THE STRUCTURE AND FUNCTION OF COCHRANE REVIEW GROUPS: OPTIONS FOR CHANGE

Options exploration and consultation paper

Cochrane Editorial Unit

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Introduction

Cochrane has much to celebrate. What started 20 years ago as a small group of pioneers with a shared vision has grown into a large international network of independent thinkers. Along the way, Cochrane has developed a unique culture and can claim many achievements. The *Cochrane Database of Systematic Reviews* (CDSR) is perhaps the Collaboration's greatest and most visible asset. Cochrane has also developed the largest database of controlled trials, become a major provider of training in evidence synthesis, contributed substantially to methodological development, become an influential advocate for evidence informed health care, and much more. These are achievements of which, justifiably, we should be proud.

It is time to look ahead to consider what we need to do to ensure we build a robust and flourishing organisation: one that builds on the achievements of the past, and delivers our new strategic vision: Strategy to 2020.

The Structure and Function Project

The Cochrane Collaboration Steering Group endorsed the Cochrane Review Group (CRG) Structure and Function Project at the 2013 Cochrane Colloquium. Its aim is to explore and re-evaluate the work and configuration of CRGs and other Cochrane groups involved in producing Cochrane Reviews. The project is by led by the Cochrane Editorial Unit (CEU) and overseen by a Project Board that includes representatives from the CRG Executives. There are more details on the CEU website:

http://editorial-unit.cochrane.org/structure-function-project

Following initial consultations and data gathering, we believe that there is support for change, and have outlined in the first part of this paper the rationale and potential benefits. Four distinct options for change emerged, and we have started to define these and consider how they might achieve the desired outcomes.

The options in this paper describe broad pathways; they are not intended to provide a detailed blueprint or prescription. We hope that they will stimulate wide discussions, and that this will lead to more detailed, thought-through solutions that will be developed further over the next few months. We intend to develop concrete proposals to be ratified or explored further at the Hyderabad Colloquium. The entire process from this point onwards will be informed by the widest possible consultation, which will also include funding bodies and other external stakeholders.

Core functions of CRGs

1. To produce and maintain high quality, relevant and accessible systematic reviews that inform decision-making in healthcare and policy

- Developing processes to identify and prioritise reviews that address the issues and uncertainties that are of most relevance and importance to users within the CRG's scope
- Ensuring that reviews meet the conduct and reporting methodological standards (MECIR) developed by Cochrane
- Ensuring readability of reviews so that they are comprehensible to the identified user groups
- Ensuring appropriate input into the editorial process via peer review at the protocol and review stages by experts (including content experts, consumers, statisticians and methodologists)
- Ensuring open and transparent editorial processes and decision-making in respect of the registration, conduct and production of reviews
- Promoting geographical diversity and inclusiveness within the Collaboration by seeking to recruit authors and editors from low- and middle-income country settings and, where possible, prioritising the publication of reviews that are relevant to these settings
- Helping to monitor the impact of reviews produced by CRGs and contributing appropriately to centrally-organised activities to identify and increase impact and knowledge translation
- Providing support for review authors within the context of available resources while ensuring the best possible product for users of the CDSR, and maintaining timely and respectful communications with review authors

2. To identify relevant studies within the scope of the review group and to contribute bibliographic material relevant to these within the CENTRAL register of controlled trials

- Developing and maintaining a specialised trials register and publishing the studies within the register appropriately in CENTRAL, (unless specific permissions have been approved by the Editor in Chief in consultation with the Co-ordinating Editors' and TSCs' Executives, and all included and excluded studies identified by the group's reviews are submitted to CENTRAL)

3. To address requirements in relation to the Collaboration

- Complying with reporting requirements, put in place by the Collaboration, necessary to ensure good governance
- Supporting the development and implementation of strategic plans and governance arrangements developed within the Collaboration
- Identifying and addressing the professional development needs of core staff at the editorial base
- Seeking to identify learning opportunities for peer reviewers, review authors and editors, and providing advice about accessibility of such resources
- Maintaining a collegial, respectful relationship with all Cochrane entities and management groups

Developing options for change

Researching the current situation

Interviews with Cochrane leaders

A consultant, Ray Flux, interviewed 17 Cochrane leaders from different disciplines and backgrounds and elicited views on the strengths and weaknesses of the current organisation and approaches to change.

