian spoke to his nomination; Steve McDonald was an apology but Sophie drew attention to his letter of support. All members of the Steering Group were asked their view in turn and there was unanimous support. The issue regarding potential difficulties that could exist when a Co-Chair is the line manager of one or more CCSG members was raised as an issue for both the individual and for other CCSG members. Jeremy's intention to address governance issues, as outlined in his nomination letter, was welcomed.

ACTION: Sophie to inform Jeremy of his re-election as Co-Chair; Jini to add governance and the nomination process to the list of items to be addressed by the incoming CEO in consultation with the Co-Chairs.

10. **Matters arising from the previous CCSG meeting, not appearing elsewhere on this agenda**
None.

11. **Action items spreadsheet**

The Web Team is developing an Action items spreadsheet which will be accessible via the Collaboration's website. Until the online version is available, Jeremy asked CCSG members to continue to communicate the completion of their action items to the COU.

12. **Any other business**

Jeremy asked Paul to provide an update on his plans for strengthening HR processes within the COU.

ACTION: Paul to provide the CCSG with an update on his plans for strengthening the COU's HR processes.

13. **Date of next meeting**

Saturday 29 September 2012 and Thursday 4 October 2012, in Auckland, New Zealand.

14. **Environmental sustainability**

This item was not discussed.

CEU Report for Steering Group: 25th July 2012

Prepared by: David Tovey and CEU team

Date: 10th July

Access: Open

Items:

For decision:

1. [Request](#) for support for maternity cover: Rachel Marshall
2. [Request](#) for support for new Clinical Editor to work on derivative products

For information:

3. [Budget](#) analysis and new appointments
4. [Workstreams](#) and activity
5. [Cochrane Content](#) follow up
6. [Follow up](#) on Paris Steering Group decisions
7. Specific projects:
 - a. [Cochrane Register of Studies](#)
 - b. [Cochrane Library website development](#)
 - c. [MARC handover](#)
 - d. [MECIR](#)
 - e. [Feedback Systems](#)
 - f. [Cochrane Clinical Answers and Dr Cochrane](#)
 - g. [Marketing and Communications](#)
 - h. [Translations working group](#)
 - i. [ERC checklists](#)

Request for support for maternity cover: Rachel Marshall

Purpose:

To request that the Steering Group support the decision to cover Rachel Marshall's maternity leave.

Urgency: High

Access: Open

Background:

Rachel Marshall goes on maternity leave on 13th September. She is expected to be away for 12 months. Rachel is involved in a number of mission critical projects and workstreams (e.g. updating, semantic web, editorials and special collections) and the extent to which these can be picked up by colleagues is limited due to everyone working at or over capacity. Finding a suitable, highly skilled replacement is therefore essential. The chance of securing such a candidate is much greater if we can offer a 12 month fixed-term contract.

Summary of recommendations:

We recommend that the Steering Group approves the recruitment of a 12 month maternity cover editor.

Resource implications:

We propose to limit the additional expense of the maternity cover by using funds already allocated by Steering Group but not yet used: Harriet MacLehose has agreed to work as the ME Support Manager, for which the CCSG allocated £12,000 per annum, and in addition, we have not yet recruited to the posts of Team PA/MaRC administrator, so this also represents a saving in the first six months of the financial year 2012-13. In addition, there is a saving on Rachel's salary over the 12 month period. We have calculated that the additional cost of funding maternity cover will most likely be within the overall CEU salaries budget.

Impact statement:

Maintenance of key projects and workstreams

Decision required of the Steering Committee:

We hope that the CCSG will approve the recommendation above.

Request for support for new Clinical Editor to work on derivative products

Purpose:

To request that the Steering group approves the appointment of a Clinical Editor to support the Editor in Chief in the approval and sign off of derivative products

Urgency: High

Access: Open

Background:

There are two derivative products being produced currently: Cochrane Clinical Answers and Dr Cochrane. As Editor in Chief, DT is responsible for final sign off on all material produced for these products. As production of content increases, this represents a considerable work burden, and yet it is crucial that the content meets the quality expectations of a Cochrane product, and also that this work does not act as a distraction from other priorities. This work cannot fully be delegated to the current editorial team because none of the editors have a clinical background (in addition to the workload problems it would cause). Therefore I propose to use a portion of the funds that Wiley pay the Trading Company in support of the Cochrane Clinical answers project to hire a part time, fixed term clinical editor, who will have either a medical or nursing background.

Lorne Becker and Deborah Pentesco-Gilbert have both given their approval for this request.

Summary of recommendations:

I recommend that the CCSG endorses the decision to appoint a part time, clinical editor on a fixed term contract.

Resource implications:

Zero additional funds requested from central Cochrane resources.

Impact statement:

Increased confidence that the derivative products can achieve the quality standards required and be clinically 'sound'.

Decision required of the Steering Committee:

I hope that the Steering Group will approve the recommendation above.

For information items:

Budget analysis and new appointments

We have advertised two appointments, as agreed at the CCSG meeting in Paris. These are a full time Team PA / MaRC administrator, and a 0.6 FTE editor. At the time of writing no appointments have been made.

Editor 0.6 FTE:

As agreed by the CCSG in Paris, we have advertised this post and hope to interview in the near future

Technology supplier:

We made the decision to move away from our previous sole provider of technical support on the grounds of his lack of availability. We then interviewed and invited bids from three alternative providers and have appointed The Onyx Group as our new technology provider. The grounds for their appointment were on both cost and service. There will be no additional cost.

Intern:

Following an introduction from the Attend organisation, a charity and fellow tenants at the Kings Fund, we appointed Mary Horton as an intern. Mary has spent 6 weeks working with the CEU and has helped out on a variety of projects. She has submitted a report to her academic supervisor entitled 'How do evidence-based reviews cover and represent the world's top health concerns?'. In addition, she provided administrative support for the Cochrane Content follow up meeting and undertook some research on the responsiveness of CRGs to submitted feedback. The only costs to the Collaboration were to cover Mary's travel costs to and from the office and a payment to cover lunch for the 3 days each week when she was working at the CEU. We consider this initiative to have been a success, but will re-evaluate it when the attachment is over.

CEU Budget: The current budget analysis performed by Faye Pettifer and Claire Allen shows that after the first quarter of the financial year 2012-13 we are within projected budgets for all headline budget lines except the 'meetings' budget. However, this is substantially affected by the two large annual meetings, so projections based on a quarter by quarter analysis are likely to be misleading.

