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**Minutes of Cochrane's Steering Group (CSG)
Teleconference - Wednesday 20th August 2014
(Approved 29 10 2014)**

<p>Agenda Item</p>	<p>Present: Jeremy Grimshaw (Co-Chair), Sally Bell-Syer, Rachel Churchill, Michelle Fiander, Anne Lyddiatt, Mona Nasser, Mary Ellen Schaafsma, Denise Thomson and Mingming Zhang.</p> <p>Mark Wilson (Chief Executive Officer), David Tovey (Editor in Chief), Chris Champion (Senior Advisor to the CEO), Claire Allen (Manager, Governance & Membership Support), Lorna McAlley (Executive PA, minutes)</p>
<p>1.</p>	<p>Welcomes, Apologies, Declarations of Interest, and Approval of the Agenda</p> <p>Jeremy welcomed everyone to the call. Apologies had been received from Holger Schünemann, Lisa Bero, Marina Davoli and Steve McDonald. Chris Champion identified a declaration of interest regarding Item 6 (CAST) and would leave the teleconference for this item. Michelle Fiander identified a declaration of interest regarding Item 7 (TSC Support Team) as she had co-authored the proposal.</p>
<p>2.</p>	<p>CEO's report.</p> <p>Mark gave a brief update on the progress being made on the <i>Strategy to 2020</i> targets. The only significant change since his last update was in regard to delivery deadlines for target 2.1 (User experience review and framework) as development in this area had been taking longer than anticipated, given the size of the task.</p> <p>Mark reported that the audit process for the 2013-14 accounts had been completed, and we are now awaiting the final sign off from our auditors. He gave an overview of the figures: total income was as forecast in May (£4.47 million) expenditure was below forecast (£3.2 million) and therefore an operational surplus of £1.2 million would be carried over into Cochrane's reserves, which were standing at £6.8 million at the end of March 2014. He would circulate a draft of the Trustees Report and Financial Statements to the CSG by 22nd August. He requested that any comments or queries from CSG members are provided by 2nd September, to enable the report to be adjusted if needed. The final version of the report would be sent out with the other Annual General Meeting (AGM) documentation on 4th September, as per the legal requirements for circulation 21 days ahead of the AGM.</p> <p>He also reported on sales income for the first six months of 2014. Sales had been strong, but showed a slight fall compared to last year's sales figures, which had been the highest ever. Mark noted that usage figures had been very strong, with an increase of over 9% in PDF downloads and visits to <i>The Cochrane Library</i>.</p> <p>Mark provided a brief update on the 'Game Changers' initiative and explained that the Game Changers Project Board would meet by teleconference on 2nd and 10th September to assess the three Game Changers project proposals that the Board had asked to be developed from the 39 bids received. A report from the Game Changers Project Board, which would potentially include a recommendation for the CSG's consideration at their meeting in Hyderabad, would be circulated as soon as possible after 10th September.</p> <p>Jeremy noted that Mary Ellen would be leaving Cochrane to take on a senior position in a major charity in British Columbia, and would therefore be stepping down from both her position on the CSG and as Treasurer. He explained that Mary Ellen had agreed to review all the accounts and proposed financial statements and provide reassurance to the CSG that she is comfortable with them. The CSG agreed that a</p>

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	<p>new Treasurer would not be required to be elected ahead of the AGM. The newly-elected CSG will discuss and identify a replacement Treasurer for the CSG during their meeting on 27th September in Hyderabad. Jeremy or Lisa would present the organisation's accounts at the AGM, with support from Mark and Hugh.</p>
	<p>ACTION: CSG to review the Trustees' report and provide any feedback to Mark/Hugh by 02 September.</p>
3.	<p>EiC's report.</p> <p>David briefly reported that the on-going conflict of interest (COI) audit work continued to impact on the CEU staff's workload. He also reported a blip in the August Key Performance Indicators (KPIs) from Wiley, as <i>The Cochrane Library</i> website was down for longer than the allowed monthly threshold. This was due to a technological failure with Wiley. Wiley have accepted culpability for this fault and will receive a financial penalty.</p> <p>David elaborated on the impact of the COI work on the CEU team. He explained that work to date had focussed wholly on protocols and, therefore, catching issues pre-publication of reviews. The majority of the work was arising from individuals coming back to the CEU with queries and comments which would often require several further emails back and forth to resolve. David agreed that further consideration of how to manage COI occurrences in relation to Cochrane Reviews would be needed.</p>
4	<p>Board Development Day (September 20th) - Planning update.</p> <p>Denise outlined the plans for the development day. Mary Ellen, Anne, Lisa and Denise had reviewed the various consultancy proposals received and had selected a proposal from Ivey Business School (based in Ontario, Canada). Annie Tobias had been chosen as the preferred facilitator. Following discussions with the CSG team, Claire had sent out the governance survey for CSG members to complete in advance of the development day. A high level summary of feedback from the survey would be provided to Annie. No questions were raised. Jeremy thanked Denise and Mary Ellen for having taken on the responsibility of inducting new CSG members.</p>
	<p>ACTION: CSG to complete governance surveys and return to Claire Allen by 1st September.</p>
5.	<p>Co-Chair selection.</p> <p>Jeremy informed the CSG that one application for the Co-Chair position had been received, from Cindy Farquhar. Cindy's application was supported by letters from Rachel, Steve and Mark Jeffery (Co-Director of the New Zealand branch, Australasian Cochrane Centre). Jeremy asked for any additional comments from Rachel in support of Cindy's nomination. Rachel added that Cindy has had a wealth of experience through her involvement in different stages of the organisation's development and in many leadership roles and that her persistence, knowledge and experience would be enormously helpful to Cochrane.</p> <p>Lisa had spoken with Jeremy about Cindy's nomination prior to this teleconference and confirmed her support and that she had a high level of confidence in the nomination. The CSG members present were asked to vote on the nomination and gave unanimous support. No comments had been received from absentees.</p>

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	<p>Jeremy explained that if the incoming Co-Chair was an existing member of the CSG then it would not be required to seek approval at the AGM to be accepted in post. However, given that Cindy is not a CSG member (as with Lisa and Jeremy before her), although the CSG can decide that they would like to elect Cindy as the CSG Co-Chair, approval must be sought at the AGM for Cindy to join the CSG.</p>
	<p>DECISION: The CSG elected Cindy Farquhar to be the incoming Co-Chair of the Cochrane Steering Group, subject to her confirmation as a member of the CSG by Cochrane’s members at the AGM in September.</p>
	<p>Mark explained that Cindy would be put forward as a CSG member in the documentation circulated ahead of the AGM and would attend the CSG meeting on 27th September. He also informed the CSG that Cindy had asked that – if approved – as Co-Chair she would need a day of her time spent on Cochrane business to be reimbursed by Cochrane. Mark would now begin negotiations with the University of Auckland on this; and he reminded the CSG that Mary Ellen currently holds the position of Chair of the Co-Chair Remuneration Working Group and that Marina was the second CSG member position on the Working Group and therefore both positions would need to be reassigned. He asked the CSG members to give this consideration.</p> <p>Jeremy added that Cindy would join the CSG for their governance development day and that he looked forward to her joining as Co-Chair. Jeremy expressed great confidence that Cindy and Lisa would work well together and help the organisation over the next 2-4 years.</p>
	<p>ACTION: Mark to contact Cindy Farquhar’s university to establish remuneration terms.</p>
	<p>ACTION: Mark, Lisa and Jeremy to create a list of positions to be filled, for discussion in Hyderabad (including members for the HR panel, the Co-Chair panel and the Treasurer position).</p>
6.	<p>Cochrane Author Support Tool (CAST).</p> <p><i>Chris Champion left the teleconference for this item and Claire Allen left for the remainder of the teleconference.</i></p> <p>Jeremy gave the background on the proposal to develop a front end Cochrane Author Support Tool (CAST) to assist authors with screening search results and to help with data extraction. The establishment of CAST was an important <i>Strategy to 2020</i> target for the year. He clarified that the CSG were not being asked to approve the proposed budget but to reach agreement for the IKMD and CEU to work with the proposed suppliers to provide a fully-costed proposal. The CSG were asked to suggest any aspects that they would like to see further developed or clarified in the final proposal to be presented to the CSG for discussion during their meeting in Hyderabad.</p> <p>David had circulated a document including additional information ahead of this teleconference. He explained that all other professional systematic review producers have a system for supporting their authors, as this helps them to be more efficient. Cochrane does not currently provide such a system and this support is performed in many different ways across the organisation. It had been agreed that the market should be assessed to see whether it would be feasible to develop an author support tool. David guided the CSG through the objectives of the CAST.</p> <p>An RFP process had taken place, followed by interviews with the bidders. The CAST panel had unanimously identified a preferred provider and recommended that Cochrane should work in partnership with them to develop the CAST. It was recognised that some Cochrane authors would want to use tools that they are</p>

