1. INTRODUCTIONS

   a. Ruth and Jorge welcomed working-group members to the call

2. REVIEW AGENDA AND ACTION ITEMS

   a. Ruth confirmed with members that there were no additions to the agenda
   b. Ruth pointed members to the notes and actions from the last meeting (see attachment 2) and confirmed with members that they had no edits to suggest

3. TERMS OF REFERENCE

   a. Ruth introduced the list of priority topics that emerged as the most recent output of the horizon-scanning process, the group agreed that the cross-cutting issues are often the most complicated to address, and the group agreed that a sub-set of the working group should proceed with the following two steps and bring their 'homework' back to the group for discussion:
      i. Identify the most relevant type of synthesis needed for each topic
      ii. Identify any specific considerations related to involving people with lived experience in the evidence synthesis
   b. Elie and John reminded members about the following framework, and the members concluded that we could complement the above work by adding columns for available evidence syntheses (and perceived gaps) and available guidelines (and perceived gaps) and then a column for whether it's likely that primary studies, an evidence synthesis, a guidline or a knowledge-translation activity was needed:
      i. Need a framework to go from demand (as expressed through the horizon-scanning process) and supply (primary studies, evidence syntheses of different types, guidelines, and knowledge translation)
         1. Map what evidence syntheses already exist (using the COVID-END inventory) and what guidelines already exist (using eCOVID and possibly other sources like ECRI)
         2. Review the the relevance, quality and currency of what is there (which can easily be done with both the COVID-END inventory and eCOVID), as well as whether citizens and/or patients were engaged in the syntheses (or guidelines) and in the primary studies included in them
         3. Identify where gaps exists, particularly for living evidence syntheses +/- living guidelines
         4. Brainstorm about potential teams who could address each gap and what might encourage them to take on the work
   c. **ACTIONS: Ruth and Jorge to adjust the Excel file to include these additional columns, focus initially on completing the columns covered in 3ai and 3aii, and send**

the spreadsheet to John for additional work before sharing it with all working-group members

4. DISCUSSION

a. Working group members suggested that it may be beneficial to identify additional members whose backgrounds complement those of existing members (or at least additional individuals who could be consulted)
   i. Nurse with experience in evidence synthesis and/or guidelines – we could approach Craig Lockwood from Joanna Briggs International and/or someone from the nursing, midwifery and allied health professional research units in the UK (Lynn has contacts at the one based in Scotland)
   ii. Environmental/climate change expert with experience in evidence synthesis and/or guidelines – we could approach Andew Pullin from the Collaboration for Environmental Evidence
   iii. Economist / economic modeler with experience in evidence synthesis and/or guidelines – we could approach someone through the Campbell Collaboration
   iv. **ACTION: John to work with Jeremy to propose an approach, including drafting an email (that can be shared with Lynn so she can approach her contacts in Scotland)**
b. Saeed Ahmadiani introduced the Université de Montréal research study on communities of practice (see attachment 3 for description of study; see attachment 4 for observation consent) and invited working-group members to email him at saeed.ahmadiani@umontreal.ca if they would not like anonymized data about their contributions to the working group used in the study
c. Working-group members did not have time to discuss the potential of changing the working group name

5. ANY OTHER BUSINESS

a. No other business