Workstreams and activity

Cochrane Content follow up

The Strategic Session on 'Cochrane Content' was held during the mid-year meetings in Paris and was led by the Cochrane Editorial Unit. The session revolved around the Background Paper¹ in which the

¹ http://www.editorial-unit.cochrane.org/sites/editorial-unit.cochrane.org/files/uploads/2012-CC-strategic-session_full-report.pdf

team presented 39 recommendations for the evolution and revolution of Cochrane content. The recommendations originated from six themes of work relating to products and users, and Cochrane Reviews, developed in preparation for the session. All the recommendations were endorsed and the aim is to implement them over the next three to five years, as reported in the meeting report.²

Following the Paris meetings, Harriet MacLehose, Lucie Binder, John Hilton, and David Tovey have been working to develop the implementation plan. This has involved mapping out the recommendations and proposing a series of projects that combine related recommendations. The projects are further divided into three programmes; see Table 1 for an example of the relationship between the programmes, projects, and recommendations. (Note: there are now 41 recommendations after the two innovative review recommendations were each divided in two.)

Table 1 Example of the relationship between recommendations, projects, and programmes

Programme	Example project	Related recommendation(s)
(1) <i>The Cochrane Library</i> development and user experience	Publish when ready	17
(2) Content creation and quality	Prioritization: new reviews and updating	9, 13, 34, 35, 36, 37
(3) Dissemination and impact	Translation	13, 14

We recognized that the implementation will involve close working between all the centrally funded teams and we convened a meeting of representatives from the teams at the CEU on 25 and 26 July to discuss the proposed plans and how the teams could work together efficiently and effectively in order to implement the recommendations (see **Error! Reference source not found.**). This meeting was very positive with a lot of discussion and sharing of ideas. We divided into small groups to discuss each proposed project in detail (and thought of a couple of new but related projects!), and we were able to prepare a draft Gantt chart for the projects to give us an idea of the timelines.

Figure 1. Meeting at the CEU, 25/26 July



The next steps include developing a formal project form for each of the people/teams to explore each project in more detail and thereafter to agree a timeline for implementation of the project

² http://www.editorial-unit.cochrane.org/sites/editorial-unit.cochrane.org/files/uploads/2012-CC-strategic-session_meeting-report.pdf

deliverables. The aim will be for us to describe and mitigate for one person or team being overwhelmed at a particular point in time. Over the next few weeks we plan on rolling out an online project management tool (Wrike.com) for all the teams to use. The aim is to have a tool to help us all share information on the projects and to view the progress and status of all the projects. Over the next few weeks we will agree on the oversight and reporting lines for the 'Cochrane content' projects and programmes.

Harriet MacLehose & David Tovey

Follow up on Paris Steering Group decisions

Embase:

We have now received formal approval from the TSCs' Executive for the CEU to run the proposed RFP to identify a team of information specialists to take on this task. At this stage it is unclear whether any member(s) of the Exec will bid for this project so work on the RFP/tender process will proceed without Exec input for the time being.

ISSC:

On 4th May 2012, DT thanked the ISSC members via email and informed them that the committee had been disbanded.

Prognosis reviews

DT held a planning meeting via teleconference on 4th July with Katrina Williams and Jackie Chandler. The group has agreed to meet again at the Auckland Colloquium to share progress,

Specific projects

Project	"RAG" rating
CRS	Green
Cochrane Library website development	Amber
MARC handover	Amber
MECIR	Green
Changes to feedback system	Green
Cochrane Clinical Answers and Dr Cochrane	Amber
Marketing and Communications	Amber
Translations	Green
ERC checklists	Green

CRS

Six groups have imported their registers into the CRS and are now live, with another six groups scheduled to convert in July. Fifteen training webinars will have been delivered by the end of July, and a further ten are planned for August/September. Michelle Fiander will step down as a CRS Support person in October when she takes up the role of TSC representative on CCSG so a replacement will be sought in the coming months.

Ruth Foxlee

Cochrane Library website development

We are about to enter the third and hopefully final round of User Acceptance Testing (UAT3) for the new CLIB search interface. The Search Testing Group membership has been temporarily extended during the UAT period and TSC Executive and IRMG members will also be invited to participate in UAT3. Wiley have developed a marketing and communications plan and launched a 'New Search' web page (<http://www.thecochranelibrary.com/view/0/ccochnewsearch.html>). All current saved searches will be migrated to the new platform with no intervention required from our customers. No firm date for launch has been announced but the end of August is the likely target.

Ruth Foxlee

MARC handover

At the time of writing no further action has been undertaken. The Co-Eds' Executive has discussed the proposed revision of the 'core functions' of CRGs. Two Co-Eds have agreed to revise the current document, and DT has agreed to circulate a document that will propose draft essential and mandatory functions, and will also seek to look for ways to synergise the monitoring of CRGs with their reporting to funders. In addition, I wonder whether it would be appropriate now or in the near future, for the Steering Group to thank the members of the MARC formally.

MECIR

The MECIR project has now delivered a set of finalised conduct standards and a set of revised reporting standards which have been circulated to external stakeholders for comment. Standards for reporting plain language summaries developed by a panel led by the consumer coordinator, Catherine McIlwain, have now been made available for comment. The project team will be convening in September to finalize reporting standards for reviews and plain language summaries before the Cochrane Colloquium in Auckland. Implementation and dissemination plans remain at an early phase, but discussions have taken place with those responsible for training, technology and editorial resources to discuss opportunities to develop different formats of the standards and to include MECIR standards across these different platforms. Translation of the conduct standards into Spanish is now underway.

Toby Lasserson

Changes to feedback system

The broad aims of the project are to improve: (1) the experience of submitting comments on reviews; (2) the way the Collaboration handles and tracks feedback; and (3) the way we display comments on *The Cochrane Library* website. In May 2012 the old system for submitting feedback was decommissioned and replaced with a more robust web form and updated documentation. John Hilton is currently working with colleagues at Wiley to develop a formal list of requirements for the next phases of the project, based on background papers put together by the CEU. We have held a series of meetings to discuss particular aspects in detail, and there are a number of actions that are being addressed before we can firm up the requirements and agree on a sequence of events and timescales. The next step will be to involve colleagues from the IMS team as we work towards integrating comments and comment workflows into Archie.

John Hilton

Cochrane Clinical Answers and Dr Cochrane

For Cochrane Clinical Answers, please see recent [report](#) from Karen Pettersen at the end of this document. This project is proceeding satisfactorily, but this should be read in the context of the report on Dr Cochrane below, since at least one of the identified issues for that project will also be relevant for Cochrane Clinical Answers.