Internal advisory board meetings

David Tovey chaired five internal advisory group meetings that provided opportunities to hear the views of individuals representing CRGs, Methods Groups, Authors, Fields, and Centres.

Gathering data

The CEU looked at a range of data derived from several sources: searching on Archie; a survey of CRGs; and the 2013 Monitoring report. The aim was to explore the degree of variation between groups in terms of leadership, production, and resources available at the editorial base.

We found marked variation between CRGs across many parameters: resources; number and type of employed editorial staff; number of reviews published; time taken to complete reviews; updating rate; access to additional expertise; reach into low- and middle-income countries; and availability of leadership. The relation between these measures was complex, and we were aware that the data were limited, but we consistently observed substantial variation.

What do we need to protect?

As we consider the challenges we face and the changes we might consider making to meet those challenges, we need to be sure to protect the best aspects of CRGs and their work, specifically:

- commitment to production and maintenance of high quality, timely reviews that address the needs of users
- inclusiveness and diversity
- enthusiasm and commitment
- loyalty within teams
- independence, rigour and transparency
- links with funders, host institutions and other Cochrane groups (‘entities’)
- links and advocacy within academic and practice networks

What do our users and funders need?

We know from user-testing and interviews with users and funders that they share broadly consistent needs from Cochrane, and that, in general, currently they are satisfied with most

aspects of the service they receive. Funders' needs vary, and extend beyond simple review production into, for example, areas of advocacy, community and capacity development and training. In relation to reviews however, the principle requirements include:

- high-quality, independently produced, timely and accessible reviews that address questions of importance to patients and health systems, and are free from conflicts of interest
- value for money
- reviews that have an impact on local clinical practice, health policy and guidelines

What are the challenges for CRGs and for Cochrane?

External challenges:

Competitive marketplace

Cochrane is both a review producer and a review publisher. Both these activities are taking place in a competitive environment. Cochrane needs to compete for the best reviews and the most qualified researchers, and needs to be seen as the systematic review producer of choice by potential funders.

Increasing expectations and complexity

There is increasing pressure to produce more sophisticated and complex reviews. These may include non-randomised studies to evaluate harms – or even beneficial outcomes – more effectively; or other enhancements, including network meta-analysis, and qualitative and economic syntheses. In the future there will be more complex reviews evaluating health system interventions, and reviews of clinical study reports produced by manufacturers for licensing purposes. In addition, funders and users will continue to call for reviews addressing different areas, such as prognosis and diagnosis. The experience with diagnostic test accuracy (DTA) reviews has shown that introducing new review types is challenging in terms of both capacity and capabilities.

Internal challenges:

Coverage insufficiently related to need

The growth of CRGs has been driven by opportunities, with little evidence of strategic thinking. Even within areas covered directly by CRGs, the coverage of important topics is sometimes patchy. There are challenges related to overlaps between CRGs, leading to duplicated effort and some gaps in coverage.

Importance of extending geographical reach

Cochrane aspires to extend its geographical and linguistic diversity. Achieving a broader geographical spread remains a particular challenge, both in terms of participation in the review process and in the relevance of the review's conclusions to diverse settings.

Maintaining quality

We know from screening of reviews that there are inconsistencies in the quality of Cochrane Reviews, with possible consequences to Cochrane's reputation. Submissions to CRGs appear to be of variable quality, and Cochrane also has a low rejection rate, partly due, perhaps, to the editorial process (starting with acceptance of a title and continuing through to publication) and Cochrane's culture of 'building on enthusiasm'.

CRG team resources

Feedback from CRG teams consistently indicates that current workloads are unsustainable. This may be related to the issues identified above, namely: a conjunction of static funding allied to increasing expectations, variable quality submissions and a low overall rejection rate.

Recruiting and retaining editors and referees

Cochrane Reviews are complex, and the global trend is for this complexity to increase in the foreseeable future. Finding willing, skilled editors and peer referees who are prepared to work without remuneration – on top of their paid employment – and in ways that do not directly conflict with their professional incentives, is a constant challenge.

