Structure and Function Review: Positioning Cochrane Fields as KT-Focussed Groups

Final design proposals

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# Executive Summary

Cochrane seeks to improve health decision making globally. We do this by producing systematic reviews, so that the best evidence is available: but available and used are not synonymous. For some audiences we need to adapt or re-package review findings, whereas for others we just need to disseminate reviews more widely so those audiences know they exist. It is critical to Cochrane that we connect health and healthcare decision-makers with the reviews we produce; and we listen to those stakeholders to understand what their evidence priorities are, so we use our limited review production resources to produce the reviews that are most likely to be used.

This knowledge translation (KT) challenge is the impetus for the development in 2016-17 of a Cochrane Knowledge Translation Strategy that will inform the KT work of all Cochrane Groups. It also provides the core context for this paper on Cochrane’s Fields, as we want the remit of Fields to be driven by the new KT Strategy, and therefore we have outlined the proposed work of Fields around four functional areas based on the Strategy: Network Building; Building Demand/Advocacy; Knowledge Translation Outputs; and Stakeholder Engagement.

Cochrane has to engage with the broadest possible range of stakeholders, and Fields need to help us do this more as an externally facing, stakeholder-driven Group type interacting with end users to increase the uptake of our evidence into health decision-making. This is particularly important in areas where currently there is no stakeholder engagement: either because the tight focus of many Cochrane Review Groups (CRGs) does not correspond to the identities or groupings of external stakeholders, or because there is insufficient capacity in the relevant Review Group. The KT Strategy promotes a more integrated KT approach within Cochrane based on the KT needs of a topic or review. We must build a firmer base for collaboration between Cochrane Review Groups (CRGs) and Fields in the review process, as Fields bring skills, contacts and resources needed to support CRGs in prioritizing their work. In particular, we have an opportunity to address the needs of external stakeholders in a more meaningful way through aligning our Fields structures in part with the new consolidated ‘networks’ of CRGs that are under construction.

Fields also have a role to play in supporting Centres in their geographical knowledge translation remit. Many Centres will have well-established KT programmes and others will be developing more KT work over the coming years. It is important that the KT work of Centres intersects with and complements the work of Fields, so that there is maximum impact and minimal duplication of effort. We need to promote KT-focussed groups within country-based structures which complement existing and future audience- and topic-based Fields, allowing for partnerships to achieve an expansion of local implementation of the work done in specific topic areas and targeted at specific audiences by Fields. In time, we aspire for all Fields to have large networks, so that they can connect with geographically-based Groups effectively.

The KT Strategy is being submitted for approval at the Governing Board meeting in Geneva, and as Cochrane’s KT implementation plans develop around the Strategy more details on the implications for Fields will emerge. This set of proposals is, therefore, a strategic-level document setting out a proposed plan for new structures and functions, which will evolve as it is implemented.

# Background

The existing role of Fields is outlined on the Cochrane Community website here: <http://community.cochrane.org/organizational-info/resources/resources-groups/fields-info> and the current list of Fields is available here: <http://www.cochrane.org/contact/fields>.

When we initiated the Structure and Function Review of Fields we established a comprehensive rationale for change in the way that Fields operate. This will not be reproduced here, but is available at: <https://tinyurl.com/jsxx79o>.

# Cochrane’s Knowledge Translation Strategy

Cochrane’s vision is a world of improved health where decisions about health and health care are informed by high-quality, relevant and up-to-date synthesized research evidence. Realisation of this vision relies on the production of Cochrane Reviews, and effective strategies to facilitate their use.

KT is at the core of Cochrane’s *Strategy to 2020*. Goals two and three are focused on engagement and meeting the needs of our existing and potential users; so a Cochrane KT Strategy is a vital counterpoint to all the money and time invested in producing Cochrane reviews. As an organization committed to knowledge generation and synthesis, we must take responsibility for getting our knowledge used.

Through the implementation of the KT Strategy we want to see a significant culture change in Cochrane towards becoming a KT-centred organisation where KT is considered a vital part of all activities we undertake.

The KT Strategy highlights six key thematic areas of focus for Cochrane’s KT work; and establishes four primary audiences we should be serving. This allows us to draw boundaries around what Cochrane’s KT role should be and, importantly, allows us to think again about the role that Fields could play in Cochrane in their domain[[1]](#footnote-1).

3.1 The six themes of the Strategy

### Theme One: Prioritisation and co-production of Cochrane reviews.

*Producing reviews which meet the needs of our users*

This theme describes stakeholder engagement throughout the review production process. Activities in this theme focus on considering KT during all stages of review development and production, actively involving key stakeholders in topic and question selection, design, execution, interpretation and dissemination of Cochrane content.

