

## The French Cochrane Centre's criticism of the CEO unit

On 18 December 2015, the Director for the French Cochrane Centre, Philippe Ravaud, informed the two co-chairs of the Steering Group, Lisa Bero and Cindy Farquhar, that he would resign from his position:

"I wish to inform you of my imminent resignation from my position as director of Cochrane France.

I profoundly disagree on many issues with the change of the Cochrane over the last years and with the methods used by Cochrane Central executive team. The evolution of the Cochrane from a scientific organization to an organization led by power-hungry technocrats is from my point of view detrimental for the Cochrane.

Now, the Cochrane sets up European projects in my back with my French partners. Teams that I am working with for years on the translation project (with multiple common projects, PHD students cosupervised , ...) (see the mail below). It is the last straw for me in a long list.

It is clearly outrageous from a scientific point of view to use our ideas, our work and our partners without the common courtesy or common sense to at least inform us. It is outrageous to inform us of their projects and decisions a posteriori.

After this episode it is clear to me that the role of Cochrane central team becomes preponderant in every domain including in scientific aspects of Cochrane.

They consider us (Cochrane centers) as their pawns or low-skilled employees.

Cochrane central team considers that they are competent now for all decisions, makes self-allocation of human and financial resources, and provides means for those who help them strengthen their power (it is especially clear in the field of translation and I have refused to play their game).

This is clearly not my vision of an organization such as Cochrane and I prefer not to support this. I am probably not alone and I hear many center directors, responsible for review groups or methodological groups scared of this development that is Cochrane central executive-centered (or MW-centered [Mark Wilson]).

Thank you not to transfer this confidential email to Mark and Julie before I could see how French Cochrane financing could be secured after my resignation. This financing is earmarked to me but I hope to be able to transfer it to my successor.

I remain convinced that the Cochrane is a remarkable institution with thousands of great people and I hope that the future will give me wrong."

Philippe Ravaud responded already the day after he had received the email just below. It is fully understandable why he was so angry that he wanted to resign when the CEO office was already way ahead, working with partners in France that did not include the French Cochrane Centre. On top of that, he could not respond to the sender because "Angéline and I will however be on annual leave now until early January." This is also outrageous. To send an email that any reasonable person would have known would upset a Centre Director greatly, on 17 December, and then say that they could not be contacted, is seriously mismanagement in my view, which violates several codes for good conduct we have in Cochrane.

From: Juliane Ried <juliane.ried@cochrane.org>  
Date: 2015-12-17 21:58 GMT+01:00

Subject: EU grant proposal - Digital Health Literacy

To: "Philippe Ravaud (philipperavaud@gmail.com)" <philipperavaud@gmail.com>

Cc: Aurélien Max <aurelien.max@limsi.fr>, "cgl (cgl@eila.univ-paris-diderot.fr)" <cgl@eila.univ-paris-diderot.fr>, Angéline Serre <aserre@cochrane.org>

"I wanted to let you know about an EU proposal that we are working on, and that could potentially include some funding for French translations. Attached is the latest project plan. We still need to scale down, write up the details, budget etc. Deadline is February. It is a Coordination and Support Action, so the focus is not on new research.

Angéline and I had a number of discussions with LIMSI and Paris Diderot about this proposal (as well as the PLS project). Both provided extremely valuable input and perspectives. LIMSI have confirmed their participation as a partner in the proposal, and Chris Gledhill agreed to be involved on a consultancy or subcontracting basis.

We already have a lot of partners on the project, and will therefore not be able to take on board additional institutions as project partners. But we would plan to include a budget for French translations to be spent on an in-house consultancy or subcontracting basis. This budget could also sit with LIMSI, not necessarily Cochrane. I have proposed to Angéline that this should be in the range of 25,000 Euros per year, but since we are still working out the details, we will need to see how that fits with the overall budget and plan.

If this proposal got accepted, we would preferably want to involve your team for the French translation work given your tremendous experience and existing collaboration with LIMSI and Paris Diderot. If this is of interest to you, and you would like to discuss or provide feedback on the proposal, please don't hesitate to be in contact. Angéline and I will however be on annual leave now until early January."

On 13 January 2016, Ravaud wrote again to the two co-chairs who had asked him for clarifications:

After my previous email expressing concerns on a recent CET EU project and more broadly about the evolution of Cochrane over the last few years, you asked me to detail these concerns. Please find enclosed a document describing my views. In fact these examples are illustrative of how the Cochrane executive team is now operating and proceeding.

I will also take this opportunity to explain my broader concerns about the current organization, role of the CET, evolution and ambitions of Cochrane.