Timeliness and efficiency of the editorial process

This issue is raised by people within Cochrane, in particular review authors, and staff working in Fields and Centres. It has also been a cause of concern outside Cochrane amongst funders and commentators.

Demonstrable impact

Everyone would like to see more evidence of the impact of Cochrane Reviews on clinical practice and health policy. We can look at better prioritisation around the needs of patients, health professionals and health systems; developing closer relationships with guidelines groups; and an increased emphasis on knowledge translation and mobilisation. The need to find pathways to universal open access is also an almost ubiquitous concern.

Lack of direct link to funding streams and groups

The Cochrane funding model is complex and varied. Most CRGs receive infrastructure funding, but this varies greatly depending on geography, and there may be differences between the expectations of the funder and those of the Collaboration. Most Cochrane contributors are not employed the Collaboration, and most CRG editorial teams are employed by host institutions, with funding from a national, or regional, health body. Teams sometimes find themselves caught between the obvious need to maintain excellent relationships within their institutions and local networks, and their commitment to Cochrane.

Lack of clarity of CRG role

CRGs currently work in very different ways. There is also some intrinsic confusion between the 'developmental' role that many consider crucial to the organisation's culture and purpose, and the evaluative editorial role that is also required to ensure that quality expectations are achieved.

The argument for change

The challenges described above represent a substantial rationale for change. Cochrane needs to change to deliver the following key strategic imperatives:

Quality and relevance

- Active user-focused prioritisation
- Improved adherence to standards
- Improved readability and accessibility
- Improved usage by target audience

Global reach

- More shared working between CRGs and with other Cochrane groups
- Greater international reach and diversity
- Most effective use of Cochrane members
- Review production more aligned with health need: global impact of disease

Improved author experience

- Quicker response time
- Consistent communication
- Promote fairness and inclusiveness
- Linked to learning and training

Efficient editorial process

- Quicker review production
- Appropriate mix of skills
- Improved decision making on use of resources and time
- Respectful prompt rejection of submissions that do not meet key criteria

Opportunities for CRG teams and Cochrane members in other roles

- Linked to professional or career development opportunities
- Academic credits for editors and also Co-ordinating Editors and senior editorial base teams
- Linked to education and training for all staff involved in review production
- Reduce overload
- Allows teams to concentrate on key skills: "concentrate on what you do well"
- Enhanced leadership roles
- Opportunities for growth
- Reward systems for editors and peer referees
- Incentives for local funders and academic centres to support Cochrane groups

Options for change

The four options described here represent four different ways for Cochrane to progress. We anticipate that discussions of these options may lead to new options emerging, perhaps including aspects of these options or perhaps entirely new perspectives. More detailed work will be needed to elaborate the benefits and challenges of any proposed change further.

Any proposal for change must support one or more of the goals of Cochrane's Strategy to 2020:

- **GOAL 1 PRODUCING EVIDENCE**: To produce high-quality, relevant, up-to-date systematic reviews and other synthesized research evidence to inform health decision-making.
- **GOAL 2 MAKING OUR EVIDENCE ACCESSIBLE:** To make Cochrane evidence accessible and useful to everybody, everywhere in the world.
- **GOAL 3 ADVOCATING FOR EVIDENCE:** To make Cochrane the 'home of evidence' to inform health decision-making, build greater recognition of our work, and become the leading advocate for evidence-informed health care.
- **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 effectively and makes optimal use of its resources.

Central to the Strategy to 2020 is the importance of maintaining a focus on the needs of users and funders. Therefore, whilst this document is by its nature inwards looking, and highlights challenges and problems that are facing Cochrane's contributors and teams, it is imperative that all solutions need to be viewed through the prism of the benefits that accrue to our external stakeholders. This is no contradiction. The principle that ensuring a healthy Collaboration will be the best way to sustain our ability to deliver for our customers is a crucial one at the heart of this document and our Strategy.