### Theme Two: Packaging, push and support to implementation

*Ensuring our users receive and can act on our reviews and products*

This theme describes a programme of work bridging production, dissemination and support to implementation through creating ‘fit for purpose’ reviews and disseminating these effectively.

### Theme Three: Facilitating pull

*Growing our users’ capacity to find and use our reviews*

This theme describes facilitating the use of Cochrane reviews in health decision-making through making Cochrane reviews easy to find in appropriate formats and languages, and developing capacity in users to find and use our reviews and products.

### Theme Four: Exchange

*Engaging with our users to support their evidence informed decision making*

This theme describes a range of interactive approaches to build partner relationships and support their decision making for issues of importance to them.

### Theme Five: Improving climate

*Advocating for evidence informed health decision-making*

This theme describes activities linked to Goal 3 of *Strategy to 2020*. As with themes three and four, activities under this theme are not grounded in KT for specific reviews. Instead, work under this theme lays the foundation for the use of research evidence in general, and Cochrane outputs in particular, by promoting and advocating for the role of systematic reviews in evidence-informed decision-making.

### Theme Six: Sustainable KT Processes

*Building a sustainable infrastructure for knowledge translation*

This theme describes the organisational work that needs to be done to ensure that knowledge translation in Cochrane is adequately supported with appropriate infrastructure, processes and resources. This includes activities such as establishing governance and leadership for KT, creating systems to support KT, and providing training within Cochrane to ensure that we are collectively resourced to undertake KT work now and in the future. It also involves coordinating Cochrane’s KT work, monitoring and evaluating the KT Strategy, managing and sharing the knowledge generated for and about KT in Cochrane, and acting on the lessons learned.

3.2 Audiences for Cochrane’s KT



We have framed the key audiences that Cochrane needs to reach as ultimate end users of Cochrane evidence. In many cases, we will access our audiences through intermediaries such as journalists or guideline developers.

*Audiences identified in the Cochrane KT Strategy*

# Cochrane structures to deliver KT

To be a KT-centred organisation we need to consider the different dimensions of knowledge translation, to understand the roles of Cochrane Groups in delivering the KT Strategy and ensure that it becomes embedded in everything we do.

Knowledge translation is context-specific. That context may be geographic, topic-based or specific to an audience group. It is important that we consider these dimensions when thinking about a model to deliver the KT Strategy in Cochrane.

Geographic focus

As part of the Centres’ structure and function review we have already established that knowledge translation is a core part of a Centre’s work. We have approved changes that allow Centres to create networks of groups within their country (either Affiliates or Associate Centres) that can do KT in a more flexible way; and encouraged Centres to introduce new ways of working (such as setting up ‘consumer champions’) that we hope will lead to increased KT activity at the geographic level.

Topic-based focus

Topic-based KT naturally falls within the work of Fields and CRGs, linking networks of professionals and experts in an area together to promote the use and impact of Cochrane evidence in global policy and practice. However, it is essential that this work complements the geographic approach, as ideally we will leverage our large country and regional network to increase the reach of topic-based KT activities.

Audience focus

Any Group focussed on undertaking KT in Cochrane will be focussed on a specific topic or geographic area as above, but that does not mean that they are obliged to focus on all four KT audiences. Any KT-focussed Group should consider which audiences it will cover. It is possible that some large, well-resourced groups will be able to cover all four KT audiences; but in other instances, multiple Groups may collaborate, each focussed on a different audience: e.g., a country might have four different KT-focussed Associate Centres, each dedicated on one of the four KT audiences.

* 1. KT Functions

The proposed KT functions of different Cochrane Groups will be set out in the KT Strategy, and will follow the six KT themes established in the Strategy. The priorities between and within these themes may change periodically as the organisation’s KT priorities change. In addition, each KT-focussed Cochrane Group will have the latitude to decide on its own priorities which are most appropriate to its context.

