CRG STRUCTURE AND FUNCTION

Report of the strategic session held at the Cochrane midyear meeting, Panama City, April 2014

David Tovey, April 2014

Introduction

The CRG structure and function project reached an important milestone during the midyear meetings in Panama City. In this paper I aim to describe some initial reflections on the discussions that took place and some of the decisions made. I recognise that this is very much a personal view but hope that it will be useful for those who were unable to attend, and can inform the planned regional meetings over the next few weeks.

Consultation on options for change

Prior to the midyear meetings the CEU circulated an exploratory and consultation paper and pulled together the responses from groups and individuals. These responses provided a starting point for the discussions. The consultation paper and a presentation summarising the responses can be found at:

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

Firstly, the responses on the web form and in the additional comments submitted by groups and individuals to the consultation paper provided general (although not universal) support for the rationale for change. Perspectives varied across the different groups, but attendees largely supported our description of the challenges in regard to the structure and function of Cochrane groups, in particular the following:

- Risks of burnout from current workload in CRG teams

- Inconsistent author experiences and some examples of practice that does not reflect Cochrane's ethos and principles to build on enthusiasm

- Lack of opportunities for editors and staff at editorial base

- Lack of shared working between Cochrane groups (not just CRGs)

- Inconsistent quality of reviews

- Inadequate funding of all Cochrane groups

Similarly, most people supported the success criteria identified, although many were sceptical of the extent to which the options in the paper would deliver the positive outcomes.

Secondly, there was substantial concern about the cultural threats of various aspects of the changes described. While this issue was addressed in the paper in the section headed 'Things we need to protect', many correspondents were very sceptical of 'top-down' imposed change and the perceived threats to overall motivation and enthusiasm, to the identity of individual groups, and to the crucial relationships within groups and with host organisations and funders. Some CRG staff were curious as to why they had been singled out for attention.

Thirdly, there was near unanimous opposition to the most radical of the proposed options, option 4. This was seen as divisive and counter-productive: "the death of the Collaboration" was a typical statement.

There was support for elements contained within each of the first three options but without any clear consensus on a winner.

We are extremely grateful to all those who provided feedback on the paper, which was generally supportive and constructive. We have listened to your comments and hope that your concerns have been addressed.

The strategic session

As lead author of the original discussion and exploration paper, I recognise that the scope of the paper was perhaps too wide, which meant that for each option there was insufficient opportunity within a concise paper to develop the arguments for and against, and to provide the supportive evidence.

This was the starting point for the discussions at the midyear meeting. Reflecting on the feedback, we proposed that option 4 should be abandoned, and that we should extract the individual elements from options 1 to 3 and to explore these individually within a new and integrated programme. We identified the following themes:

1. Groups working together

2. Governance and mutual accountability

3. Support for CRGs and contributors

4. Centralisation of some functions

5. Extending geographical diversity

6. Quality assurance and the editorial process

Each theme comprises several elements (referred to as 'ideas' in the remainder of this paper), some of which are connected to one another and some of which are independent. The themes/ideas framework is presented in the appendix to this paper.

The Strategic Session started with David Tovey introducing the project, the feedback on the exploratory paper and the proposal as outlined above. Before breaking up the participants into small mixed groups, representatives from the Author forum, Trials Search Co-ordinators, Managing Editors, and Methods Executive presented very brief summaries of the discussions in their business meetings.

Following these introductory comments, we split the attendees into groups to explore the themes and ideas further. Firstly, the groups were asked to exchange views, and then to indicate on a wall-chart the level of support for individual ideas. The results, shown on the next page, indicate very broad consensus that most ideas are either broadly approved or merit further exploration.

(Key: ✔ = agree in principle; ? = needs further discussion; x = reject)

Secondly, in the same groups, we asked people to consider one theme or idea and to try to explore it in more detail: identifying success criteria, risks, challenges and opportunities. In the following section I describe some of the feedback from the groups and our proposals for the way forward.

Theme 1: Groups working together

The discussion paper suggested that CRGs and other groups might form clusters either on geographical or subject area basis. In the meeting those that supported some level of clustering generally favoured voluntary clustering on a 'by subject' basis. Examples given were clustering all infectious diseases groups and all cancer groups. In this model self-selected CRGs with shared interest would begin working together to determine shared priorities and strategy without compromising their autonomy or sharing funding. One participant suggested that such clusters might be 'virtual'.

One small group suggested that preparatory work could be undertaken that examines the experience of CRGs that currently work in a cluster model, such as the Gynaecological Cancer Group, which has a neuro-oncology satellite and also takes on 'orphan' cancer-related titles.