Option for Change 1: Evolution

This is the least disruptive of the four options, but it is not a 'no change' option. It relies on a combination of small changes having a substantial effect. The central feature of this option is the formalising of the relationship between Cochrane and each CRG. This would ensure that the expectations on both sides are made explicit. This model also includes the introduction of fixed-term contracts for Co-ordinating Editors to promote leadership development.

In this option specific and focussed changes would be introduced that address aspects of review production that don't work well now.

There would be some work to develop global priorities for review production and for funding.

Relative performance of CRGs would be published and reviewed centrally, with rewards and resources being directed to those who perform and adapt best, in conjunction with our funders.

There would be no widespread structural change with this option, but it would permit the introduction of some limited structural changes centrally to 'fix' problems and to address anomalies. Some CRGs may be encouraged to merge, or change their working to suit the new environment better.

How it would work for CRGs

For Co-ordinating Editors there would be a formal fixed-term renewable contract with Cochrane. This would probably be aligned with local contracts and funding arrangements, and would outline the expectations of both the organisation and the Co-ordinating Editor. In this way, Cochrane would commit to providing a level of support for the Co-ordinating Editor(s) and CRG team, and, in return, would clarify its expectations.

CRG teams would be required to provide data on their performance that would be shared across the Collaboration. They would be expected to be able to demonstrate the nature and outcomes of review title prioritisation processes. They would be strongly encouraged to reject titles that did not address explicit priorities or other important uncertainties. Furthermore, they would be encouraged to reject any submitted work that failed to demonstrate the required quality expectations, irrespective of the review's stage in the production process. In addition, there would be explicit expectations in relation to the timeliness of editorial decision-making and communications.

Cochrane would seek to ensure that the wishes of the employing organisations were understood and addressed, and would seek to work with such organisations to ensure that hosting Cochrane groups is seen as an attractive option for academic institutions.

Cochrane would ensure learning and professional development opportunities for CRG staff and editors, working with local institutions where appropriate, and would ensure that editors and peer reviewers were able to receive academic credit and educational accreditation for their work. Learning opportunities would also be increased at all levels.

How it would work for author teams

For author teams the initial elements of the process would be unchanged: applications to register a title would continue to be submitted to CRG teams. It is possible that the initial process of selecting a CRG, and checking for any duplication would be facilitated by the use of technology. Throughout the process the primary relationship for authors would be with the CRG editorial base staff, as now. However, more reviews would be rejected, even at advanced stages in the process – although this would be balanced by increased timeliness of response, and increased opportunities for training outside the CRG, including mentorship programmes.

What would Cochrane contribute centrally?

As part of the Strategy for 2020, Cochrane already plans to implement changes that provide additional support for review production, for example, author support software. This could be further enhanced by developing the current technology infrastructure to provide a genuinely interactive social network within Cochrane, to facilitate task sharing, problem solving, and shared community involvement.

Impact on other Cochrane Groups

Centre- and Field-based colleagues, together with consumers, would provide essential guidance for the prioritisation process. There would also need to be closer interaction between different Cochrane groups to ensure that the editorial and production processes were more closely aligned with capacity building and training activities.

Option for Change 2: Evolution plus

This option takes Option 1 (Evolution) as a starting point and adds additional changes and delegated centralised co-ordination (meaning accountability and responsibility lines, not geographical location). It would include:

- limited centralised co-ordination
- limited structural change
- a set of eight detailed proposals aimed at enabling CRGs to concentrate their skills and resources where they would add the most value

How it would work for CRGs

1. Centralised co-ordination of some key functions

- **High-level commissioning and prioritisation:** Groups set up to identify the highest priority questions
- **Managed first response functions to author submissions:** This would include a team that included CEU staff, senior editors and information specialists from CRGs, working with the relevant content experts based in the CRGs to ensure a rapid appraisal of all new submissions at title, protocol, review and updating stages. The aim would be to ensure prompt but respectful feedback to authors recommending one of: (1) Satisfactory to proceed to next stage (priority topic, medium to high quality); (2) Fast track (priority topics, very high quality); (3) Changes required before proceeding to next stage (4) Refer to learning/training programmes such as mentoring (priority topic, medium quality); (5) Reject (low priority topic, or low quality)
- **Administration of reviews:** Extend use of workflows to enable CRG teams to share some administrative workload, freeing up individuals to concentrate on activities that add most value
- **Updating of reviews:** A centrally-funded team could either take the lead or give support to CRG teams and authors in the updating of reviews
- **Search functions:** Explore the creation of a central register that contains all the RCTs in the major databases, alongside review-based search support
- **Bids to attract further resources for core team:** Developing a centralised capability to support existing CRGs either acting alone, or together, to respond to procurement offers. Such a team would support CRGs in accessing additional funding. We would envisage that such a team could be self-financing in the medium term