### **EU grant proposal - Digital Health Literacy**

If the Cochrane executive team wants to develop their own research projects it is perfectly fine with me (even if I think that is not their job and that they have no skills for that). However, it is scientifically shocking for me that the CET proposed in my back to French academics teams, that I am collaborating with for years and that Cochrane knows only through me, to participate to an EU project without even informing me before. I have worked during years on a translation project without any help of Cochrane, built a consortium with academics in Paris specialized in automatic translation (LIMSI, Paris XIII university) and in science of translation (EILA, CLLILAC, Paris Diderot university), submitted with this consortium multiple projects for obtaining funding, recruited PHD students that we co-supervised, developed automatic translation software specific to Cochrane materials and translated more than 10 000 Abstracts and PLS. I have struggled for years to introduce within Cochrane the concept of simplified English and to convince Cochrane that simplified English and automatic translation tools must be developed. I have organized a scientific meeting in Paris (with multiple scientific presentations about all these concepts and tools) specifically to explain Mark Wilson and the CET what we are talking about. And now, the CET decided to bypass me and to contact the members of this consortium in my back (including researchers that are paid my research center and not by Cochrane France). Then they proposed us to have a subcontract as a service provider. I consider that such way of doing (asking people to develop (reuse) WPs [work packages] directly inspired by our previous research projects and choosing explicitly to exclude us) is scientifically unacceptable. It is an evident break of confidence. How could I be confident and share our work and projects with people acting like that?

### **Translation**

This example is interesting because the impact of the CET was devastating despite having probably the best intentions.

Initially I decided some years ago to translate all abstracts and PLS using the funding of Cochrane France and some funding from the CIHR that I obtained directly from Alain Beaudet (director of the CIHR). I put an organization in place and gave access to these translations through a dedicated website because it was at this time impossible to host translations either on the Wiley website and on cochrane.org. Over the 3 to 4 last years we have translated more than 10 000 abstracts and PLS.

CET asked us 1) to use Smartling for performing translations and 2) to shut down the French website (because they wanted to regroup all translations on cochrane.org). These 2 decisions were deleterious for our translation activity. Rapidly it was evident to everybody except the CET that Smartling was not only costly but also inefficient. As an example, our volunteers decreased from 20 to 1 in less than 6 months because of its poor functionalities resulting directly in an increasing burden of work for them. All my staff (including specialist of translations, IT Specialists) complains daily about Smartling because of either the poor functionalities (I have sent detailed emails with a precise descriptions of all the pitfalls) or because Smartling could not be interfaced with our system. Therefore in one way our software dedicated to French Cochrane translations and trained with thousands of translations could not be used. In the other way our own work performed by our post-editors who correct the translation on Smartling could not even be downloaded by us to improve the training of our software. The cost of our translations increased by 30% and was no more sustainable for my center. As usual, the information send back to the steering group were that overall the translation project progressed very well (number of translations, huge number of web pages read,...) (with green lights) and that Smartling was a nice tool that could be slightly improved and that the company was very responsive! In addition, rather than acknowledging their evident responsibilities they insidiously put the blame on us. It was not the tool they have chosen (Smartling) that was inefficient, it was the way we managed volunteers.

Moreover, the way translations were presented on Cochrane.org (the only way to French scientists to have access) was ridiculous and defy common sense. Our translations were presented as a mixture of PLS and abstract without clear distinction between the 2 documents (with the conclusion of the abstract before its introduction, with no mention of the title of the abstract and without the complete reference).

At one point taking into account either the increasing cost, the poor ways of presenting our work and the relationship with the translation team, I decided that it was not acceptable to me and my funders. I decided to stop doing the translations and propose them to translate themselves as they have strong views on how to organize that in a better way.

I do not share here all my concerns about the strategic choices of the CET about translations but I have major doubts based on our experience about their proposals and ways of thinking about translation.

**More generally, I am not comfortable with the evolution or absence of evolution of Cochrane on several points. Overall my concerns are not about more centralization within Cochrane but about what must be centralized and what should not, and about the way it is done.**

#### **The growing "grip" of the CET on Cochrane.**

- The increase of the size of CET over the last 3 years was impressive contrasting with the stagnation of available means for CRGs and centers. The recruited CET members could be brilliant and dedicated people but could also be pure "apparatchiks" growing within a system.
- This increase was only made possible through the money coming from the collective effort (royalties) but without any clear return or even consideration for the people who produce the "goods" and therefore these royalties.
- I do not think that for an organization such as Cochrane, the CEO and more globally members of the CET must be Chair or co-chairs of every working groups (including the game changer initiative chair by MW or the one of the EU funding chair by J Wood)