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	<p>already familiar with, and interact with Cochrane systems such as RevMan and CRS. The CAST panel and SMT propose to initiate discussions with a second provider about how to develop advanced APIs between the provider and the Cochrane software, including the CAST.</p> <p>The CSG discussed the CAST recommendation at length. They agreed that it was crucial for authors to be engaged during the design and development stages of the CAST to ensure that the product meets user needs. The CSG agreed that the preferred provider should be requested to provide information on how they would engage users in the development of the software.</p> <p>Jeremy noted that the CAST is a potentially substantial additional expense that was not included in this year’s budget. He asked Mark what the financial implications would be and how the costs would be accommodated. Mark explained this would involve a one off capital investment. The expense could be incorporated within this year’s budget or by drawing on our financial reserves, but either method would make very little difference to Cochrane’s underlying financial position. Mark explained he had some reservations regarding ongoing future costs. He noted the CSG would decide whether the figures in the final proposal would be sustainable over time, but added that he believed the proposal to be affordable and that the costs could be incorporated into future CET budgets. David confirmed that a substantial roll out of the CAST would occur in January 2015 (subject to the CSG’s approval).</p> <p>There was general agreement amongst the CSG that the CAST should be developed to include seamless interaction with the CRS and RevMan. The potential for commercial or investment opportunities that the CAST may provide for Cochrane was also noted.</p> <p>Jeremy summarised the discussion and asked the CSG to confirm they would be comfortable for the relevant members of the CET to discuss with the providers the potential for collaboration between the successful bidders, and develop a proposal(s) for consideration in Hyderabad, which would include a high level of detail and additional information, as discussed, to allow the CSG to make an informed decision.</p>
	<p>DECISION: The CSG agreed for Chris, Ruth, Hugh and David to work with CAST bidders on a fully developed and costed proposal(s) for discussion at the CSG’s meeting in Hyderabad.</p>
	<p>ACTION: Chris, Ruth, Hugh and David to work with CAST bidders on a fully developed and costed proposal(s) for discussion at the CSG’s meeting in Hyderabad.</p>
<p>7.</p>	<p>TSC Support Team.</p> <p>Michelle gave background to the proposal, which requests the CSG’s approval for the formation of a dedicated TSC Support Team (TSC ST) team to provide guidance to TSCs on all aspects of TSC work, with the objective of increasing consistency of service levels and methods. The paper proposed five part-time posts, each working one day per week (totalling 1.0 FTE), and would include a co-ordinator position that could be shared or rotated.</p> <p>The CSG discussed the proposal at length. Although strong support was shown for the function of a TSC Support Team, concerns over the structure of the team, the team’s deliverables and lines of management accountability were raised. Jeremy commented that two distinct functions (CRS and TSC support) appeared to be merged in the proposal and questioned whether it would be fair to expect the same individuals to perform both functions.</p>

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	<p>Michelle appreciated the comments made and responded to them. She explained that induction and mentoring has previously been provided for new TSCs only and that one aspect of the proposal is to increase capacity to provide more on-going support for experienced TSCs, which had not previously been available across the organisation. Michelle stated that on-going need for CRS support continued to exist. With regard to the team's structure, Michelle stated she was willing to discuss this further and work out a solution so that the proposal may move forward.</p> <p>The CSG members present requested a further iteration of the proposal. Sally offered to provide input for the revised paper and suggested that Miranda Cumpston's involvement, as Training Co-ordinator, would be very helpful.</p>
	<p>DECISION: A further proposal for the TSC Support Team would be produced for the CSG's consideration at its meeting in Hyderabad. David, Sally, Miranda Cumpston and Ruth Foxlee would contribute to the paper.</p>
	<p>ACTION: Lorna to add TSC Support Team to the CSG's Hyderabad meeting agenda.</p>
8.	<p>Draft Cochrane Dashboard.</p> <p>The CSG were requested to review the dashboard and send comments to Mark as soon as possible as the dashboard would be circulated as a supporting paper in the CSG agenda pack on 5th September. Jeremy noted that this was 'version 1' and that the dashboard would change over time.</p>
	<p>ACTION: CSG to provide feedback on the draft dashboard to Mark, ASAP (final version to be circulated with the CSG agenda on 5th September).</p>
9.	<p>Risk Management Report</p> <p>Jeremy noted this was an extremely important document for CSG to consider. He suggested the CSG goes through the document section by section. This item was therefore deferred for discussion at the CSG's meeting in Hyderabad, due to time constraints.</p>
10.	<p>Update on office move to London.</p> <p>This item was deferred for discussion at the CSG's meeting in Hyderabad, due to time constraints.</p>
11.	<p>Matters arising from minutes of CCSG teleconference on 14 May not appearing elsewhere on this agenda.</p> <p>This item was deferred for discussion at the CSG's meeting in Hyderabad, due to time constraints.</p>
12.	<p>Any Other Business.</p> <p>Mary Ellen said how much she had enjoyed working with everyone on the CSG. Jeremy thanked Mary Ellen for her significant contribution to the CSG and the various sub groups/committees she had worked on.</p>

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Statement from: Cynthia (Cindy) Margaret Farquhar August 2014

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

My undergraduate training was completed at the University of Auckland in 1982. In 1986 I was successful at the membership examination in O&G in the UK and then had a three year research lectureship at the University of London until 1989. I was appointed in 1989 as a part time senior lecturer in O&G at the University of Auckland. I was awarded a Doctor of Medicine (research degree) in 1991.

In 1993 I attended the RCOG conference in Hong Kong where I heard a presentation on systematic reviews by Dr Richard Johanson. He mentioned that the Cochrane Collaboration was being established with the aim of preparing systematic reviews on all aspects of health care. As a result I approached Iain Chalmers at the UK Cochrane Centre (UKCC) about undertaking a review of treatments for endometriosis. He suggested that we try and meet up and we did this in 1994 when I was in the United Kingdom for a post-graduate course. When I met Iain Chalmers he asked me to consider leading the Cochrane reviews on menstrual disorders! That was a real surprise and a bit overwhelming. As a result I applied for some funding to work at the UKCC and in 1995 I spent 4 months in Oxford. During that time I undertook training in protocol and review preparation, I held 2 exploratory meetings for the Menstrual Disorders Group with 30 or so attendees and I prepared the submission to become a registered CRG. We were registered in 1995, but it was a challenge to find any funding in New Zealand. After 9 unsuccessful funding applications I was able to secure enough funding from my hospital manager for one year and the Menstrual Disorders CRG was finally launched in May 1996. Professor Chris Silagy and Professor Mont Liggins were both at the launch which it a very special event. We were the 19th group to be registered.