The Dr Cochrane project must be considered to be 'amber' currently. As the first case vignettes were coming through for sign off from the Canadian author team and editors, Peter Tugwell asked to review one of these in a subject area covered by his group. He felt strongly that the vignette was not in a publishable form, on the grounds of scientific validity. As a consequence, and in the absence of Lorenzo Moja, who is currently in the Himalayas, Bryony Urquhart who is co-ordinating the project on behalf of Wiley, suspended the project. We will consider Peter's comments, and revise the editorial process as appropriate. However, it should be noted that one of Peter's most important comments related to an important trial that was published after the review search date, and is therefore not included in the review. Whilst this raises important issue in terms of the clinical credibility of the content of Dr Cochrane vignettes, addressing this, and specifically checking that the underlying reviews mentioned in the vignettes were not superseded by more recent evidence would have important, consequences for the overall business case for this project.

Marketing and Communications

DT has assumed interim responsibility for chairing the M&C project board pending the arrival of the CEO. In the first instance the tasks are to agree and implement an agreed action plan in advance of the CEO's arrival. Work is in progress aimed at ensuring this is achieved.

Translations

The work of the Translations Working Group is proceeding very satisfactorily. A report was published in the last issue of the CEU Bulletin: <http://www.editorial-unit.cochrane.org/ceu-bulletin-june-2012>

ERC checklists

Since the last update from the ERC, we are pleased to report the following developments:

Newly approved documents

- A translation form for clinical trials, and accompanying guidance for translators, is now approved and available on the ERC website (<http://www.cochrane.org/intranet/editorial-resources-committee>; requires Archie login).

Updated documents

- The Diagnostic Test Accuracy Title Registration Form (DTA TRF) has been updated by the DTA group, and the updated form is available on the ERC website.

Documents in consultation

- Two checklists for consumer referees (one for Cochrane Protocols and one for Cochrane Reviews), which have been developed by the ERC and the Cochrane Consumer Network (CCNet), are now in consultation with representatives from the Cochrane Collaboration. The consultation period will run until 10 August 2012, and we hope to approve the documents shortly after consultation.

The focus of the ERC's work in the coming months will be to approve the consumer referee checklists, to consult on a peer-review form for Cochrane Reviews, and to ensure that the ERC resources are consistent with the MECIR reporting standards once they are finalised.

Rachel Marshall (rmarshall@cochrane.org) and Emma Welsh (ewelsh@sgul.ac.uk); convenors of the ERC

Appendix: Cochrane Clinical Answers: May/June Update

Content development

38 CCAs have been prepared for our authors and are going through the editorial process (see attached for progress against targets).

14 authors have been formally contracted to act as Associate Editors for CCAs, with a further 6 potential authors in the process of writing their first trial CCA before being possibly contracted to work on CCAs long term. Residents from one of our senior Associate Editors teaching program are being mentored by him to complete CCAs as part of their training.

David Tovey has signed off 23 CCAs.

Rachel Marshall, Iain Marshall, Karen Pettersen, and David Tovey continue to develop processes for created CCAs, developing principles to support editorial decision making. They have worked on refining methods for dealing with reporting risk difference and for dealing with reporting CCAs where there has been a broad search (for a drug class or a range of people with a disease) but data only found for one drug or a subgroup. They have also found a mechanism to better differentiate the presentation of risk of bias study quality data and GRADE Summary of Findings quality of the evidence data. The clinical utility of placebo comparisons has also been discussed and the decision has been made that their validity can only be decided on a case by case basis.

A process has been put in place to capture any updates to Cochrane systematic reviews that may impact CCAs during the pre-launch phase of the website. Once the website is live, this process will be done automatically.

Website development

An initial Early Site Testing meeting was conducted with the Wiley Web Development Team and Rachel Marshall and David Tovey from the CEU on 25th May.

Overall feedback on the site was very positive, both from the external market testing and the CEU. External feedback was analyzed and combined with that of the CEU to create a list of 11 design changes to be assessed for viability. Several smaller display features were also highlighted as needing amendment.

All of the small design feature changes have carried out by the Wiley Web Team. Work is ongoing to implement the 11 proposed new design features, with 3 completed and mock ups of the proposals approved for a further 3. Changes include improving CCA status descriptions, search messaging, and the descriptions of the relationship between the Cochrane review and the CCA. The most complex suggested change is an improvement to the display of subgroup and sensitivity analyses, which requires changes both to xml and to content, but which will greatly enhance the user journey.

The current plan is to soft launch internally in July and overlay these design changes before the website goes live to users.

End to End testing of the publication process is underway with the first round successfully completed.

Content management system development

CCAs are created using Wiley ML3G, a new form of the Wiley xml for which CCAs is the flagship product. Wiley Content Management Services has worked with Aptara to create a validation tool specific to the CCA xml to quality assure the xml supplied by the PXE. This has led to both improved content and increased speed of publication. The Content Management team are also creating a set of Business rules specific to CCA xml. These technology enhancements will facilitate future content production of the CDSR and derivative products.

Customization of the PXE Digital Publishing Platform for editing of CCAs is nearly complete. Developments to ensure correct citation of CCAs and allow use of multiple subject headings for CCAs have been put in place. Final editing enhancements that are being worked on are: the ability to add and delete entire outcomes and to add and edit author details, and improvements to the messaging generated by the system.

Testing of the functionality that allows ongoing update of CCAs, placing them 'under review' if the associated CDSR systematic review is updated or withdrawing them if associated CDSR is withdrawn etc. has been successfully achieved as part of End to End testing of the publishing process.

20th Anniversary Celebrations: Update and funding request

Submitted by: Jeremy Grimshaw and Jini Hetherington

Date: 18 July 2012

Purpose: This paper seeks approval from the CCSG for funding for the 20th Anniversary Celebration activities in 2013.

Urgency: Urgent.

Access: Open Access.

Background

In 2013, The Cochrane Collaboration is celebrating its 20th anniversary. We have established a 20th Anniversary Task Force to plan a year of activities throughout 2013 to recognize the gains made in the work of the Collaboration, and to provide an opportunity to celebrate its growth and movement towards even greater success. This paper briefly updates the CCSG about current progress and seeks funding for key aspects of the work.

Twenty-eight individuals are currently involved in the Task Force from across the Collaboration. We have identified a range of activities and have established the following working groups, led by one or more convenors for each activity:

1. Social history working group (Jini Hetherington and Nancy Owens, Co-Convenors)

Arising from the scoping exercise that Jini and Nancy conducted in 2011 with a grant from the Discretionary Fund, Alan Cassels has agreed to author the social history of The Cochrane Collaboration.

Alan Cassels and Richard Davis conducted and filmed interviews with nearly 100 individuals during the Madrid Colloquium in October 2011, and in Oxford and during the mid-year meetings in Paris in April 2012 (see Appendix 1 for the list of people interviewed for the videos and social history). These interviews provide a rich description of the history, work, culture and reach of The Cochrane Collaboration. In addition, Alan has completed interviews with several other individuals (e.g. Murray Enkin, Andy Oxman and Dave Sackett), either face-to-face or via Skype.