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| Prioritisation and Co-production | Review production remains primarily a CRG function, but with the push for greater prioritisation and more co-production the CRGs will need support from Fields and Centres to connect with relevant stakeholders. |
| Packaging, push and support to implementation | This has traditionally been a key area of activity for Fields. Packaging reviews for stakeholder groups, summarising reviews, etc., will continue to be important. Through the KT Strategy we hope to be able to better coordinate and integrate such activities. |
| Facilitating Pull | This is about enabling our users to access the evidence that is available. This includes educational initiatives to increase usage. |
| Exchange | Fields working closely with stakeholders seek to meet their needs and this is exactly what exchange is about – providing for the needs of our stakeholders and being responsive to their needs. It starts with partnership building, but can be considered the next stage in developing the partnership into a relationship that meets the needs of the stakeholder to make decisions based on our evidence. |
| Improving Climate | Fields have always had an advocacy role, so this is not new. This covers activities aimed at developing the demand for evidence by educating people about EBM and Cochrane and advocating for the use of evidence in decision-making. |
| Sustainable KT Processes | The central organisation needs to take a leading role in supporting and coordinating KT processes and providing a robust infrastructure, but this is also about building capacity and capability at Group level. We need to see the number of people skilled in KT growing at a Group level, so that we have both the skills required and the capacity to undertake the work. |

# The role of Fields in this KT approach

What distinguishes the role of Fields in this KT approach is that they are primarily focused on the needs of a stakeholder community or audience that they serve. They act as a bridge between the evidence produced by Cochrane and external stakeholders who need that evidence. CRGs may perform this role themselves with certain stakeholder groups linked to their topic area; but the breadth of potential stakeholders who could use Cochrane evidence means that we need Fields to augment and expand this critically important role.

To be effective, Fields need absolute clarity about who their audience is; and set their scope accordingly in a way that is realistic, based on their available resources. They should be an outward facing layer of Cochrane that makes sense of Cochrane for others by re-organising or re-packaging content and undertaking knowledge translation so that Cochrane evidence meets external users’ needs and they can easily access, engage and communicate with us. This engagement role is not just about pushing information out to stakeholders, it is bi-directional: we need to listen to and learn from our stakeholders and feed that learning and insight into Cochrane.

The focus of Fields, therefore, is on the evidence needs of their stakeholders, in contrast to CRGs who will also be undertaking knowledge translation activities but doing so based on the reviews they are producing. These two approaches are complementary, but there is a different emphasis on what is the primary motivation and driver for the respective Groups’ work. The KT work of Centres will be like that of Fields, but in their case the stakeholder audience will be geographically defined.

Because of this different perspective, Fields will sometimes identify specific evidence needs of their stakeholders that are not being produced, or planned to be produced, by CRGs. In this case, they may end up needing to take on a review production role: either in collaboration with a CRG or on their own where a CRG is unwilling to support them. It is essential that we have mechanisms to support Fields in this activity when CRGs are unable to provide the required support; but we do not want to encourage Fields to become new CRGs, focused on review production. This topic is covered in more detail in section 6.2 below.

Given the importance of the new Field role, we need to prioritize establishing new Fields based on where we see the strongest external need for engagement. This is covered further in section 5.3.

When thinking about new Fields we should not assume they need to be established as indefinite presences. For example, if there was a global initiative running for three years and it was important Cochrane had a cohesive KT group responding directly to that initiative, then a Field could be set up for the duration of the initiative and disbanded once the specific external need was met.

This approach will also be able to take advantage of the new Cochrane Membership scheme, launching in April 2017, as it will allow newcomers to be more effectively channelled to the Field in the area of work individuals are interested in.

* 1. Functions of Fields

The functions of Fields need to evolve to support this model. A summary view of the KT Strategy breaks down the functional requirement of Fields into four areas of activity, which clarify Fields’ contribution to Cochrane as part of a broader spectrum of knowledge translation activities. Fields will use the KT Strategy as the basis for their work plans.



* 1. Structures of Fields

Fields don’t need to be fixed entities rooted in one location. The most appropriate organising model for Fields is a ‘dispersed network’ model, in which the activity of people in different places around the world is managed from one or several sites (many Fields already operate on this principle).

Within the Field, a structure of subgroups is a useful approach as it allows for leadership in certain areas of work to be delegated to small Groups. This helps build both capacity and capability within the Field and it allows for deeper engagement from a broader range of interested parties. Such sub-groups are to be promoted as part of the Field and not as Groups in their own right.

Fields should also seek to establish cross-cutting networks that interact with geographic KT activity. Initially, Fields might identify key individuals in different countries and connect them with the KT work in their country as a representative of the Field. In the long run, we would aspire for each KT-focussed geographic Group to have access to a named individual from each Field to foster collaboration and ensure that the work of the Field can be implemented across the world. Building such comprehensive networks will take time for Fields, and they will need to grow in line with the KT capacity in geographic Groups, but this intersection between geographic-focussed KT and topic-focussed KT is critical to achieve the maximum impact and minimum duplication of effort.