In 1996 we were able to employ a review group coordinator (now called a managing editor) and a trial search coordinator. In 1997, the Cochrane Subfertility Group had lost their funding and leadership and Iain Chalmers suggested that we merge. We agreed and were able to renew our funding and secure an increase because of this additional work.

Since that time our group has maintained steady activity. We are the 5th most productive group in the collaboration although our impact factor is in the middle of the range (4.65). We work with 27 editors and over 800 authors with many from developing countries.

In 1996 I was nominated to be a member of the Steering Group and I served for two years from 1996 to 1998. I only served for 2 years as a new SG had just been formed and in order to establish a rotation off we all drew straws to see how long we would stay on. I drew 2 years. During that time we registered over 20 new CRGs and we were also establishing our governance systems. It was a very busy time and funding was by no means secure.

In 2003, along with Dr Mark Jeffery as my co-director, the New Zealand Cochrane Branch of the Australasian Cochrane Centre was established. We are funded to provide training and support to all Cochrane authors as well as raise awareness of the CC and Cochrane Library in New Zealand. In 2004 we successfully negotiated for a national licence for New Zealand (funded jointly by the Ministry of Health, Accident Compensation Commission, PHARMAC). It has been renewed several times since. We hold two to three workshops a year and since 2008 we have had 528 attendees.

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My other roles in the Collaboration are listed in item 3 below.

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

I have been involved in the preparation of 43 Cochrane reviews and I am the primary author on 6 of them. I have been involved in all stages of reviews.

I have also co-authored two large overviews of Cochrane reviews – one including 54 reviews of assisted reproduction technology and the other an overview of 17 reviews of endometriosis.

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

- Member of the Co-eds executive of the Co-ordinating Editors Group from 2005 to 2008, then 2011 to current. I have been a strong supporter of the direction of the CEU with regards to MECIR, prepublication screening and updating.
- Member of the Cochrane Library Oversight Committee from 2010 – 2013
- Member of the Funding Arbitration Committee from 2009 – current (Chair since 2013). This is a challenging role which will be made easier by the clarifications in the new policy adopted in 2014.
- Chairman of the 20th Cochrane Colloquium in 2012. Auckland, New Zealand. This was a successful meeting with only 9 months preparation time.
- Steering Group member 1996-1998. This was the first elected SG and I was a member of the registration sub-committee. In this role I chaired some of the AGM and the coeds meetings.
- Member of the Chris Silagy Prize Committee 2008.
- Chairman of the Bill Silverman Prize Committee in 2009 and 2010.
- Winner of the Anne Anderson Award – one criteria is leadership

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

Please see above for Cochrane roles.

In New Zealand I have chaired three national committees for the Ministry of Health and Health Safety and Quality Commission.

- In 2005 I was appointed as the inaugural chair of the Perinatal and Maternal Mortality Review Committee. We established national reporting of perinatal and maternal mortality in New Zealand and have reported annually since 2007. My appointment ended in 2013 although I continue as an advisor to the National coordination services.
- In 2006 I was elected as the chair of the New Zealand Guidelines Group. I had sat on the board from 2001. The NZGG was an incorporated society and was funded by the Ministry of Health. My term finished in 2009. We had an annual budget of approximately \$3M depending on the contracts from the Ministry of Health. In 2012 the NZGG was wound up as funders from the Ministry of Health and other organisations changed focus.
- In 2009 I was asked to chair the Pandemic Influenza Mortality Review Committee. The purpose was to review all deaths from H1N1 in 2009 and 2010. Two reports were produced.
- In 2009 -2010 I chaired a primary care initiative to improved coordination between primary and secondary care services in the greater Auckland region. The initiative was known as GAIHN (Greater Auckland Integrated Health Network) and until 2014 I have remained involved as a clinical adviser.

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- I have chaired several national guideline development teams and in 2013 I lead the project for developing guidelines for Diabetes in Pregnancy.
5. What do you think would make you an effective Co-Chair of the Steering Group?
- My knowledge of the Cochrane Collaboration and its many varied entities
 - My previous experience as a SG member
 - My understanding of systematic review production and publication in the Cochrane Library
 - My governance experience in leading and chairing boards and teams such as the New Zealand Guidelines Group and the Perinatal and Maternal Mortality Review Committee.
 - I have undertaken the specific training for directors (Institute of Directors, NZ) and have had an opportunity to observe both good and bad governance practice
 - My experience conducting consultations with the diverse participants in the CC
 - My commitment to the collaboration and its vision
6. Acting as Co-Chair of the Steering Group requires a consultative approach to decision-making. Please illustrate how you would do this.

I consider that the Cochrane Collaboration is advanced in its approach to consultation in comparison to many organisations, such as medical colleges, that I am also involved with. Fortunately, the majority of the guideline team and boards I have chaired have included an appropriate range of stakeholders including health practitioners, policy makers and consumers. Whilst the CC has a culture of consultation but it is also a large and complex organisation with many different groups, some of whom feel that more could be done. We always need to keep this in mind as we work together. I recognize that after all views are considered, compromise may be necessary and this may leave some people unhappy. We have had recent experience of this with the revision of the commercial sponsorship policy. Despite compromise, we now have a stronger, clearer and more workable policy.

With regard to decision making during meetings, I would seek to ensure that all voices are given an opportunity to raise their concerns. I prefer to avoid voting during meetings and believe that a well conducted and chaired discussion should lead to a consensus view.

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?

My vision is not that different from 20 years ago when I first became involved. "An independent and reliable evidence based source of health evidence that can be used in everyday clinical practice".

However, the pathway to delivering the vision has changed. There are many non-Cochrane individuals and organisations that have upskilled in the methodology of systematic reviews and evidence compilation. We have vigorous competition. I relish the competition as it will sharpen our activities and productivity! I still believe that we need to be the very best in systematic review production.

So my vision is to continue with the main objective – best evidence into practice – but at the same time continuing to seek improvements in what we are producing and to embrace all the opportunities to move evidence into different formats and platforms. We have been discussing this

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for years but establishing the relationships and partnerships for this are not straightforward. My hope is that some of the new developments may lead us into new avenues for better translation.

We are not the organisation that we were 20 years ago. We have grown to be a very large global organisation with a lot of good will but also an increasingly complex funding structure. Changes in the collaboration include the formation of Editorial Boards, different executives and the Editorial Unit. Furthermore the 2020 strategy and other important initiatives such as the Structure and Function Project, the Game Changer projects, the Cochrane Author Support Tool, and the expansion of the CET have created uncertainties and challenges of consistency and coherence. Cochrane has a unique 'brand' that we must protect and enhance. We have set ourselves many challenges but we need to be ambitious and creative. My vision is to develop all these initiatives whilst maintaining our main focus of publishing Cochrane reviews of the very highest standard.

The new CCSG will have many new members who will need to learn to work together. In addition, the Central Executive Team has expanded considerably over the past 12-24 months and there are many governance and oversight challenges for the new CCSG. These include accountability and decision making processes around the various funds available to the collaboration.

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

The Cochrane Collaboration has very many strong and capable individuals who are passionate and committed and it is not surprising that conflicts will arise. I would hope that the problems and tensions that come to the Steering Group and the co-chairs would have first been raised at the entity level and solutions explored and tested. There are processes in place that should be followed before coming to the co-Chairs.

When being asked to solve problems and resolve conflicts, I would want to ensure I have all the information available before seeking advice from others in the collaboration – the collective wisdom of the Collaboration should not be underestimated. I would always speak directly with those involved by teleconference or ideally a face to face meetings. I would expect everyone involved to consider the best interests of the CC as well as making sure that natural justice is considered. Honest communication and not jumping to conclusions are key to conflict resolution and I would seek always to do this.