Wiley will publish the book as part of the Cochrane Book Series and have agreed to cover the costs associated with this. It will be launched at the 2013 Cochrane Colloquium and will be sold at a discounted price to participants.

2. Video history working group (Jan Clarkson and Jini Hetherington, Co-Convenors)

The quality and richness of this material was demonstrated in the video developed to celebrate Alessandro Liberati in January 2012 after his death.

The plan is to produce 24 3-5 minute videos reflecting the history of the Collaboration, different aspects of our work, our ethos and diversity and the contributions of individuals that will be released every two weeks throughout 2013 (see Appendix 2 for the provisional list of video

topics). These will be posted on Cochrane.org and through the Cochrane YouTube channel. We would like to provide participants in the 2013 Colloquium in Auckland with a DVD version. The videos also provide opportunities for an enhanced e-book with better integration of text and videos. The video footage could also be used for clips for future posting on Cochrane.org. Finally, the video footage will provide a rich archive that could be used for historical activities in the future.

Rough cuts of two videos have already been completed on the First Colloquium in Oxford in 1993, and on Low- and Middle-Income Countries (LMICs). These can be reviewed at <https://vimeo.com/45282635> and <https://vimeo.com/40414268> respectively. The password for both is c0chran3.

We would also like to support Richard Davis' attendance at the 2013 Colloquium in Quebec to capture that event in 5-6 short videos.

3. Publications and meetings working group (Rachel Churchill, Sam Faulkner and Harriet MacLehose, Co-Convenors)

This working group is developing a plan for a series of papers in major general medical journals and co-ordinating activities by entities to publish articles summarizing their progress and contribution in key subspecialty and regional journals. The working group will develop a briefing document about key facts that entities can use in their articles. The editors of some key major journals have expressed a willingness to consider Cochrane-related publications, as have Wiley. We also plan to approach other publishers.

4. Photos and artefacts archive working group (Rachel Couban and Jini Hetherington, Co-Convenors)

Jini and Kay Dickersin have arranged for the scanning of their substantial collections of photographs taken at Cochrane events spanning twenty years, and for the individuals in those photos to be identified by name. Arne Ohlsson (former Director of the Canadian Cochrane Centre), who also has a large collection of Cochrane photos, has been approached with a view to gaining access to that collection. Youping Li (Director of the Chinese Cochrane Centre) has also provided a few photos but is unable to provide her whole collection, as had been hoped. Chris Mavergames has uploaded the two large available collections of photographs from Jini and Kay to a test page on the website and will make them widely available. This page will be password protected and only accessible to people with a user account in Archie, who will be invited to visit the page and tag any unnamed individuals whom they recognize. We will continue to explore adding other people's photographs to the archive. With assistance from Maria Burgess, Chris has also created a digital archive of Cochrane memorabilia such as Cochrane mugs and T-shirts that have been created through the years, for historical interest: people will be invited to visit the online archive and provide missing items if possible.

5. Public Relations working group (Lori Tarbett, Convenor [Co-Convenor sought])

This working group is liaising with Cochrane Innovations about appropriate products and activities to promote the Anniversary celebrations. It is encouraging entities to promote the Collaboration and their specific contributions in key specialty and regional meetings and

conferences during 2013. The group has had discussions with NIHR about participation in key UK conferences during 2013.

6. Colloquium celebratory events working group (Catherine McIlwain and Mary Ellen Schaafsma, Co-Convenors)

This group is considering ways to promote the celebrations in regional and national meetings throughout 2013. Good ideas are being suggested, such as producing a slide show for use at such meetings.

7. Fund-raising working group (Gerd Antes and Jeremy Grimshaw, Co-Convenors)

We are developing a broader funding plan to support the activities of the various working groups, without which some of them will be unable to meet their aims.

Funding to date

To date, we have had in-kind support and funding from the Collaboration in terms of Jini Hetherington's part-time participation as Anniversary Co-ordinator, administrative support from Maria Burgess to two of the working groups, and support for Richard Davis to attend the Madrid Colloquium and initial video work (GBP 10,000). In addition, the Canadian Cochrane Centre supported Alan Cassel's travel to and attendance at the Madrid Colloquium. Wiley have agreed to fund some key activities.

Funding required

Whilst we continue to seek funding partners, we need additional funding from the Collaboration to continue work on this initiative. Specifically, we need funds to support the video history and miscellaneous expenses (for example, open access journal fees). Richard Davis has provided a detailed budget (Appendix 3).

	GBP
24 short videos (see Appendix 3)	32,000
Miscellaneous costs (e.g. conference registration fees, working group teleconferences, costs associated with accumulating and photographing Cochrane memorabilia)	18,000
Total	50,000

Recommendation

That the CCSG approves the requested budget.

Appendix 1 - Individuals interviewed for the videos and social history

Adams	Clive
Ahn	Hyeong Sik
Aja	Godwin
Alfirevic	Zarko
Altman	Doug
Antes	Gerd
Aronson	Jeffrey
Atallah	Alvaro
Bastian	Hilda
Becker	Lorne
Bell-Syer	Sally
Binder	Lucie
Bishop	Alina
Bonfill	Xavier
Burnand	Bernard
Burton	Martin
Cates	Christopher
Cepeda-Hodgson	Martha
Chalmers	Iain
Chalmers	Jan
Chandler	Jackie
Clarke	Mike
Clarkson	Jan
Collins	Rory
Craig	Jonathan
Cuervo	Luis Gabriel
Cumpston	Miranda
Davoli	Marina
Deeks	Jon
Dellavalle	Robert
Dickersin	Kay
Dooley	Gordon
Durieux	Pierre
Farquhar	Cindy
Filippini	Graziella
Foxlee	Ruth
Garner	Paul
Gøtzsche	Peter
Gray	Muir
Gregory	Daisy
Grimshaw	Jeremy

Guyatt	Gordon
Gyte	Gill
Haines	Andy
Henderson	Sonja
Herxheimer	Andrew
Hetherington	Jini
Higgins	Julian
Hill	Sophie
Hopewell	Sally
Jauca	Ciprian
Kayabu	Bonnix
Kleijnen	Jos
Langhorne	Peter
Lefebvre	Carol
Li	Youping
Liberati	Alessandro
Lumbiganon	Pisake
Mavergames	Christopher
McDonald	Steve
McDowell	Nicola
McIlwain	Catherine
Nabhan	Ashraf
Napoli	Maryann
Nasser	Mona
Noyes	Jane
Okebe	Joseph
Owens	Nancy
Pentesco-Gilbert	Deborah
Pérez Koehlmoos	Tracey
Ravaud	Philippe
Richter	Bernd
Ried	Juliane
Riis	Jacob
Rouse	Caroline
Salanti	Georgia
Sambunjak	Dario
Schaafsma	Mary-Ellen
Scholten	Robert
Simi	Silvana
Skoetz	Nicole
Soares-Weiser	Karla
Soll	Roger
Sriganesh	Vasumathi

Tharyan	Prathap
Thomas	Jessica
Tovey	David
Tristan	Mario
Tugwell	Peter
Urrutia	Gerard
Verbeek	Jos
Volmink	Jimmy
Walsh	Marilyn
Waters	Elizabeth
Weatherall	David
Whamond	Liz
Worthington	Helen
Zhang	Mingming

Appendix 2 - Preliminary video list

24 x 3-5-min videos will be released every other week starting in January 2013.