2. Merger of some CRGs

- Promote and provide incentives for joint working between CRGs and include potential mergers of CRGs, aimed at improving skills mix and efficiencies, developing additional capacity, and sharing expertise.

3. Making more use of Fields

- Encourage some Fields to produce reviews (i.e. become CRGs) or to facilitate more joint work with CRGs on the production and dissemination of reviews

4. Editor development programme

- Increase the academic recognition and learning opportunities for editors with schemes such as education credits, honorary titles, prizes, or funded mentorship programmes

5. Enhanced learning opportunities for CRG teams and authors

- Opportunities for career development for CRG team members
- Additional enhanced learning for authors

6. Complex Reviews Group

- A funded CRG or research network of methodologists available to support review authors and CRGs with enhanced and complex intervention reviews, multiple treatment meta-analyses, DTA reviews, qualitative and/or economic reviews, reviews of prognosis, of clinical study reports and other developments. Given that such reviews are increasingly likely to be feasible only where there is specific funding support, these groups could be self-funding after some seed funding

7. Nurture CRG activity in more diverse settings

- Promote the development of Cochrane groups and satellites, and recruit and retain review authors, peer referees, and editors in diverse geographical and resource settings

8. CRG leadership

- Every CRG should have committed leadership. Where that isn't sustained, CRGs may need to merge or cluster, or identify new leaders

How it would work for CRGs

In addition to the changes identified in Option 1, this option might enable CRG teams to concentrate on the activities where they can add most value, whilst utilising centrally-funded services to undertake some routine tasks. A group that supports CRGs in identifying and responding to funding opportunities could increase income for CRGs, potentially, and enable them to employ individuals with key skills. A Complex Reviews CRG would ensure that high priority funded reviews could be undertaken without threatening the capacity or priorities of the other CRGs.

How it would work for review author teams

For review author teams some of the processes would be centralised. This might loosen relationships with CRG teams, but should ensure a consistent, managed response across CRG topic areas. Initially the centralising of services might lead to some confusion, but ultimately this might address some existing areas of delays and inconsistency.

What would Cochrane contribute centrally?

This approach would not involve expanding central teams directly; individuals would be recruited from existing groups (not limited to CRG teams), perhaps on secondments funded centrally or from existing funding sources, to take on a more centralised function.

Impact on other Cochrane Groups

Individuals from the methods community and others groups could participate in the centralised functions. Some Fields could expand their work. Methods Groups would contribute substantially to the centralised Complex Reviews CRG – to facilitate the production of reviews of diagnosis, prognosis, qualitative and economic research and multiple treatment meta-analyses.

Option for Change 3: Clusters

CRGs would be required to join into groups according to a regional or speciality basis. The arrangement of such cluster organisations could be determined centrally, or via a more sophisticated and inclusive process. There would some central oversight of performance, quality and career development, but the clusters would also have the ability to be self-organising, with autonomy to identify innovative means to deliver on their objectives. Clusters (not the CRGs within them) would have the responsibility to share and deploy skills and resources to get their programme of work done in a timely way.

The problem-solving improvements to functionality could occur as in Option 1.