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 frequently represented the CC in a variety of international settings. Most of these have been giving invited lectures so could be considered to be informal. I am comfortable with public speaking and have received good feedback after lectures and workshops alike. I understand the importance of differentiating between when I am speaking on behalf of the CC or some other organization with which I am affiliated, such as the university.
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?
NA

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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:

Cindy Farquhar

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

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30 June 2014

TO WHOM IT MAY CONCERN

It is my pleasure to nominate Prof Cindy Farquhar to the position of Co-chair of the Cochrane Collaboration. I have known Cindy since 1996 and have had the pleasure of working alongside her during our mutual roles with the New Zealand Guidelines Group and as a co-director of the New Zealand Branch of the Australasian Cochrane Centre. I have got to know her well during that time and I consider that I am well-positioned to comment on her "Cochrane credentials".

Despite many obstacles and a tight NZ funding environment Cindy was able to establish the Menstrual Disorders Cochrane Review Group at a time when systematic reviewing was almost unknown. She has been responsible for guiding its progress and has developed it into one of the most productive CRGs in the Collaboration. Cindy has performed many roles already within the Collaboration and has the necessary experience, breadth of view and future vision to serve the Collaboration well as a Co-chair. Cindy has breath-taking passion and energy and can pursue multiple tasks and projects simultaneously whilst maintaining a careful eye for detail. Cindy has considerable governance experience and has successfully negotiated many difficult projects in the past utilising her considerable leadership skills. Cindy believes strongly in the guiding principles of the Collaboration and would make a very fine Co-chair.

Yours sincerely



Dr Mark Jeffery
Medical Oncologist

GMJ:ll

Electronically checked and signed

The Cochrane Depression, Anxiety and Neurosis Group
School of Social and Community Medicine, University of Bristol
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29 October 2014

Nomination of Cindy Farquhar for Co-Chair of the Cochrane Collaboration Steering Group

I have known Cindy since 1995 when she first became involved with the Cochrane Collaboration, and we have worked closely together on the Coordinating Editors' executive group since 2005, and on the Coordinating Editors Board since it was formed. We have also worked collaboratively on shared areas of scope between our two groups. She has always made a hugely valuable contribution to the work we've done together in support of the objectives of the Collaboration. Her CRG is extremely productive, and her initial successes in establishing the Cochrane Collaboration in New Zealand paid dividends for groups that followed in her wake - one of which was ours! Our previous Coordinating Editor and Review Group Coordinator were both incredibly well-supported by Cindy and the rest of her team.

Cindy has a rich understanding of the Cochrane Collaboration and would bring invaluable knowledge and wisdom to the role of Co-Chair of Steering Group. Her extensive range of committee responsibilities external to the Collaboration clearly demonstrate not only her experience and ability, but also the esteem in which she is held by others. She is an excellent communicator and has demonstrated her commitment to the work of the organisation through her multiple leadership roles. She recognises the importance of good and effective consultation, but is also very aware of some of the challenges we, as an organisation, face in achieving this. Her experience of Steering Group work when the Collaboration was still in its infancy provides her with a helpful perspective on how the organisation has evolved and developed over this time. I believe she will continue to provide the same strong leadership to the Collaboration that she has consistently demonstrated over the past two decades, and that she is well-placed to meet the internal and external challenges we face.

Cindy was jointly responsible for establishing the New Zealand branch of the Australasian Cochrane Collaboration and her achievements in negotiating the national licence in that country are indicative of her ability to embed our work in the healthcare environment. She has also hosted both mid-year meetings and Colloquia for Cochrane. The New Zealand Colloquium was a huge success - despite being decided at very short notice and with limited time to plan - largely as a result of Cindy's leadership skills and the excellent team she gathered around her. Cindy has repeatedly exercised her leadership skills in fulfilling the mission of the Collaboration, and has played a pivotal role in establishing and supporting a number of groups across the Collaboration over the last 20 years. Her wide range of committee roles, and the energy with which she has promoted the importance of evidence in decision-making both nationally and internationally, admirably demonstrate her aptitude for representing the Collaboration in a variety of settings. In short, she would make an excellent Co-Chair of the Steering Group.

Rachel Churchill

Member, Cochrane Collaboration Steering Group

Coordinating Editor, Depression, Anxiety and Neurosis Review Group

29 October 2014

Statement in support of Cindy Farquhar's nomination for the position of Co-Chair of the Cochrane Collaboration Steering Group

Capacity in which I know Cindy Farquhar

I first met Cindy in 1995 during my time at the UK Cochrane Centre. Since joining the Australasian Cochrane Centre in 2000, our paths have crossed continually and I consider Cindy to be a close colleague. As Co-Director of our NZ Branch, we have a close partnership with Cindy and share common concerns with regard to our role in sustaining Cochrane, engaging with government and other agencies, securing funding and advocacy.

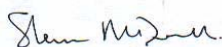
Cindy's contribution and commitment to Cochrane over so many years is extraordinary. Despite periods of uncertainty over her funding for the Branch and Review Group, and her many other professional commitments outside of Cochrane, Cindy has demonstrated remarkable perseverance, foresight and capacity for hard work. Qualities that were amply demonstrated when Cindy took on the task of organising the 2012 Cochrane Colloquium with just nine months' notice, and put on an event that ranks with the very best Colloquia.

Why I consider Cindy Farquhar to be an appropriate candidate in the light of this job description and the extent to which I think she has the necessary attributes

Cindy's passion and commitment to Cochrane is clear, and Cochrane's members can be assured that in Cindy they will a Co-Chair who will always put the interests of Cochrane first. Her knowledge of Cochrane is unrivalled which, coupled with her experience in so many aspects of its work, is a key strength as Cochrane embarks on a significant period of transformation. Cindy outlines the external challenges Cochrane faces from competitors and changes to the publishing environment; responding to these threats and opportunities is Cochrane's challenge. Cindy's extensive professional responsibilities outside Cochrane are vital in providing those external perspectives that need to be constantly informing Cochrane's strategic thinking and direction in the years ahead. Cindy's affinity with the values and mission of Cochrane will also be critical in managing the inevitable tensions that will arise between the advocates for change and the sceptics.

Another significant challenge facing Cochrane is reform of its whole governance structure. The rapid growth of the Central Executive has exposed vulnerabilities in Cochrane governance and accountability mechanisms. The Steering Group's role is transitioning from an operational to a strategic board but this is as much a cultural shift as an organisational one. Again, I believe Cindy is well-placed to provide the necessary leadership to successfully bring about this transition. Cindy has held a range of senior leadership positions both inside and outside Cochrane for many years. Being able to draw on this leadership experience with a variety of governance systems and organisational cultures will be invaluable in managing this process both at the Steering Group/Central Executive level, and throughout the organisation as a whole.

Finally, Cindy's personal qualities and professional integrity are enormous strengths. Her capacity to nurture and mentor people (as evidenced by Cindy's ongoing support of the STI Group) and her willingness to reach out to those who have different perspectives (as with the recent revision of the commercial sponsorship policy) are important leadership attributes. Being able to combine these leadership qualities with an absolute commitment to Cochrane and a clear sense of Cochrane's role and purpose is what makes Cindy such a strong candidate for Co-Chair. I endorse Cindy's nomination wholeheartedly.



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

Trials Search Coordinator (TSC) Support Team:

Proposal to provide induction, mentoring, and ongoing training and support to TSCs

Document prepared by: TSC Executive

Michelle Fiander, Lynn Hampson, Gail Higgins, Karen Hovhannisyan, Anna Noel-Storr, Douglas Salzwedel, Rene Spijker, Elizabeth Stovold

Date: August 1, 2014

Purpose of paper

To obtain Steering Group (SG) approval for a TSC Support Team (TSC ST)

Urgency

High

Access

Open

Summary of Request:

We request funding to create a single Support Team to provide ongoing support to Trials Search Coordinators. This proposal seeks to integrate two existing TSC support roles: the Cochrane Register of Studies User Support Team (CRS UST); and the Induction and Mentoring Programme (I&M). The CRS UST is a funded programme supported by the CEU. Further details about the existing support role are in [Appendix 1](#).