Tentative List of 24 videos (with final release order TBD):

1. 1993 – 2013: 20 Years of The Cochrane Collaboration (Last 20 Years: What the Collaboration changed and accomplished for health care. Background leading up to 1993 and changes seen since then.)
2. The Cochrane Collaboration in Low- and Middle-Income Countries (the Collaboration making a difference in LMICs.)
3. *Profile of a Cochrane contributor.*
4. First Colloquium in Oxford in 1993 (the excitement of the first meeting, who was there and what brought them there).
5. The early years of the Collaboration (How and why it grew, what obstacles were faced).
6. *Profile of Sir Iain Chalmers.*
7. Cochrane Reviews: What are they? Who writes them? What impact do they have? The sheer variety of them.
8. Authors: Meet the people who write the reviews: why did they decide to do it? How did it happen? What did they get out of it?
9. *Profile of a Cochrane contributor.*
10. Cochrane and consumers: How does the Collaboration support and draw consumers into its network?
11. Consumer perspective: Meet a cross-section of consumers from around the world. Why did they get involved with the Collaboration? How do they benefit?
12. *Profile of a Cochrane contributor.*
13. Methods: Why are they important? How are they evolving?
14. Training: How it happens and why it is important.
15. *Profile of a Cochrane contributor.*
16. Reviews – Challenges: What reviews can't do, how they could be better, and how they might improve in the future.
17. Technology/Distribution: From specialized software to Web 3.0 - how is the Collaboration reaching its audience?
18. *Profile of a Cochrane contributor.*
19. Network: How some of the early members were roped in through personal connections to outsized personalities and inspiring mentors.
20. Colloquium: A feeling for the excitement, energy, access and benefits of the annual gathering.
21. *Profile of a Cochrane contributor.*
22. Milestones for the Collaboration from 1993 to 2013.
23. Future: Next 20 Years - Challenges and potential for the Collaboration moving forward.
24. *Profile of a Cochrane contributor.*

This was the only nomination received for the Co-Chair position

Questions to be completed by candidates for election to position of Co-Chair of The Cochrane Collaboration Steering Group

Statement from: Jeremy Grimshaw

June 2012

1. Please describe how you first became involved in The Cochrane Collaboration and your subsequent contribution to its work.

I have been a member of The Cochrane Collaboration since 1993 when I was an invited participant to an exploratory meeting about reviews of patient, professional and organisational behaviour change interventions.

Editor of the Cochrane Collaboration on Effective Professional Practice review group (1994-1997)

Co-ordinating Editor of the Effective Practice and Organisation of Care (EPOC) review group (1997 – present) (Co Co-ordinating Editor since 2011)

Member of the Co-ordinating Editors Executive (2003 – 2010)

Director of the Canadian Cochrane Centre and Network (2004 – present)

Lead, Strategic Review of The Cochrane Collaboration (2008-9)

Co-Chair of the Steering Group (2010 - 2012)

2. Have you helped to prepare or bring into practice a Cochrane Review? If so, what was your involvement?

I am an author on nine completed Cochrane reviews

In addition, I have offered direct support to many EPOC authors (either as the contact or referee editor).

Under my leadership, the Canadian Cochrane Centre we have developed a knowledge translation program to promote uptake of Cochrane reviews by diverse stakeholders including:

- consumers (we have run regular consumer workshops and linked to national consumer organisations);
- professionals (we have links with all the major professional associations in Canada and have worked with many of them to develop innovative knowledge translation activities eg Cochrane corners for their websites, discipline specific webinars);
- policy makers (our Policy Liaison office has established a one stop evidence portal for policy makers healthsystemevidence.org and undertaken highly rated training activities for policy makers and analysts).

We have also been working for a national license for *The Cochrane Library* in Canada.

3. Please describe leadership roles that you have held within The Cochrane Collaboration and in other relevant contexts, with examples of successful leadership.

Within Cochrane:

Co-ordinating Editor of the Cochrane Effective Practice and Organisation of Care group - During my leadership we have supported 89 completed and 48 ongoing reviews working with over 600 review authors globally. We have moved the editorial base twice (from York to Aberdeen in 1997 and from Aberdeen to Ottawa in 2002). We have also established four satellites (Melbourne, Australia; Newcastle/Oxford, UK; Oslo, Norway, Paris, France) Our editorial team currently involves 12 editors. We have developed new methods (specifically relating to the inclusion of quasi experimental designs within EPOC reviews). We have received external contracts for additional work.

Member of the Co-ordinating Editors Executive – I was involved in the establishment of the Co-ordinating Editors Executive and the initiatives that led to the establishment of the Editorial Board and the Editor in Chief position.

Director of the Canadian Cochrane Centre and Network – We provide support for six review groups, three methods groups and one field. In addition, we have built relationships with 25 partner organisations and 18 regional sites. We have successfully bid for peer reviewed funding to support the Canadian entities in 2004 and 2010 (increasing our funding in 2010) – *uniquely we managed to secure funding for both methods groups and fields*. This has required significant work establishing relationships with stakeholder groups and funders across Canada. The Canadian Cochrane Centre has established innovation training and knowledge translation activities.

Lead, Strategic Review of The Cochrane Collaboration – We used an **engaged process** with members of The Cochrane Collaboration and external stakeholders to identify the current strengths and weakness and future opportunities/threats for the Collaboration. We conducted a series of dialogues that targeted specific internal or external stakeholders. For each dialogue we collected data using a variety of approaches (interviews, web based surveys) etc. We encourage broad input from all members of The Cochrane Collaboration and other stakeholders for each dialogue by using Web 2.0 technology to allow their feedback. In addition we used a variety of approaches to engage attendees at the Freiberg Colloquium.