- The growing implications of CET members as chairs or speakers during the last Cochrane Colloquium was obvious.
- My feeling is that the CEO try to apply old fashioned methods of management (pyramidal organizational structure) that are perhaps relevant for companies and other charities but that is irrelevant for Cochrane regarding the specificities of our organization, funding and activities. In fact even for classical companies this model is challenged. This model is totally irrelevant and dangerous for an organization with our model of funding. Our funding is largely funding provided by universities all over the world (the salaries of our contributors and of many members of CRGs and centers) or by countries (governments or research organizations) and for a small part the Royalties coming from Wiley. Not acknowledging that an organization with such model of funding could not be led and organized as other companies is a huge error.
- In addition even if CET members fail in their missions, as they assess themselves the quality of their work, there is little chance to have any change. They are always happy with what they have done (e.g. translations) and if it does not work it is because the others are not sufficiently productive or supportive.

### The views of Mark about research

- Mark advocates strongly and repeatedly to suppress research from the core activities of Cochrane centers (decision that would be disastrous for the funding of many Cochrane centers including mine).
- In this way, he fails to understand that Research is central to our brand. He or the CET members think that research projects could be led and performed by administrative people from CET (e.g. EU projects). It is clear they are not, they are not even aware of the ethical principles of research.

### The relationship between CET and others

- My feeling is also that many members of CET fail to recognize that the production of «goods» is mainly performed by CRGs and centers and that they must be respectful of that.
- They do not consider that their role is to support groups and centers. In contrast, they consider that the groups and centers are there to support their work. In fact, **we are now their service providers**. In this way, I think that to give to someone the title of Translation coordinator is an error of communication and probably of conception. It must be translation support coordinator. They do not have any legitimacy to coordinate something that is decided, funded, organized and done at the country level.
- In fact it is interesting to see how CET think based on the documents they wrote. In their views the CET is leading and the role of centers is to support them. The strategy is not the strategy of the Cochrane it is the strategy of the CET. The CET is as important as the overall other members of Cochrane and I profoundly disagree on that for multiple reasons. We are moving from the Cochrane Collaboration that was a collaboration of scientists dedicated to a common idea and sharing values to Cochrane that is pyramidal organization directed by a CEO and his CET and a large number of employees. For me, they are leading Cochrane in a way that is either contrary to the first principle of Cochrane (collaboration) and dangerous for the second (Building on the enthusiasm of individuals). Their views is that they will always have volunteers and my view is that they could discourage very quickly all these volunteers (including me).
- In my view, the steering group do not have a sufficient counter power or control. Whatever the involvement of the steering group a few number of people working part time could not control what was done by many full time people.

### The insufficient innovativeness and disruption within Cochrane

- Cochrane is progressively loosing is leading position in terms of innovation and disruption. In my view Cochrane is no more sufficiently aspirational. Cochrane is now an organization doing nicely and very carefully old-fashioned systematic reviews. However, I am afraid that more and more Cochrane people do their

innovative works and publish their reviews outside of Cochrane (including in the best journals) especially if they have done a network meta-analysis or an IPD meta-analysis or if they work on a burning subject.

- Our lack of innovativeness is highlighted by our main funders as Tom Walley from the NIHR during the Quebec Colloquium.
- In this perspective the game changer idea was an excellent idea. However, the overall process leading to the choice of only one project that is a real mess was a failure. Whatever the quality of this project and the usefulness for Cochrane, this project is in no way a game changer. This project is only something that must be done to be in line with the evolution of technology over time.

### **The lack of understanding of the necessity to expand the scope of Cochrane and to improve the link with trialists**

Cochrane could not complain in the conclusions of every Cochrane reviews that the evidence is insufficient, that most of RCTs identified were at high risk of bias (less than 20% of RCTs in Cochrane reviews are at low risk of bias) without trying to improve the system of production of primary evidence. It looks of major importance to me but also to many review group editors and to our funders. We need to improve the quality of primary evidence if we want to improve the quality of our reviews. In this purpose we need to work to improve the relationship between trialists and systematic reviewers, and to help trialists to do better trials. Cochrane with its size and his role is in perfect position to do that using the data we produced. Acting as a global advocate of the Alltrials campaign or of Reward is nice and necessary but in no case meet the challenges.

Taking all these points into account, I have decided to resign from my position of center director because

- 1) I am not in line on multiple points with Cochrane Central executive. I think that it is preferable to be consistent and to step down rather than to keep silent.
- 2) I am pessimistic on their ability and willingness to change (even if a growing number in CRGs, CMGs and centers are sharing similar concerns). I am not even able to convince them of points that are purely common sense (e.g. presentation of translations).
- 3) I want to avoid to consume a lot of time and energy to struggle for everything with them and I prefer to work on useful objectives.

I remain very attached to the "initial" idea of Cochrane and hope that its evolution will prove me to be wrong.