Rationale & Goals:

The I&M Programme was launched in response to TSC needs as expressed in a survey conducted in 2009. The CRS UST was created to implement and guide the transition of a new and complex software package.

The CRS UST has functioned at a high level of activity for two years and has produced extensive documentation and learning materials and team members have provided 70 webinars to support TSCs as they work with the CRS.

The I&M team have worked with 9 new TSCs during the past two years and improved and developed documentation to support a structured and comprehensive induction program.

A united team will provide a stable and ongoing structure in which to:

- Ensure greater efficiency by streamlining the existing support and fill the gap that exists regarding all aspects of training and general ongoing professional

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development for *all* TSCs

- Allow for the continuation of the training of CRS users. The continuing rollout of the Cochrane Register of Studies and the development of the Linked Data Project require the parallel development of a comprehensive, ongoing training support programme for TSCs as key participants in both initiatives.
- To ensure CRS is used to its full potential, both now and in the future. This is of particular importance in relation to the role of the CRS in the Linked Data Project
- Align with Cochrane Training: an updated needs assessment will be carried out based around the topics in the I&M Training Guide to ascertain the priorities in regard to ongoing training needs of existing TSCs.
- Provide the human resources necessary to develop materials and build tools to support TSC work, e.g. Wiki, Portal, videos, webinars, other; data exchange filters, common practice documents, standardized guidance, etc. and to update these materials and tools as necessary.
- Improve communication between the TSC community and the CEU—which includes the Training Group, and IKMD.
- Provide an opportunity for the ongoing dissemination of existing best practices within the TSC community.
- Provide an opportunity to develop new practices in searching methodology.
- Provide a supportive environment for continuous teaching and learning.

Staffing

5 TSCs at 1 day per week

Reporting Structure

TSC ST will be coordinated by the CEU Information Specialist (CEU IS).

The TSC ST Programme will be a standing item on TSC Executive meeting agendas. The CEU IS and Support Team Coordinator will be invited to attend for directly relevant agenda items. This model will help ensure effective two-way communication between the CEU, Support Team and the TSC community.

Budget

Staffing Costs: £9000/per ST-member x 5 = £45,000*

Travel: £10,000 - £15,000/annum (for one, annual face-face meeting; and site visits to train TSCs, if and as necessary)

**Based on 2013-2014 costs for CRS UST members.*

Proposal and discussion

We propose that the two existing TSC support programmes be merged into five part-time, paid, regional posts to provide ongoing and comprehensive TSC support as follows:

- Asia-Pacific [1 post]
- North/South/Central America [1 post]
- Continental Europe/Africa [1 post]
- United Kingdom [2 posts]

All five posts will support TSCs in their region one day per week, for a total of 1.0 FTE (5 days per week divided among 5 people). Spreading the workload among five posts is intended to ensure the widest possible geographic and time zone spread of the TSC community and in recognition of the ongoing need for fairly high-level CRS support.

We propose that one of these 5 posts will be the TSC ST Coordinator. This role will entail a managerial role with oversight of the coordination and development of this programme. The Coordinator role may be rotated among all or some members of the ST and provides a potential career development opportunity for TSCs, as well as additional support for the CEU IS. The provision of a TSC ST Coordinator ensures that someone currently in a TSC post has an active role in management of the programme.

We propose that the TSC Support Team Coordinator report to the CEU IS. This is to ensure that the integrity of the support programme is maintained, particularly in regard to policy issues affecting TSCs and the oversight of the CRS element of the programme.

The duties and responsibilities of the TSC Support Team Coordinator will be as for the TSC Support Team Members. In addition, the TSC Support Team Coordinator will be responsible for the day-to-day running of the support programme, ensuring that it remains current and relevant to the needs of all TSCs.

Following an induction programme led by the CEU IS, the ongoing training of TSC team members will be the responsibility of the Support Team Coordinator. The Coordinator will work with the CEU IS to ensure that the mode of delivery of the programme is current in relation to available technologies and that content available on the Cochrane Training website in relation to this programme is current. The Coordinator will also work with the CEU IS to prepare a communications strategy to inform Cochrane staff about activities and achievements.

The Cochrane Central Executive HR officer will manage recruitment for the posts. The CEU, Central Exec HR and TSC Exec will form the selection committee and write the final job descriptions (drafts in [Appendix 2](#)). Positions will be advertised throughout Cochrane, but not externally.

Summary of recommendations

We recommend that:

1. Five part-time regional posts be created;
2. These five posts be centrally funded;
3. A TSC ST Coordinator be created from one of these five posts. The Coordinator will manage and co-ordinate the support programme and will report to the CEU IS.

Resource implications

5 x TSC ST posts*	£45000 (5 x secondment of 1 day/week/person)
CEU information specialist	(included in CEU budget therefore no cost to scheme)
Travel**	£15,000
Total anticipated cost/year***	£60,000

* Salaries dependent upon experience and local circumstances; no specific allowance for higher salary for ST Coordinator

**Budget for face-to-face meetings at Colloquia to be covered by team members' CRGs. If not, this budget could be used to assist attendance at annual meetings; we may also consider an additional face-to-face meeting, but this will depend upon need and financial resources.

***We anticipate an increase in total costs of 3% per year; budget to be managed by the CEU IS.

Impact statement

With funded positions we would see the mentorship program increase in sophistication and emulate the methods, processes and outputs of the CRS UST by developing webinars, training videos, podcasts, and interactive online tools to provide more effective ongoing support and training for Cochrane TSCs. We would also like to leverage the communication technologies currently in use by the TSC community such as the TSC Portal and Wiki and have these populated by a dedicated team in contrast to the voluntary team currently working on them.

This proposal for a merger of the existing CRS User Support and TSC Induction & Mentoring Programme into a single, centrally funded and organizationally supported TSC Support Programme will provide professional development opportunities for TSCs in support of Goals 1 and 4 of the *Cochrane Strategy to 2020*.

Specifically, the TSC Support Team programme aligns with Goal 1: Producing Evidence, via training to support the ongoing enhancement of Specialised Registers, as well as Goal 4: Building an Effective and Sustainable Organisation, via ongoing mentoring and training designed to fully develop the skills and motivation of TSCs as key Cochrane contributors.

GOAL 1: Producing evidence

To produce high-quality, relevant, up-to-date systematic reviews and other synthesised research evidence to inform health decision-making.

Having a professional support team advising TSCs about their practices and guiding new policy will ensure harmonisation of methods and increase overall quality of study identification and hence up-to-date high quality reviews. It will also enable quicker information exchange and guidance on new forms of evidence synthesis such as DTA, prognostic and network meta-analysis reviews which require different search methods.

GOAL 4: Building an effective & sustainable organisation

To be a diverse, inclusive and transparent international organisation that effectively harnesses the enthusiasm and skills of our contributors, is guided by our principles, governed accountably, managed efficiently and makes optimal use of its resources.

Having an official support team will guide better communication between Cochrane Central Executive and TSCs and between TSCs from various review groups. Policy is more easily transferred to individual TSCs and there is a possibility for TSCs to get more involved. It also serves as a clear governance portal for all issues around TSC expectations and what TSCs can expect from Cochrane.

Declarations of interest

Douglas Salzwedel is currently a member of the CRS User Support Team and contributed to this proposal as a member of the TSC Executive. Lynn Hampson and Gail Higgins are leaders of the TSC Induction & Mentoring Programme and contributed to this proposal as members of the TSC Executive. Karen Hovhannisyan is part of the I&M Team and contributed to this proposal.