The Strategic Review identified 26 recommendations which were accepted in full by the Steering Group of the Collaboration and are currently being implemented.

External to Cochrane

Director of the Clinical Epidemiology Program, Ottawa Hospital Research Institute (2002-2009) – This is an interdisciplinary research group currently including around 35 scientists. During my leadership, the group grew by 50%; I was involved in both securing funding from diverse partners for new scientists and recruiting a large number of individuals. I also worked with diverse stakeholders (the Ottawa Hospital Research Institute, The Ottawa Hospital, the Department of Medicine of the University of Ottawa and Faculty of Medicine of the University of Ottawa) to secure resources and approval for two major initiatives (the development of a formal Methods Centre and securing funding for a new building). These experiences demonstrate my ability to work with diverse stakeholders to create a shared vision and action plan (including securing resources) about key strategic developments.

Principal investigator, Knowledge Translation Canada – KT Canada is the first national network of knowledge translation researchers involving around 50 scientists from six centres. We are funded (\$10 million for research operating costs, \$3 million for infrastructure support) through a competitive research competition of the Canadian Institutes of Health Research and Canadian Foundation for Innovation (our application was ranked #1). We have since secured additional funding for a linked research training program. The Network is currently supporting 17 knowledge translation research projects. I was responsible for preparing the successful grant application and am responsible for the scientific and day-to-day management. This is seen as a key step in developing knowledge translation research as a distinct field of research in Canada and has attracted considerable international interest.

4. What experience do you have of committee work, both within The Cochrane Collaboration and nationally and internationally (particularly at the policy-setting level)?

I have extensive experience of international, national and local committee work. I provide some examples since 2002 of this below – I would be happy to provide an exhaustive list on request.

Within Cochrane

Co-ordinating Editors Executive 2004 – present

Editorial board 2006 – present

Centre Directors – 2004 - present

Member of Scientific Program Committee, XIV Cochrane Colloquium 2006

Member of Scientific Program Committee, XIII Cochrane Colloquium 2005.

External to Cochrane

Board member, Health Quality Ontario 2011 - ongoing
Member, Ontario Health Technology Assessment Committee 2010 – 2012
Member, Institute of Medicine's Committee on Standards for Systematic Reviews of Clinical Effectiveness Research Committee 2009 - 2011
Member, Canadian Academy of Health Sciences Standing Committee on Assessments, 2009 - ongoing
Member, External Working Group On The Registration And Disclosure Of Clinical Trial Information (EWG-CT), Health Canada, 2006
Member, Advisory Board for the Canadian Institutes of Health Research, Institute of Health Services and Policy Research; 2004 - 2009.
Editorial Advisory Board, Canadian Medical Association Journal 2007 to present
Editorial Board, Implementation Science 2005 to present
Co Editor in chief, Trials 2005 to present

5. What do you think would make you an effective Co-Chair of the Steering Group?

I believe six factors highlight why I would be an effective Co-Chair.

Commitment to the organisation - The Cochrane Collaboration has been a major part of my professional (and personal) life over the last eighteen years. I remain passionately committed to the underlying idea of the Collaboration. I remain amazed and energised by the commitment of individuals globally to the Collaboration and their collective efforts. I am standing for the Co-chair position as I want to contribute to global future of the Collaboration.

Understanding of the organisation - My longstanding involvement in Cochrane in different roles, provides me an appreciation of our unique ethos and how we have developed to date. My leadership of the Strategic Review broadened this through wide spread discussions and consultation with both internal and external stakeholders. I believe I have an unusual breadth of understanding of our organisation. The insight from the Strategic Review of the swarm and emergent nature of the Collaboration has significant implications for how we develop over the next decade to ensure ongoing innovation but also greater accountability within the organisation.

Demonstrated leadership abilities – I believe that leadership is about: developing a shared high level strategy and specific goals; tirelessly promoting the vision and goals of the organisation internally and externally; facilitating those within the organisation to maximise their potential and contribute to shared goals; and ensuring accountability of all individuals and groups for those goals. I believe that I demonstrated my leadership abilities in complex environments as Co-ordinating Editor of EPOC, Director of the Canadian Cochrane Centre, Co-Chair of the Steering Group and as Director of the Clinical Epidemiology Program. In these roles, I have demonstrated my abilities to formulate strategy with appropriate input from stakeholders, to develop internal and external support for strategic developments and to manage change to achieve key objectives. For example, we achieved or exceeded all of the targets of the Canadian Cochrane Centre and Network (2005-2010) which included all entities meeting their specific targets and the Canadian Cochrane Centre establishing innovative training, engagement and knowledge translation programs. The Canadian Cochrane Centre has developed relationships with 25 partner organisations (including key patient, professional and research groups) and 18 regional network sites. I have significant experience of participating in (and chairing) a broad range of Committees with very diverse membership.

Analytical strengths – I believe I have significant analytical skills. I like to consider a broad range of viewpoints and opinions before forming an opinion on an issue. I have demonstrated ability to analyse complex situations and formulate insights and strategy (the Strategic Review of the Collaboration is one example of this).

Participatory approach to strategy development – The Strategic Review was a substantial personal learning experience for me. Through it I have become convinced of the need for a participatory approach to strategy development in an organisation like The

Cochrane Collaboration. I believe that the multiple stakeholders represented within the Steering Group, the formation of entity/group specific Executives and greater use of Colloquia to discuss strategy provides enhanced opportunities for participatory strategy development to capitalise on the remarkable resources that members bring to the Collaboration.

Breadth of perspective – I believe I will bring a breadth of perspectives to the role. I trained as a family physician. For the last 20 years I have been a highly successful researcher based in both the UK and Canada focussing on knowledge translation to support better use of evidence by healthcare professionals and systems. I have held senior research management positions. I have been consulted by and interacted with a diverse range of stakeholders including healthcare professionals, healthcare professional associations, healthcare managers and policy makers and health research funders. I have lived and worked in two different countries which provides an interesting perspective and understanding of international similarities and differences. All of these experiences have shaped my perspective.

6. Acting as Co-Chair of the Steering Group requires a consultative approach to decision-making. Please illustrate how you would do this.

When making decisions, it is important to hear the views of all relevant stakeholders especially those most closely implicated in any likely decision. The Steering Group and the Entity Executives provide a vehicle for formally seeking the views of key groups within the Collaboration.

My general preference is to achieve consensus within the organisation but this is not always possible in which case I believe the role of the Co Chair is to weigh up the options and come to an appropriate course of action.

I think we also need to explore ways to engage with the wider membership of the Collaboration on a regular basis and to explore ways to using the Colloquia and Web 2.0 technologies more effectively to achieve this.