Clusters would be expected to demonstrate:

- an active approach to prioritisation of new reviews and updates based on users' needs, engagement with stakeholders, and global burden of disease, with a clear evaluation of performance against success criteria
- enhanced geographic reach of content, authors, and editors
- learning and academic benefits to editors and CRG staff
- improvements to editorial process: collective approach to managing registers and searching activities; administration of editorial process; shared editorial and peer review teams, if appropriate; early first response to submissions at all stages; excellent communication with authors; links to learning and training; and academic or professional development for editors and staff
- consistent production of high-quality reviews demonstrated by internal audit
- active and targeted approach to dissemination
- effective engagement with relevant Fields, Methods Groups, and Centres, possibly incorporating them into the cluster relationship

In summary, this option provides for:

- functional changes plus facilitated structural change
- delegated management, responsibilities and autonomy
- encouragement, and potential financial support for CRGs to work together as clusters based on subject overlaps, geographical co-location, or other connections
- clusters to share editorial teams, editors and peer reviewers of the CRGs involved
- for this option, all the functions and developments described in Options 1 (Evolution) and 2 (Evolution plus) would be feasible, but with the difference that they would be delegated to newly created clusters

How it would work for CRGs

CRGs would pool their financial and human resources and work together to achieve the desired aims and objectives. The clusters would be held accountable for their ability to achieve agreed strategic objectives. The clusters would determine their skill mix needs and would use the available personnel accordingly. Each cluster would be led by one individual who would be able to dedicate most of her/his time to the role. This individual might be a Co-ordinating Editor, but could equally be a Field representative, or someone else who could demonstrate the necessary leadership and credibility.

The clusters would have limited autonomy to identify their own solutions.

It is not completely clear what underlying structure would work best (see example below), and it is unlikely that there would be a perfect match between communities and existing CRGs.

How it would work for author teams

Author teams would work with clusters, from the title registration stage through to review publication. Improving the consistency and timeliness of the process and author experience would be a measurable outcome on which clusters would be evaluated. However, as with the earlier options, rejection of the review at any stage in the process would be more common.

What would Cochrane contribute centrally?

Cochrane may provide some funding to clusters, and would support the maintenance or development of current funding arrangements. Over time, Cochrane would work with clusters and funders to divert infrastructure and other funding from existing CRGs to the clusters.

Impact on other Cochrane Groups

Clusters would need to include other groups in the planning and process of delegated functions. Field and Centre staff and methodologists would have input into the strategy and work plans of the clusters. The clusters would be required to work to break down barriers between the current siloes. This would raise the possibility of financial resources being made available to support cluster-based methodologists and Fields staff.

Example cluster structure based on health systems:

Model 1	**Model 2**	**Model 3**
Global Health and Health Systems	Global Health and Health Systems	Cardiovascular and stroke
Lifestyle and well being	Lifestyle and well being	Respiratory
Acute care	Acute care	Neurology
Long term conditions	Women's health	Gastrointestinal and Hepato-Biliary
Cancer	Cancer	Renal and GU
	Mental health	Child health
	Internal medicine and Non communicable disease	Obstetrics and Gynaecology
	Child health	Mental Health
	Neurology	Skin
	Elderly health	ENT
		Oncology
		Endocrine and metabolic
		Surgery and critical care
		Rheumatology
		Public Health and Health systems
		Orthopaedics and Trauma
		Infectious disease

Option for Change 4: Whole system management

This model aims to create a fully managed service organisation whose structure and function is constructed from new to ensure that Cochrane meets its strategic objectives across all areas of activity. The new structure would be created to enable the management of the whole system. Of necessity, in parallel, this would also involve a re-structure of non-CRG Cochrane groups.

This option implies developing, sharing and pursuing specific goals in relation to three sectors: funders/investors, end-users as a market, and the review production groups. The organisation would need to ensure a global perspective upon an enterprise shared among at least 500 people across these three sectors, working closely with identified external stakeholders and contributors.

There would be a new balance to be found between inclusiveness and maintaining/raising standards of work; this would involve a much clearer separation of the Cochrane Review production work and the training/support offered to new contributors or users.