Decision required of the Steering Group

The Steering Group is asked to approve the proposal. Agreeing to a plan for TSC training and support is a matter of some urgency, as the current CRS User Support Team contracts expire October 31, 2014.

Appendix 1: Current Support Programmes

Cochrane Register of Studies User Support Team (CRS UST)

History & Staffing

In October 2011, with the need to deploy and implement the Cochrane Register of Studies (CRS) software, the CRS Project Board sought and received CEU funding to employ two CRS UST staff, each at one day per week, to provide ongoing user support, prepare documentation, develop tools (e.g. filters to import data into CRS), and provide education (e.g. at conferences, via Skype, webinars) to users of the CRS. In late 2012, this number increased to four (in Australia, Canada and the UK) to meet the increased workload during the rollout period. As of January 2014, there were three CRS UST members; one in Canada and two in the UK. The CRS UST has functioned at a high level of activity for more than two years and has produced extensive documentation and learning materials and team members have provided 70 webinars to support TSCs as they work with the CRS.

Reporting Structure

Reporting to the CEU Information Specialist (IS), at peak each UST member worked 0.2 FTE (1 day per week), for a total of 0.8 FTE (4 days per week). The CEU IS, as line manager, works 0.2 FTE (1 days per week).

TSC Induction & Mentoring (I & M) Programme [PILOT]

History & Staffing

The TSC Induction and Mentoring programme was initiated in 2010 as a pilot programme in response to a needs assessment undertaken by the Cochrane Training Working Group and the TSC Executive. The goal of the programme was to provide orientation and professional support to TSCs new to Cochrane. A working group developed the Training Guide. The programme was structured using this Guide and covered topics including the role and responsibilities of the TSC; an introduction to Specialised Registers and processes for developing (or maintaining) a register; an introduction to the Cochrane Register of Studies (CRS); how to provide support to authors; an introduction to review production software, Archie and Review Manager.

Mentors also provide guidance and instruction on the development of search strategies for systematic reviews; the use of filters; the subtleties of search functionality across multiple databases; peer review of search strategies; and the use of bibliographic management software used by authors to manage search results.

This project has been supported by three positions with mentors selected to provide representation across time zones: Gail Higgins (responsible for Australasia and the Americas), Karen Hovhannisyanyan (responsible for Continental Europe), and Lynn

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Hampson (responsible for UK and Africa).

The process for providing induction and mentoring consists of email correspondence, telephone or Skype conversations and, when possible, face-to-face meetings between the mentor and the mentee. The mentors also facilitate self-directed learning based on a checklist of topics and the Training Guide; and interactive one-to-one education.

As of March 2014, the mentors have worked with nine Trials Search Coordinators for periods ranging from 5 to 20 hours each. There are now an additional four TSCs seeking to use the I&M programme and mentors continue to support the TSCs who were part of the pilot.

Funding:

In 2009/2010, the CEU provided £6000 for development of training materials. Induction training was supported at a rate of £150/day plus travel expenses for face-to-face meetings. Mentors are not paid for the time spent on ongoing support.

Results of Pilot

Feedback from mentees has been positive and the implementation of the programme has provided the team with a better understanding of topics which require more detailed coverage (developing search strategies), and those which require less (hand searching).

Documentation & Support Material

The Training Guide and other materials used in the I&M Programme are available at: <http://training.cochrane.org/tscs>

Appendix 2: draft job descriptions

POST TITLE: TSC Support Team Member (TSC ST)

Location:

We are seeking candidates to provide representative, geographical (or time zone) coverage as follows:

- North/South/Central America [1 post]
- Asia-Pacific [1 post]
- Continental Europe/Africa [1 post]
- United Kingdom [2 posts]

Hours of work

ST members will be required to work 1 full day per week (0.2 FTE), typically during business hours. However, given the distribution of Cochrane groups, some work may take place outside of these hours. Teleconferences will be held with some regularity and these may also take place outside of business hours.

Salary

Salary will depend upon local circumstances and hours worked, and will be negotiated with successful candidates (or their CRGs).

Terms of employment

The planned start date is 1 July 2014. Support Team Members will be selected using a competitive process open to all active TSCs. Positions will be for one year from date of hire, with the possibility of extension depending upon funding and performance. A six month probationary period will apply to the first year.

TSC ST members may be employed through their CRG, Centre or Field. Payment arrangements will be made to the CRG or individual as appropriate.

Site visits for induction and mentoring of new TSCs may be required; attendance at international or national conferences may be required, but will not be funded centrally.

Reporting Structure

1. The CEU IS will provide overall coordination and the TSC ST Coordinator will oversee day-to-day operations of the TSC ST programme.
2. TSC ST members will be invited, on a rotating basis, to participate in TSC Executive teleconferences to ensure routine, open, and transparent communication between the TSC community and the ST.

Interacts with

- TSC Executive
- Trials Search Coordinators at CRGs, Centres and Fields

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- CEU IS
- Other CET staff, including the Training Coordinator
- IKMD

Objective

TSC ST members will provide both introductory and ongoing support and training for processes, information technology, and methodology related to systematic review production. Support and training will be guided by the needs of practicing TSCs.

Principal Duties and Responsibilities

1. Provide new TSCs with an introduction and orientation to processes, procedures, software, and policies related to the production of systematic reviews.
2. Provide established TSCs with support for processes, procedures, software, and policies related to the production of systematic reviews.
3. Develop programmes and materials to support the training and educational needs of TSCs, including management of CRG specialised registers within CRS.
4. Identify existing, or advocate for, professional development opportunities for TSCs within Cochrane.
5. Consult with the Training Coordinator on issues of teaching and learning opportunities, initiatives, and methods.
6. Consult with the CEU IS to ensure training projects/support align with CET initiatives and objectives.
7. Consult with IRMG for input on topical methodological issues.
8. Initiate or participate in workshops/seminars relevant to the TSC community at Colloquia or regional conferences.
9. Facilitate communication the IKMD team and the TSC community on software-related issues.
10. Assist the CEU IS to ensure that reports on the activities of the TSC support team are prepared for Cochrane as required.
11. Maintain activity logs to assist in the assessment of the ST programme.
12. Participate in regular telephone conferences.
13. Join the Cochrane training network and other networks as necessary.
14. Other duties as required.

Qualifications

Required

1. Minimum of two years recent experience as a TSC or information scientist at a CRG, Field or Centre. Candidates currently in post will be preferred. TSC skills/knowledge base include the following:
 - a. Experience in information searching and retrieval for systematic reviews.
 - b. Knowledge and experience of biomedical databases, e.g. Cochrane Library, MEDLINE, Embase, trial registries, etc.
 - c. Knowledge of and experience using diverse database interfaces, Wiley, OVID, PubMed, and others

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- d. Development or management of a Specialised Register.
 - e. Knowledge of and experience in developing search strategies for a variety of databases.
 - f. Knowledge of the structure and function of controlled vocabularies related to biomedical databases.
 - g. Knowledge and experience using the CRS software.
 - h. Knowledge and experience using other Cochrane technologies, Review Manager, Archie.
2. Strong written, verbal skills in English.
 3. Flexibility and willingness to undertake national and international travel on occasion. Travel duties will be distributed among ST members.
 4. Ability to work independently and in a self-directed manner, and as part of a team. A balance will be required due to the distributed nature of the team.
 5. Strong organisational and time management skills.
 6. Self-motivated.

Desirable

1. Experience as a trainer or instructor.
2. Teaching or training qualification.
3. Demonstrated presentation skills, whether online or in person.
4. Experience developing educational or instructional material in any format.
5. Library and information science qualification
6. Knowledge of or experience using online educational software.
7. Experience in developing podcasts, wikis, blogs, websites, videos, or other technology that may be used to provide education or training.