7. How do you see The Cochrane Collaboration and/or the Steering Group developing or changing in the future (i.e. what is your 'vision'), and why?

The Cochrane Collaboration has achieved much during its first 18 years. However I worry that we are still relatively fragile and need careful stewardship of the organisation over the next 5-10 years to ensure that we remain relevant to a broad range of stakeholders globally.

I believe that The Cochrane Collaboration needs to evolve carefully. We need to ensure that we maintain our core values and meet our core objectives alongside any new developments.

My priorities for the next decade build upon the findings of the Strategic Review and include:

- **Enhancing the coverage, quality and impact of Cochrane Reviews** – The Strategic Review confirmed that the primary purpose of The Cochrane Collaboration is to produce high quality up-to-date systematic reviews. Over the next decade we need to continue to enhance the coverage and quality of Cochrane reviews; this will require a commitment to assuring the process of review production and the quality of the resulting reviews. The establishment of the Editorial Board alongside the appointment of the Editor in Chief are major initiatives that are beginning to address these issues. In addition, the establishment of the Methods Board and the Methods Application and Review Standards Working Group will ensure appropriate methodological innovation coupled with implementation plans. It is important that we develop appropriate accountability mechanisms to ensure consistency across the Collaboration. We need to consider how we maximise the impact of Cochrane reviews likely through

diversification of Cochrane products targeting different groups and external partnerships.

- **Ensuring the global reach of The Cochrane Collaboration** – the Collaboration currently involves over 30,000 individuals from over 100 countries. This is a remarkable feat, nevertheless our footprint is still predominantly in the developed world (for example 9 of 14 Centres are in Europe or North America, all (but one) review groups are based in developed country settings). We need to explore ways of truly enhancing the global reach of the Collaboration by increasing the number and geographic spread of Centres and branches, engaging more editors and establishing review group editorial bases or satellites in low and middle income countries, addressing language barrier issues through translation of Cochrane reviews and documents and language support mechanisms. We need to continue to explore effective ways of engaging various stakeholder groups. For example, The Cochrane Collaboration has been at the forefront of engagement with consumers and this has enriched our product and Collaboration. These initiatives need further fostering and support.
- **Promoting the benefits of The Cochrane Collaboration more widely** – One issue that came through during our consultations for the Strategic Review is that the Collaboration has not done a great job at fully articulating the value of itself and promoting that to the outside world. This was one of the reasons that it was important to articulate secondary purposes (training, methods development and advocacy for evidence-based decision-making). I believe that we need to find new ways to communicate the full value of The Cochrane Collaboration to diverse stakeholder groups (recognising that some groups might be more interested in some of our secondary rather than primary purposes). We will likely need multiple channels to communicate to different audiences.
- **Engaging with External Stakeholders** – I believe The Cochrane Collaboration has done a poor job at engaging with external stakeholders. For example, at present we do not have an Advisory Board for the Collaboration as a whole (despite requiring these for Centres for example). This leads to the perspective (articulated by external stakeholders during the Strategic Review) that the Collaboration is not interested in or responsive to external views. Further better engagement with external stakeholders, eg through the formulation of an Advisory Board, would develop external advocates for The Cochrane Collaboration.
- **Ensuring the ongoing financial viability of The Cochrane Collaboration** – The Cochrane Collaboration has been remarkably successful at securing public funding to support its infrastructure. Our relationship with Wiley has brought additional funding into the Collaboration that has contributed to our global infrastructure and strategic developments. Nevertheless our funding model has largely been unchanged for the last 16 years (eg 1, most review groups continue to work with two staff members despite the fact that the number of reviews that they manage has dramatically increased in the last 16 years, eg 2 most methods groups and fields have little or no funding). I believe that The Cochrane Collaboration could be more impactful if it had more resources and believe that we need to explore opportunities for new funding from diverse sources. This needs to be a collaborative effort between the Steering Group, the Executive branch and the entities to try to lever global and local influence. I believe that the value argument will be easier to articulate (and will likely be more successful) if we achieve the above objectives.
- **Organisational renewal** - The unencumbered funds that we receive as royalties allow us the opportunity to provide central infrastructure to support the work of the Collaboration. We currently have a number of core infrastructure teams including the Central Organisational Unit, Central Editorial Unit, IMS team, Web Team and Consumer, Methods, Training and Marketing and Communications co-ordinators. These core infrastructures underpin the global work of the Collaboration. We have made amazing progress in the last 5 years at enhancing the funding for these infrastructures and have seen the benefits of doing so. Nevertheless we need to further

develop and enhance our core infrastructures to ensure that we are fit for purpose in the next 5-10 years. A key role for the CCSG (and its Co-Chairs and Senior Officers) is to optimise the central infrastructure within the available resources. I envision significant investment into the Central Operations Unit over the next three years. There also remain a number of policies and processes that need review including for example, policies around election of CCSG members.

I believe that too often we get bogged down in day-to-day operational issues. It is remarkable that the Strategic Review was the first review of the whole Collaboration since its inception. I believe that we need to ensure that strategy formulation and implementation is an ongoing responsibility of the Steering Group. We then need to hold the relevant entities and individuals within the Collaboration accountable for successful implementation.

8. As Co-Chair, you would be expected to solve problems and resolve conflicts. How would you approach this aspect of the role?

I think resolving conflicts requires a slightly different approach. My experience is that conflicts can arise for a variety of reasons including poor communication, a lack of understanding of the other parties' position, genuine disagreements about the best course of action and competing demands. It is important to understand the potential sources of the conflict. My initial step is to discuss the issue separately with the two (or more) parties to try to understand the source of the conflict usually followed by a joint meeting to discuss the source of conflict and hopefully resolve the issue. My experience is that many apparent conflicts can be resolved by good, open communication. Inevitably this is not always the case and in these circumstances, the role of the co Chair is to try to find a resolution that best meets the needs of the organisation and its members.

9. In the role of Co-Chair, you would be expected to represent the Collaboration in a variety of settings; have you any experience of this or similar representation? In this context, please illustrate your ability to communicate successfully with a range of audiences.

I have a broad range of experience of representing The Cochrane Collaboration to diverse stakeholder audiences. I have frequently made formal scientific presentation describing the work of the Cochrane Collaboration. I have also made presentations to a wide variety of organisations. The Canadian Cochrane Centre has formal partnerships with 25 partner professional, consumer and research organisations; over the last seven years, we have met with the leadership of many of these partners. As the Director of the Canadian Cochrane Centre, I have also presented to national and provincial funding bodies; for example, during the last seven years I have presented to all most all of the Institute Advisory Boards of the Canadian Institutes of Health Research and the National Association of Provincial Health Research Organisations (a partnership of provincial funders). I have also met with senior officials from healthcare organisations and funders globally; for example during the Strategic Review, I interacted with senior representatives of funders from Australia, Canada, UK and USA. I have participated in several high level policy dialogues in Ontario and the European Union. I was the only non US member of an IOM Committee for standards on systematic reviews.