Whilst we want to support low-cost models for supporting KT activity, it is important to acknowledge that knowledge translation work is a serious undertaking that requires dedicated effort from those involved. Fields which have consistently had full-time staff have been more productive, as would be expected, and so whilst we want to promote models that are low-cost but functional, we acknowledge that Cochrane must secure sufficient funding in different ways to resource adequately its KT ambitions and objectives. This could be through seeking project funding for discrete initiatives within Fields. This has the disadvantage of being short-term and requires a lot of effort to secure for each project, but it is an area where some Fields have had success.

* 1. Coverage of Fields

Current Fields cover specific areas of interest that have evolved in an *ad hoc* way over the last two decades. Cochrane needs to take a more consistent, co-ordinated and planned approach to the coverage of Fields work in the future, targeting the healthcare sectors, treatments, populations or audiences where its evidence can make the greatest impact. Ideally we would want comprehensive coverage across these areas, but we need to prioritise our efforts and work out where there are gaps in the existing model where we need to establish new Fields.

There is also the question of what Fields are needed in condition areas. The existing 52 CRGs have been structured by their focus on specialized conditions, and it would have been duplicative to have Fields covering the same conditions. However, the CRG transformation programme will establish new more consolidated ‘networks’ of CRGs, and this may allow us to identify new Fields working at the level of the combined editorial groups, so that the CRGs working together can link to stakeholder groups of their combined area of interest, as well as with the stakeholders in their individual areas of interest that they already work with. These new Fields could be built from KT-interested individuals within the CRGs or through partnering with another organisation with an interest in this role. An example is the nascent ‘Cochrane Global Mental Health’ Group, which is being coordinated by the WHO and involves five CRGs covering the area of mental health. This new Cochrane Global Mental Health will facilitate the sharing production, dissemination and implementation of Cochrane reviews in low and middle-income countries.

As part of the implementation of the revised Fields model we will identify priority areas for new Fields where we feel stakeholder communities are underserved and we will work with the CRG transformation programme to identify where the new, larger editorial units might need complementary KT capacity from a new Field.

Specific issues identified that affect the success of Fields

* 1. Infrastructure to support collaboration

Cochrane’s current internal structure, with rigid divisions between different types of Groups, has in the past created barriers to collaboration which have - in turn - led to unsuccessful working relationships for Fields. The barriers experienced by Fields have included: communication issues between Fields and CRGs; lack of interest from CRGs in participating in Fields’ KT initiatives; the inability of a Field to effectively track reviews they are interested in; no exposure of the produced KT outputs leading to duplication of effort; inability to share resources and good practice; and conflict over the content of KT outputs.

There is a need for easy and effective collaboration between those producing the reviews and the potentially diverse range of people involved in knowledge translation and dissemination of those reviews or associated products to our many external stakeholders. We will need to keep this challenge in mind as we implement the knowledge translation strategy and other key change initiatives, such as the CRG transformation programme.

A practical solution to some of the issues would be to create a way of centrally recording KT activities undertaken on any given review, so that others interested in supporting the dissemination and use of a review can take advantage of the work and avoid duplicating effort. This would allow the relevant CRG and the review authors to see how the review has been used. It would involve sharing details of the KT undertaken and ensuring that links to outputs and materials can be reused. To do this we need to develop workflow tools that allows those interested in undertaking KT on a review to create a workflow around this which could then alert those involved when it is time to initiate KT tasks. This support system could lead to improved transparency and communication, better collaboration and the opportunity to have a more integrated approach to KT. This infrastructure is also proposed as part of the KT Strategy as it is not specific to the needs of Fields.

* 1. Fields and review production

Primary responsibility for review production sits with Cochrane Review Groups and will continue to do so. However, there may be times when a Field, through its stakeholder engagement work, identifies priority topics for Cochrane reviews that no CRG is willing or able to support.

In line with the Centres’ [Structure and Function Review paper](https://tinyurl.com/zcpooe2), we think that there should be more flexibility in the role of Fields, and Fields should be able to take advantage of the introduction of new editorial process options, most notably the fast track editorial submission channel for high quality reviews[[2]](#footnote-2).

If a Field wishes to take on the author support for a title that has not been prioritised by a CRG then this should be allowed if certain criteria are met. First: there must be a clear need for the review; Second: the opportunity to register and support such a title should be offered to relevant CRGs first, with the Field taking forward the review only once these CRGs have declined to take it on.

Where there is no CRG willing to support an author team to undertake the Review, and there is clear evidence that the topic is high priority, then there are two suggested approaches that the Field could follow.