POST TITLE: TSC Support Team Coordinator

It is envisaged that this post will be filled by one of the members of the TSC Support Team. This role may rotate among members of the ST.

Hours of work

This role will require a commitment of one day per week (0.2 FTE)

Salary

Salary will depend upon local circumstances and hours worked, and will be negotiated with successful candidates.

Terms of employment

The start date is 1 October 2014. The TSC Support Team Coordinator will be appointed initially for a period of one year with possibility of an extension to this term.

Governance and place of work

The Support Team Coordinator may continue to work from, and be employed by, their Cochrane group. In that case, Cochrane will reimburse the Support Team Coordinators

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host institution for a percentage of their working week. Alternatively, the appointee may be able to work from home or from the offices of another Cochrane group.

Reporting Structure

The Coordinator will report to the CEU IS.

Interactions with

CEU IS, TSC Support Team members, TSC Executive, CEU staff, COU staff, Informatics and Knowledge Management Department (IKMD).

Objective

Provision of induction training, as well as ongoing mentoring and support to TSCs in all aspects of their role within Cochrane. In addition the TSC Support Coordinator will be responsible for the development, management and co-ordination of the TSC support programme in cooperation with the CEU IS.

Principal Duties and Responsibilities

The duties and responsibilities of the TSC Support Team Coordinator will be as for the TSC Support Team Member. In addition the TSC Support Team coordinator will be responsible for the development, management and co-ordination of the TSC support programme with responsibility for:

- The day-to-day running of the TSC support programme ensuring that the programme remains current and relevant to the needs of all TSCs;
- Following an induction program led by CEU IS, the ongoing training of TSC team members to ensure that all aspects of the TSC support programme are delivered consistently & accurately to all TSCs;
- Working with the CEU IS to ensure that the content of the TSC Support programme is up to date and in-line with Cochrane policies and procedures; identifying initial training needs of the support team and thereafter ongoing training needs and learning programmes; in particular that all matters in relation to the CRS are adequately and accurately reflected in the content of the TSC Support programme;
- Working with the Cochrane Training Coordinators to ensure that the mode of delivery of the programme is current in relation to available technologies and that content available on the Cochrane Training website in relation to this program is current; and
- Working with the CEU IS in the preparation of a communications strategy to inform Cochrane staff about activities and achievements, including contributions to the CEU Bulletin, the TSC Portal, and the CRS Portal.

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**Minutes of The Cochrane Collaboration's Steering Group (CCSG)
Teleconference - Wednesday 14th May 2014
(Approved 11 08 2014)**

Agenda Item	<p>Present: Lisa Bero (Co-Chair), Jeremy Grimshaw (Co-Chair), Sally Bell-Syer, Rachel Churchill, Marina Davoli, Michelle Fiander, Steve McDonald, Anne Lyddiatt, Mona Nasser, Mary Ellen Schaafsma and Denise Thomson.</p> <p>Mark Wilson (Chief Executive Officer), David Tovey (Editor in Chief), Lorna McAlley (Executive PA, minutes)</p>
1.	<p>Welcomes, Apologies, Declarations of Interest, and Approval of the Agenda</p> <p>Jeremy welcomed everyone to the meeting. Apologies for absence had been received from Mingming Zhang and Holger Schünemann. There were no declarations of interest and the agenda was approved.</p>
2.	<p>Approval of minutes of the CCSG meetings, Panama, March 30th and April 2nd.</p> <p>Jeremy explained that he and Lisa had not had an opportunity to look at the minutes before they were circulated.</p>
	<p>DECISION: The CCSG deferred approval of the minutes at this meeting. Once comments had been received the minutes would be amended accordingly and circulated electronically for approval by CCSG members.</p>
3.	<p>Updates from the CEO and Editor in Chief</p> <p>David reported that the new CEU appointments, as agreed by the CCSG in Panama, are moving ahead. David is hoping to appoint the non-statistical editors internally through CRGs on a secondment basis, as discussed in Panama.</p> <p>David updated the CCSG on the progress made on the commercial sponsorship audit of all active reviews and protocols. A consultant at the University of California, San Francisco, has now reviewed all active reviews (5,608) and protocols. David summarised the compliance results of the audit so far. He has discussed the findings with the Funding Arbiter panel, which has asked the CEU to assess the findings and make judgements on the unclear and non-compliant cases, then contact the CRGs involved. The CEU will then decide which cases to take to the Funding Arbiter panel. Lisa noted a level of non-compliance in author employment is to be expected, as the employment aspect of Cochrane's commercial sponsorship policy had only just been codified. David plans to evaluate the audit in August and to feedback to CRGs shortly after.</p> <p>It was agreed that a short report back to Review Groups would be very useful in heightening the awareness of the new commercial sponsorship policy and the nuances involved. David added that Cindy Farquhar and Lisa had also proposed writing an editorial for <i>The Cochrane Library</i>, which could be in addition to a separate feedback document for CRGs.</p> <p>David also explained that the commercial sponsorship policy hasn't yet been included in the Organisational Policy Manual as there are still some minor queries and edits to be made.</p>

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	<p>Mark provided a brief summary of progress on the <i>Strategy to 2020</i> 2014 targets. He was pleased to report that all targets were progressing according to their timelines with the exception of target 3.3 (Global advocacy and establishing an advocacy agenda to position Cochrane as a thought leader). He explained that there were multiple indicators of success for this target, including the establishment of a policy development and sign off process which the CET are committed to delivering. However, delivering a more developed initial advocacy agenda would be difficult due to the impact of Helen Morton's departure and the reduced Communications and External Affairs Department (CEAD) team.</p> <p>Mark updated the CCSG on the Game Changers initiative. Membership of the Project Board is now complete and comprises: Mark Wilson (Chair), Hugh Sutherland (Project Lead & Secretary), Mary Ellen Schaasfma (Treasurer), Xavier Bonfill, Gerald Gartlehner, Chris Eccleston, Ida Sim, Howard White and Jake Orlowitz. Hugh has performed an initial scoring of the 39 applications and proposed a detailed assessment system. The other members of the Project Board are now in the process of independently scoring the applications. Feedback will be sent to the applicants by the beginning of June.</p> <p>Mark reported on progress with the Cochrane rebranding initiative. Voting on the four options has been extended to 15 May and feedback from the external stakeholders is due next week. The CEAD and Senior Management Team will work with Fabrik (the consultancy agency) to incorporate the feedback in revising the designs. The CCSG will be presented with two branding options for final approval at a special teleconference in July. A decision at this time will minimise delays to other aspects of Cochrane's communications plans, including the re-launch of the website which is due at the start of 2015.</p> <p>Mark reported on recent recruitments. Jo Anthony is the new Media and Communications Officer, appointed for an initial six-month term. Caroline Mavergames is leaving the organisation and the new Head of CEAD (yet to be appointed) will work with Jo and Nancy Owens to determine any additional posts needed for the department. The first round of interviews for the Head of CEAD take place next week and an appointment is anticipated by 10 June. Long-list interviews for the Cochrane Innovations CEO were underway, with an appointment expected by 19 June. A new Finance Manager, Abdullah Umar, has been appointed. Juliane Ried has been appointed as the new Translations Co-ordinator. Chris Champion has been appointed to fill the maternity cover for the Senior Advisor to the CEO position on a one-year fixed term basis.</p> <p>Lisa congratulated Mark on all these appointments and requested descriptions of the newly appointed people are circulated to the wider organisation. Mark agreed and announcements were planned in the mid-May edition of <i>Within Cochrane</i>.</p> <p>Finally, Mark reported on Cochrane's finances. He explained that whilst the 2013-14 financial year figures had not yet been finalised, 2014's Quarter 1 sales were extremely strong and had surpassed the previous year's record total by a further 1%. Total income in 2013-14 was estimated at £4.5m and total expenditure projected at around £3.3m; the resulting surplus of £1.2m brings Cochrane's strategic reserves to £6.9m.</p> <p>Jeremy asked Mark to pass on his congratulations to the CET for their progress to date on the <i>Strategy to 2020</i> 2014 targets.</p>
4	Governance Review