In summary this option comprises:

- large-scale, incremental, centrally-managed, needs-based structural change allied with delegated responsibility and autonomy. This option aims to transform Cochrane into an organised, professional, integrated organisation
- matching structure against need, creating communities of practice, based on a shared content area with devolved leadership providing some measure of internal autonomy and responsibility
- working with funding bodies to ensure that financial support is appropriately matched to function, user need and performance
- strong communications across the network: it would be essential for everyone to be aligned with, and contribute to the mission, vision and strategy of the re-formed system

How it would work for CRGs

Potentially, in this option the boundaries around CRGs would disappear. The organisation would undergo a complete transformation into a centrally-managed structure. This would also affect all other Cochrane groups. Work and funding in support of this might be delegated on the basis of individual or group skills or expertise, rather than on a fixed CRG basis. Undoubtedly there would need to be intermediate structures between the centre and the research teams involved in review production, based perhaps on geographical location or health systems. These intermediate structures would hold budgets and be held accountable for delivering on strategic objectives.

How it would work for author teams

Author teams would approach the organisation centrally and the management of the review process would be managed accordingly, with explicit standards and expectations. This would improve the consistency and timeliness of the process, but as with the other options, submissions that fail to achieve required quality standards could be rejected at any stage in the process.

Learning and mentorship schemes would be made available to selected author teams to support their efforts to achieve acceptable standards.

What would Cochrane contribute centrally?

As with all the other options, the role of the CEU would be to oversee the review development process, with any intermediate bodies reporting to the Editor in Chief. Some CEU tasks, for example dissemination and quality management, might then be devolved from the CEU with an appropriate shift of funding. Other aspects of Cochrane activities would be managed by other areas within the Central Executive Team.

Impact on other Cochrane groups

This model would require re-evaluation of the entire Cochrane system and may be subject to change. Therefore, if the boundaries around CRGs dissolve, we can anticipate that the same would be true of methods groups, Fields and Centres.

Comparative summary of expected changes associated with Options 1-4

Options	Specific problem solving	Centralised Functions	CRG restructure	Changes for author teams	Changes for other Cochrane groups
1	Yes	Minimal change	Discretionary	Minor	Minor
2	Yes	Yes	Discretionary	Moderate	Moderate
3	Yes	Possible – not inevitable	Clusters: discretionary or centrally-driven	Substantial	Substantial
4	Yes	Probable	Substantial, centrally-driven	Substantial	Substantial

CRG Structure & Function project: questions for consultation

We would be grateful for your feedback on this consultation paper. We are aiming to collate feedback in time for the mid-year meetings and will also hold further regional meetings subsequently to ensure that the process is as inclusive as possible. In order to achieve this deadline, we will need to receive feedback by 0900 GMT on the 17th March 2014.

We hope that you will be able to discuss the consultation document in your group and request that, where possible, each group sends only one feedback form. If you would like to send individual feedback please indicate that you have done so (see below).

To facilitate the task of compiling the feedback we request that you use the web form below:
*(*http://www.editorial-unit.cochrane.org/crg-structure-function-project-consultation-responses

If for any reason you are unable to use the web form, you can indicate your preferences on the sheet below and send to Maria Burgess at the CEU (mburgess@cochrane.org).

CONSULTATION RESPONSES:

Indicate whether your feedback is on behalf of a Cochrane group **or** as an individual

Cochrane Group	
Individual	

Name of Cochrane Group:
Name of individual filling in form (optional):

Type of Group:

CRG	
Methods Group	
Field	
Centre or Branch	
Consumers	

OR:

Individual name (optional):

Primary role(s) within Cochrane:

Tick as many as appropriate

Consumer	
Editor	
Information specialist	
Methodologist	
Peer reviewer	
Review author	
Teacher/Trainer	
Other	

External role(s):

Tick as many as appropriate

Consumer or patient advocate	
Funder of Cochrane infrastructure	
Health professional	
License holder for Cochrane	
Researcher	
Policy maker	
Other	

1. OVERVIEW OF OPTIONS

1A. Please indicate your level of agreement with the proposal that in order to meet out strategic aims, Cochrane needs to change:

Strongly disagree	Disagree	Neutral	Agree	Strongly agree

1B. Are the descriptions of the four options sufficiently clear?

	Clear	**Some aspects not clear**	**Very unclear**
Option 1: Evolution	☐	☐	☐
Option 2: Evolution Plus	☐	☐	☐
Option 3: Clusters	☐	☐	☐
Option 4: Managed Communities	☐	☐	☐

2. OPTION 1: EVOLUTION

2A. To what extent do you think Option 1 (Evolution) would deliver benefits across the following criteria?