1. A Field establishes a partnership with a relevant CRG to produce that review. The Field agrees to take on all responsibility for author support and initial checking of MECIR standards. All the CRG commits to do would be to manage the peer review process, sign off, and publish the protocol and review.
2. A Field is unable to find a partner CRG which is interested in the review, so they proceed with the Review, but publish the protocol externally, in PROSPERO for example. Once the review is complete they use the proposed fast track editorial system to submit the completed, high quality review.

If Fields wish to undertake this role they must be able to demonstrate to the Editor-in-Chief that they have the resources and skills available to provide author support which leads to consistent, high-quality submissions to the CRGs. The above process is indicative only at this stage, as the fast track process is now being piloted and we do not know how it will be configured ultimately. We will also take into consideration other proposed ideas such as an editorial group to support Fields review production. We wish to support the idea that Fields can produce reviews where their stakeholders demand it, so we will continue to explore the most appropriate way to achieve this, but this is dependent on elements of the CRG transformation programme.

* 1. A change of name?

We know that the term ‘Fields’ has no external validity: those outside Cochrane do not understand the term and how this relates to what these Cochrane Groups do. Recent branding changes have helped overcome this challenge to some degree: for example, the Child Health Field has become ‘Cochrane Child Health’. This approach should be standardised across existing and future ‘Fields’. For the purposes of organizational and functional description, however, we still need a name for the ‘Fields’ structural grouping, and we favour bringing ‘knowledge translation’ formally into the name to give a clearer indication of this pre-eminent role within these Groups. We therefore propose ‘Knowledge Translation Groups’ or ‘Knowledge Translation Networks’ as the new descriptive term for Fields.

We anticipate that Groups in geographic networks who are explicitly focussed on KT and working with topic- or audience-based ‘Fields’ will continue to be called Affiliates or Associate Centres, as they exist within a geographic-oriented framework of accountability (and see the Structure and Function Review for geographic-oriented Cochrane Groups for more details).

# Accountability and Governance

* 1. Lines of accountability

Establishing clear lines of accountability throughout Cochrane for our knowledge translation activities is critically important. Fields report to the CEO for their KT activities; and Centres – who will play such an important role in KT at a geographic level - also report to the CEO, as does the Central Executive’s Communications & External Affairs Department, which will play a key role in facilitating and supporting Cochrane’s KT activities around the world. We intend, initially, to continue the existing lines of accountability but to review them as the KT Strategy is implemented and as Fields (or whatever these Groups are to be called) increase their integration and work with CRGs.

* 1. Strategic plans and succession planning

Fields of all sizes should have a strategic plan built around the KT functions and audiences they plan to serve, which will be used to assess performance. This should be a multi-year strategy with annually updated targets representing activities planned in each given year. The strategy and each annual update on activities should be submitted to the Central Executive to a defined schedule to be agreed. As part of the strategic plan for the Field there should also be a succession plan which details what the Group is doing to develop future leaders.

* 1. Existing and future policies and processes

Fields, like all Cochrane Groups, are expected to adhere to Cochrane policies and processes. These are available on our website: <http://community.cochrane.org/organizational-info/resources/policies>

* 1. Advisory bodies

The new Cochrane Editorial Board has a position for a leader in knowledge translation and that person will need to be linked in with all the Groups undertaking KT in the organisation, as well as potentially supported by a KT advisory group.

The Cochrane Council and Governing Board will be considering the future of the Group Executives. It is likely that the Fields Executive will need to evolve as many more KT Groups emerge in the country networks. It will also need to respond to the need for greater linkages between Fields, Centres and CRGs as the KT Strategy is implemented. The newly-formed representative Council will be an initial step in promoting these linkages.

* 1. Memorandum of Understanding (MOU)

For this accountability structure to work we propose to set up MOUs with Fields that will be routinely re-assessed (at least once every five years). The purpose of these MOUs is to establish clear mutual accountabilities and to outline the support that Fields will receive from the Central Executive Team so that they feel empowered to undertake their Cochrane role effectively.

* 1. Probation period

Setting up a new Cochrane Group is a challenging task, and it is also a significant responsibility to be part of Cochrane’s global presence. Because of this we will introduce a probation system whereby all new Groups are assessed after one year to ensure that they are progressing as expected in their plans and that they are accessing the support and mentorship they require to succeed.

1. The Cochrane KT Strategy will be presented to the Cochrane Board in Geneva, April 2017. The paper will be available open access on the KT pages of the community site when it is finalised: <http://community.cochrane.org/review-production/dissemination-resources/knowledge-translation-strategy> [↑](#footnote-ref-1)
2. http://community.cochrane.org/review-production/production-resources/fast-track-editorial-process [↑](#footnote-ref-2)