10. For individuals seeking re-election as Co-Chair: What do you think you have contributed to the work of the Steering Group during your previous two-year term of office?

The last two years have been an exciting time for the Collaboration and I have enjoyed the challenge of Co-chairing the Steering Group. I have learnt more about our remarkable organisation and contributors and the high regard that others have for us. Chairing the Steering Group especially during a period of change, requires considerable time and energy. We have continued with the implementation of key recommendations of the Strategic Review. In addition, I have led the working groups co-ordinating the 2013 Celebratory Activities and developing the Cochrane Academy concept developed at the

Strategic Session in Split. I have been a member of the Future Publishing Arrangements Project Board. Further following the departure of Nick Royle at the beginning of 2013, the Co-Chairs are leading the process to appoint a replacement CEO.

I confirm that I wish to stand for election to the position of Co-Chair of The Cochrane Collaboration Steering Group and that, if elected, I would be able and willing to commit the necessary time and attention to the role.

Signed:

A handwritten signature in black ink, appearing to read 'J Grimshaw', written in a cursive style.



26 June 2012

Statement in support of Jeremy Grimshaw's nomination for Co-Chair of the Cochrane Collaboration Steering Group

I have known Jeremy since I first became involved in the Collaboration in 1995. We have worked together on Centre issues for many years, and more recently on the Steering Group during Jeremy's first term as co-chair. Jeremy is also a valued collaborator on several implementation research projects at the Australasian Cochrane Centre, giving generously of his time to these and other activities in support of the Centre.

It's clear from the many leadership roles Jeremy has had that he cares passionately about the Collaboration and is committed to its aims and ideals. His leadership credentials were firmly established during the Strategic Review of 2008-09. Since that time, Jeremy has been a strong advocate of the need for the Collaboration to be more outward-looking and responsive to its users. The unprecedented change of recent years has called for strong leadership but also leadership that is sensitive to preserving the ethos of the Collaboration. Jeremy has provided both these kinds of leadership. His careful and considered approach to decision making has been a key feature of his first term as co-chair, and despite some challenging issues during a period of rapid organisational evolution, he been part of a formidable leadership team that is setting the Collaboration on a more certain path to long term health and sustainability.

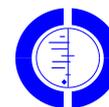
In spite of his seniority and responsibilities, Jeremy remains one of the most approachable members of the Collaboration. He is a great listener, consults widely and is open to being challenged in his thinking – aspects which characterise his chairing of Steering Group meetings and consideration of Collaboration business.

Jeremy's down to earth temperament, sense of humour and ability to stand back and reflect are highly valued strengths that he brings to his co-chair role and make it a rewarding experience to be part of the Steering Group. I wholeheartedly support Jeremy's nomination for a second term as co-chair.

A handwritten signature in black ink, appearing to read "Steve McDonald".

Steve McDonald
Co-Director, Australasian Cochrane Centre
Member, Cochrane Collaboration Steering Group





The Cochrane Depression, Anxiety and Neurosis Group
School of Social and Community Medicine, University of Bristol
Oakfield House, Oakfield Grove, Bristol, BS8 2BN

29 June 2012

Nomination of Jeremy Grimshaw for Co-Chair of the Cochrane Collaboration Steering Group

I wish to nominate Professor Jeremy Grimshaw for a second term as Co-Chair of the Cochrane Collaboration Steering Group.

I have known Jeremy since 1996 and worked extensively with him, initially as a Coordinating Editor and as a member of the Coordinating Editors' executive group, as well as on shared methodological interests, and more recently as part of Steering Group.

Jeremy's extensive knowledge of, and experience in the Collaboration account for the mature and insightful leadership he has brought to the role during his first term as co-Chair. He has been pivotal in linking groups and activities within the organisation, as well as building strong collaborations and partnerships with external groups and agencies. His commitment to ensuring the quality, independence and relevance of the work of the Collaboration remains prominent. He is one of the most inclusive and collaborative people I know, always willing to address difficult issues without delay, and able to take account of a variety of perspectives and views in his decision-making.

Jeremy's ability to think strategically is a particular strength in a rapidly changing organisation, and I believe him to be an ideal person to provide leadership to the Collaboration as the demands to meet internal and external challenges increase. I have no doubt that Jeremy would continue to add immense value as a Co-Chair of the Steering Group once appointed to a second term and I fully support his election to a second term as Co-Chair.

A handwritten signature in black ink, appearing to read "Rachel Churchill".

Rachel Churchill
Member, Cochrane Collaboration Steering Group
Coordinating Editor, Depression, Anxiety and Neurosis Review Group

MRC Biostatistics Unit
Institute of Public Health
Robinson Way
Cambridge CB2 0SR

Tel: +44 1223 330 396
Fax: +44 1223 330 388
email: julian.higgins@mrc-bsu.cam.ac.uk

27 June 2012

Statement of support for Professor Jeremy Grimshaw

To whom it may concern:

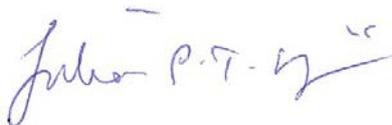
I wish to nominate Jeremy Grimshaw for the role of Co-Chair of the Cochrane Collaboration Steering Group (CCSG).

I have known Jeremy as a co-contributor to the Collaboration since 1999 or perhaps earlier. Our interactions have been numerous over the years, although our closest working has been as a result of our both being members of CCSG since he joined as Co-Chair in 2010.

Jeremy has demonstrated a wide-ranging commitment to The Cochrane Collaboration, with multiple roles as a Co-ordinating Editor, a Centre Director and a review author, and he also has a strong interest in methodology. His leadership of the Strategic Review was one of the most significant contributions to the Collaboration in recent years. The Collaboration is undoubtedly benefitting in many ways from initiatives that have been inspired by the Strategic Review. In his first two years as Co-Chair, Jeremy has overseen the implementation of further recommendations from this review. He has dedicated considerable time and energy to the role of Co-Chair, working beyond the call of duty particularly while we have been without a Chief Executive Officer.

Jeremy is an effective chair. He has a vision for the Collaboration, and demonstrates determination to realise it. Combined with a willingness to listen to other perspectives, this makes him a highly appropriate candidate for the role. I have no hesitation in recommending that Jeremy be appointed for a second term as Co-Chair of the CCSG.

Yours sincerely,



Julian PT Higgins
Methods Groups Representative, Cochrane Collaboration Steering Group