CRG Structure & Function project

Summary of interviews with Cochrane leaders, 2013

Interviews were conducted by Ray Flux, working as consultant for Cochrane Editorial Unit

General views

There was general agreement that this is a good time to conduct the review - as Cochrane comes under a new leadership team and with the Strategy to 2020 in place.

There was also widespread evidence of CRG systems close to breaking point in terms of workload, challenges caused by insufficient resources, and threats to the traditional Cochrane reliance on volunteers.

Cochrane has had a very successful first 20 years, but the pioneers are mainly coming to the end of their careers. Systems that have developed in an ad hoc way over the last 20 years are not efficient and increasingly do not meet the needs of authors, users, and funders.

Individuals differed in the extent to which they believe there is a necessity for the whole organisation to change (the 'burning platform'), although most could describe strain and problems in parts they are familiar with. Many (but not all) interviewees were reluctant for Cochrane to embrace a 'command and control' culture, therefore change would depend on a critical mass of Cochrane members being convinced that change was possible and that the ways forward would be favourable. Participants were asked about the approximate number of people they imagined making up this 'critical mass'. There is a need to address people's concerns and identify solutions that carry widespread support.

Protecting Cochrane's core values

There is a strong commitment to Cochrane 10 core principles - in particular to the inclusiveness and welcoming culture - building on enthusiasm of its members.

Increasing efficiency

Several people expressed concerns about perceived inefficiencies in the current system: "if you were starting today you wouldn't set it up like this".

Partly this inefficiency manifests itself in long delays that can occur in getting a Review from idea to publication and partly as key staff reporting that they are sometimes unable to use their valuable time and skills as effectively as possible. Indeed a part of the platform which is burning is the workload of some of the CRG staff. The number of reviews in various stages of progress, the level of support required by inexperienced (or enthusiastic but incapable) authors, the changing needs of funders and the competing pressure upon the resources of host organisations are all making the work of the CRG leaders and staff a greater challenge and potentially an unsustainable one. In the mid-term as people retire or leave this may create problems for succession planning.

Several ways to address these inefficiencies were raised:

- Faster and earlier decisions on offered reviews to reject those which add little value to already published work, have little potential impact or require unsustainable or unaffordable levels of support.
- Simplifying and standardising the Review production process across the organisation
- Managing and sharing priorities for work on a more collective and global scale
- Negotiating and managing the alignment of funding to match better the shared priorities
- Deploying staff skills more efficiently to better match the work in delivering he shared priorities
- Centralising some of the search function and role of TSCs

Generally contributors did not suggest reducing the number of CRGs or offer a possible scale for doing so, and automating certain parts of the process, or sharing data extraction, did not come up.

Centralisation versus delegated priority setting

A substantial part of several discussions focused upon the value and acceptability of CRGs being given, or being party to negotiating, a set of 'must do' Cochrane Reviews within a scheduled period. The Reviews would presumably reach their 'must do' status on the basis of a funder's commission, an upcoming health policy decision by a significant user (such as WHO) or group of users, or a known and defensible health need. The 'must do' list would also be dynamic in that reviews could be commissioned and once done, finished, with further new commissions or priorities being added to the list. The development and scheduling of such a list has the advantage that funders, contributors, policymakers and users could potentially have a picture of the whole Cochrane programme at any one time, and its scope and direction going forward. This offers great potential for communicating and marketing Cochrane's contribution globally. (*see below)

The production of this list does imply a more centralised and managerial approach which will require some negotiation and ceding of authority, however Cochrane has a track record and considerable experience of organising debate and decision-making among geographically dispersed networks of people, which will help to mitigate this. As several participants commented, most contributors give their time and effort in order to see their work make a difference; so that working on 'must do' Reviews rather than a personally chosen topic should have its own reward.

Having a published programme of priority Reviews would help Cochrane to deploy its staff and skills more effectively. Although it is a global Collaboration many people associated with Cochrane have specialised interest or knowledge and probably identify most strongly with the CRG they work with rather than the Collaboration as whole. This focussed allegiance and commitment is understandable and beneficial in part but may limit career opportunities for staff and be inefficient for the organisation. The allegiance of staff members to their CRG seems to create much stronger links within these small groups than among people of the same professional discipline across the globe. Combined with pressure of work, this seems to hinder cooperation across CRG subject areas and learning, development and support among colleagues in the same

disciplines. Several contributors reported that in future, more collaboration and cooperation across CRG subject areas would be required for Reviews to meet the needs of policy- and decision makers.

Alongside work which has 'must do' status, CRGs may still develop a portfolio of work in their field which has ongoing interest, or which may be more exploratory, developmental or speculative. Although this might be determined more locally within a CRG, the opportunity for the portfolio of work within a CRG to be published and known by others, may be improved by the publicist opportunity in the new approach (see above*)

Working with funders

Some contributors referred to the different bases on which work is funded in different countries. Should the next stage seek to develop ways in which funding could be better aligned to allow for a global contribution to a global output? Might funders in future become commissioners of particular pieces of work or indeed a portfolio of work, rather than funding regional structures with an expectation of volume based output? Internationally some funders are reported to be substantially doing this already or moving in this direction.

However, current funding should not be put at risk and most people believed that funders would need to understand and approve any planned changes to Cochrane's ways of working, although they may not be directly interested in what form the changes should take provided their required outputs are met. If a changed relationship with funders were to be sought, this should only happen over time, perhaps through closer working with funders together, and developing a common understanding of strategic goals alongside more regional and specific ones.

The whole Review process should seek to clarify and move towards the preferred roles and funding arrangements for CRGs & satellites and Cochrane Centres & Branches.

Several contributors also noted that one way to reduce the strain currently experienced in many CRGs may be to increase the total resourcing available to the organisation by securing new funding. Increased globalisation (into developing economies such as China, India and Brazil) may offer opportunities to do this but raise other challenges including whether these cultures understand and accept an evidence-base for medical intervention, the language used in Reviews (English), the relevance of existing reviews to health policy for their populations and the type of health problems these potential funders may wish to explore.

Implementation of change

In most conversations the expectation and hope was that there could be quite rapid progress to reach a shared view about what change was going to happen (so that speculation and the potential damage of prolonged uncertainty could be mitigated) and that making the change would then happen over 2 to 3 years. Most people wanted significant change but not revolution or an unravelling of established good work and relationships built so far. Although many thousands of potential authors/contributors and users might need to be clear about the implications for them of changes in the Collaboration’s ways of working, it was widely held that only 150 to 300 people within Cochrane would need to be really 'on board' with the change process.