Success criterion	Substantial effect	Moderate effect	Minimal effect	No effect
Global reach and shared working	☐	☐	☐	☐
Improved author experience	☐	☐	☐	☐
Improved opportunities for CRG team members and other contributors	☐	☐	☐	☐
More efficient editorial process	☐	☐	☐	☐
Improved quality	☐	☐	☐	☐

2B. What harms or risks do you foresee with Option 1 (Evolution)? How severe are they, and how might they be minimised?

Harm or risk	**Impact or severity**			**Likelihood of harm or risk happening**			**How could the risk or harm be minimised?**
	High	Mid	Low	High	Mid	Low	
	☐	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	☐	

2C. Do you have any further comments on Option 1 (Evolution)?

[free text]

3. OPTION 2: EVOLUTION PLUS

3A. To what extent do you think Option 2 (Evolution plus) would deliver benefits across the following criteria?

Success criterion	Substantial effect	Moderate effect	Minimal effect	No effect
Global reach and shared working	☐	☐	☐	☐
Improved author experience	☐	☐	☐	☐
Improved opportunities for CRG team members and other contributors	☐	☐	☐	☐
More efficient editorial process	☐	☐	☐	☐
Improved quality	☐	☐	☐	☐

3B. What harms or risks do you foresee with Option 2 (Evolution plus)? How severe are they, and how might they be minimised?

Harm or risk	Impact or severity			Likelihood of harm or risk happening			How could the risk or harm be minimised?
	High	Mid	Low	High	Mid	Low	
	☐	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	☐	

3C. Do you have any further comments on Option 2 (Evolution plus)?

[free text]

4. OPTION 3: CLUSTERS

4A. To what extent do you think Option 3 (Clusters) would deliver benefits across the following criteria?

Success criterion	Substantial effect	Moderate effect	Minimal effect	No effect
Global reach and shared working	☐	☐	☐	☐
Improved author experience	☐	☐	☐	☐
Improved opportunities for CRG team members and other contributors	☐	☐	☐	☐
More efficient editorial process	☐	☐	☐	☐
Improved quality	☐	☐	☐	☐

4B. What harms or risks do you foresee with Option 3 (Clusters)? How severe are they, and how might they be minimised?

Harm or risk	Impact or severity			Likelihood of harm or risk happening			How could the risk or harm be minimised?
	High	Mid	Low	High	Mid	Low	
	☐	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	☐	

4C. Do you have any further comments on Option 3 (Clusters)?

[free text]

5. OPTION 4: MANAGED WHOLE SYSTEM

5A. To what extent do you think Option 4 (Managed whole system) would deliver benefits across the following criteria?

Success criterion	Substantial effect	Moderate effect	Minimal effect	No effect
Global reach and shared working	☐	☐	☐	☐
Improved author experience	☐	☐	☐	☐
Improved opportunities for CRG team members and other contributors	☐	☐	☐	☐
More efficient editorial process	☐	☐	☐	☐
Improved quality	☐	☐	☐	☐

5B. What harms or risks do you foresee with Option 4 (Managed whole system)? How severe are they, and how might they be minimised?

Harm or risk	**Impact or severity**			**Likelihood of harm or risk happening**			**How could the risk or harm be minimised?**
	High	Mid	Low	High	Mid	Low	
	☐	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	☐	

5C. Do you have any further comments on Option 4 (Managed whole system)?

[free text]

6. OTHER OPTIONS

6.1 Is there one option that you think is superior to the others? If so, please state which option, and your reasons.

Option	Rationale

6.2 Do you think that any of these options are completely unacceptable? If so, please state which option(s) and your reasons.

	Rationale
Option 1: Evolution	
Option 2: Evolution plus	
Option 3: Clusters	
Option 4: Managed whole system	

6.3 Is there another option that should be considered? (This could be a new option, or some combination of elements of the existing options. Please give details below.)

Yes	
No	

If Yes, please give details:

[free text]