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	<p>Jeremy recapped that the CCSG discussions in Panama recognised the significant shift in the Steering Group's role from an operational focus and 'hands-on' implementation to strategic policy development, oversight and governance. Jeremy identified three areas of work for discussion at this meeting:</p> <ol style="list-style-type: none">1) The requirement for some governance development for both existing and incoming Steering Group members;2) Discussion of the Governance Review that will look at the structure and function of the CCSG, and other governance structures within the organisation; and3) Concerns around the current election process. <p><i>Governance development of the existing Steering Group:</i></p> <p>A small working group had formed to help Lisa with planning for the CCSG development day on Saturday 20 September, in Hyderabad. Denise reported the group had been working on planning ideas for the development day. The premise is that moving from an operational orientation to a focus on strategy and oversight represents a major cultural shift. The working group identified the need for an external facilitator for the development day.</p> <p>Lisa confirmed that as soon as the latest CCSG election results are out new members will be included in the planning process. It was unlikely that specific models or options would be presented to the CCSG in Hyderabad, but the development day would begin to explore these options. Jeremy noted that any suggestions for major changes to the CCSG's structure or function would need to go to the AGM for ratification and the earliest opportunity for this would be in Vienna, 2015.</p>
	<p>DECISION: The CCSG approved the plans for the CCSG development day.</p>
	<p><i>Governance Review:</i></p> <p>Jeremy stated the rationale for the Review was to ensure the organisation's principal governing body – the Steering Group - was fit for purpose as Cochrane moves into the next phase of its development. Presently, the CCSG conforms to a representational model which, despite many strengths, may not be the right model for a board that needs to be more strategic and amenable to external perspectives. The Strategic Review of 2009 had recommended an external advisory board and others have suggested external non-executive members on the CCSG. Jeremy referred to discussions the CCSG had in Panama that the issue of the Steering Group's function and constitution should now be reconsidered.</p> <p>He also explained that the CEO, EIC and Co-Chairs had – following the recommendations in Mark's Governance Review paper to the CCSG – begun to discuss the scope of a review of governance structures across the entire organisation, including Cochrane's Group executive structures. However, these elements needed to be informed by the CCSG's eventual new structure and function, so this should be a phased approach.</p> <p>In terms of process, it is important that the Governance Review is owned by the CCSG, with support from the CET. To this end, Jeremy advised the forming of a small working group of CCSG members with Mark in an ex-officio role and potentially involving one or two externals for support. The working group would report back to the CCSG on a regular basis. It would need some external support from an independent expert in governance structures of global not-for-profit organisations. The budget implications would be presented to the CCSG. Jeremy asked the CCSG for their thoughts on the scope and process.</p> <p><i>Scope: (Phase 1: Structure & Function of CCSG; Phase 2: Broader implications for the other governance</i></p>

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structures within the organisation)

Mary Ellen queried the proposed timing of the phases, preferring that these be held concurrently. She noted that the CRG Review states it would look at issues around governance and accountability, and the structure and function reviews planned for Centres, Fields and Methods Groups would do the same. She questioned whether, as the governance aspects of all these reviews overlap, this work should occur simultaneously to avoid duplication of effort. Steve suggested it would need to be someone's role to permanently support this process over the next 6-12 months, to ensure delivery in the required timeframe. Jeremy agreed and this would be discussed with Mark.

Jeremy summarised that the CCSG was in support of external facilitation and adequate resources to support the governance review work. The CEO, EIC and Co-Chairs need to flesh out a proposal that would come back to the CCSG.

CCSG election issues:

Lisa noted the CCSG would not be discussing any election issues relating to individuals but focusing on general issues around the election process. She outlined the following issues with respect to the current election cycle:

- Five CCSG members' terms will come to an end (two members resigning and three coming to the end of their terms of office). One suggestion to help with continuity during this transition period was to co-opt outgoing members to stay on as non-voting members.
- As both Co-Eds reps will simultaneously be turning over the CCSG needs to consider how to stagger the election of these positions in the future.
- One candidate is running for two positions. Lisa noted there is no rule against this, but a single CCSG member cannot represent two constituencies. She asked if the organisation should have a rule on this for future elections.
- The absence of multiple candidates for some positions. This may be resolved by opening up these elections for a further two weeks. An email to this effect would be circulated to the wider organisation shortly. Lisa and Jeremy will include a note on the benefits of being a CCSG member and the valuable contribution this makes to the organisation.
- Questions had been raised in relation to the Co-Chair election procedure.

Michelle reported that a potential TSC representative candidate had emailed her to inform her that their Co-Ed had discouraged the candidate from putting themselves forward for the role, as the Co-Ed thought that the time involved would be prohibitive. All agreed that potential members should in principle be supported by their Groups in standing, with candidates and their line managers discussing how the time demands of CCSG membership could be managed. Michelle wondered whether this could be addressed in some way as part of the Governance Review. Sally added that it is important for candidates to discuss elections with their (Cochrane) team.

Mona asked whether the CCSG election rules are clear enough for the candidates, as there had been some confusion and suggested the need to communicate the rules of the election in a better way. Lisa agreed that the number of questions raised during the current election cycle indicates a clear need to clarify the rules in advance.

The CCSG discussed the option of co-opting a CCSG member in addition to the two new elected Co-Ed representatives. It was noted that this would not provide a solution to the issue of the two new Co-Ed representatives stepping down at the same time at the end of their term, and consideration would need

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	<p>to be given to the best way to resolve and stagger this process. Jeremy explained that the organisation's Articles of Association state that co-opted members must be non-voting members, and Mark clarified that any co-opted members must be approved by Cochrane's membership at the next Annual General Meeting. Marina added that it would be important for the Governance Review to address these election issues, but that for the time being the co-opting suggestion would be a way of ensuring continuity and support for the new Co-Ed positions. The CCSG approved Rachel's co-opted membership.</p> <p>The CCSG agreed that the rules governing the election of Steering Group members should be altered in future to ensure candidates for election could only run for one vacant position at a time.</p> <p>The CCSG also discussed the Co-Chair election procedures. Lisa noted that if an individual who is external to the CCSG is appointed as its Co-Chair there are a number of criteria in the Job Description they must fulfill and the individual needs to be approved by the AGM (in order to become a member of the CCSG), although it is the CCSG's decision to select the Co-Chair.</p>
	<p>DECISION: The CCSG approved the motion, put forward by Jeremy and Lisa, for Rachel to be co-opted as a non-voting member of the CCSG, as Co-Ed representative. Additional rules should be drawn up to prevent one candidate running for more than one vacant position in a single election cycle. The process of selection of the Co-Chairs should be clarified in the CCSG election rules.</p>
	<p>ACTIONS: Rachel's co-opted membership to be submitted to the AGM for ratification in Hyderabad. Lisa and Jeremy to issue an e-mail encouraging more candidates to apply for vacant CCSG positions. Mark to include adjustments and clarifications to the CCSG and Co-Chairs election procedures to be included in the Governance Review and implemented before the next election cycle in 2015.</p>
<p>5.</p>	<p>Matters arising from minutes of CCSG meeting not appearing elsewhere on this agenda</p> <p>Not applicable.</p>
<p>6.</p>	<p>Any Other Business.</p> <p>No other business was discussed.</p>