Another small group noted that funders could support or facilitate clustering and that this support would be important to determining whether they were successful. Losing identity or threats to funding were seen as risks. Another risk identified in a small group was the external impact of a structure that included a hybrid of clustered and non-clustered groups. This might be confusing to funders and users, and might also disadvantage non-clustered CRGs. However, potential benefits would include more focussed reviews, identification of content gaps and overlaps, shared dissemination strategies, and a common strategic plan.

The current paradox of CRGs wishing to reject more low-quality submissions at the same time as Cochrane wishes to expand and become more geographically diverse was seen as an issue that clustered groups might address collectively – identifying priority titles to guide potential authors and developing consistent approaches to appraising submissions and providing support to authors.

In the lead up to the Hyderabad Colloquium a group proposed the following work to be undertaken by a small group of interested parties:

- Articulate pros and cons of clusters
- Outline options for different ways of organising clusters
- Options appraisal of different models (risks and opportunities)
- Articulate potential governance arrangements and funding/resource issues
- Explore experience of review groups already working in clusters.

Theme 2: Governance and mutual accountability

No small group discussed this issue but there was considerable support for developing better, more transparent and fair systems of mutual accountability between Cochrane and its groups and group leaders. However, a small minority of people were opposed to this.

Any proposed accountability framework would need to reflect differences between groups, most importantly around resources and funding arrangements. It would need to ensure that host institutions' and funders' needs are safeguarded. Contracts or memoranda of understanding involving Cochrane leaders would also need to reflect the relationship between host institutions and those Cochrane leaders, and the wishes of funders.

We would like to consult further on the issues arising from this, and propose that once the regional meetings have had an opportunity to explore these further, we will convene a working group either across Cochrane or limited to CRGs to develop these ideas, aiming to develop recommendations for Cochrane within the next 12 months.

Theme 3: Support for groups and contributors

The issue of support for CRGs was discussed in several of the discussions at the midyear meetings. There is a groundswell of concern that Cochrane does not provide sufficient material support for its groups. One small group proposed that centralised support for travel and meetings to bring editors to regional meetings could be helpful in sharing experiences and learning and increasing motivation of those editors.

There are some questions that remain, however:

- Would a model of providing very limited support to all groups make a sufficient difference to be worthwhile?

- Would a model of providing support to a sub-set of groups be more effective or simply prove divisive?

- If a sub-group of groups received funding, how would decisions be made on which groups to support?

- How sustainable longer term would this approach be?

Another issue is how to reward contributions by editors and authors. One group noted that editors in Cochrane do more than normal editors but don't get equivalent credit. More discussion is also needed on potential academic incentives for editors, peer reviewers and core teams. Another group proposed payments/honoraria for peer review and/or reimbursement for specific methods support.

We propose that once the training and professional development strategy is completed (September 2014), priority should be given to developing a small group aiming to produce recommendations on how Cochrane can facilitate better support for contributors and editors, either in the form of training, academic or career advancement, or both. In the meantime we suggest that initial consultations across Cochrane should aim to explore the possibilities.

Theme 4: Centralisation of some functions

The following were seen as potential functions that could usefully be centralised:

- Coordination of translations of studies for Cochrane Reviews

- Statistical support

- Methods consultancy for authors and editorial bases with limited in-house support

- Editorial process and quality assurance

- Support for authors with first language other than English - communications around peer review, technical writing support, translation service for reviews drafted in languages other than English.

- Centralizing assessment of a group to deliver a review at title stage

- Central messages to unresponsive authors re: updating

- Creation of standard templates for correspondence

- Support for a centralised bureau aiming to identify and pursue funding opportunities for groups

- Centralised specialised register ("the dream database": strong support from TSC Exec for this)

- Support on demand for CRGs considering rejecting a review

- Allocating titles to groups where the title's 'home' is currently unclear (without disrupting the process for reviews that are clearly aimed at a specific group from the outset)

It is important to note that centralising services does not necessarily mean that the location of these services is centralised. It would be perfectly possible for a group to provide a service for other groups, or for peer-to-peer relationships to develop to provide such services.

One group recognised that technology can support some centralised functions e.g. allocating titles to groups.

Centralised support for updating seems generally to be considered something that has been tried and has not been successful. Therefore we propose to drop this idea.

We recognise that further work is needed to scope out some of the ideas above into fully formed proposals. We will await more feedback from the imminent regional meetings before proceeding further.

Theme 5: Extending geographical diversity

This theme was not discussed in a small group. However, participants in the first group exercise almost universally approved it. Following the consultations we will consider how this theme might be taken forward, in conjunction with colleagues who are already involved in projects aimed at capacity building, training and advocacy.

Theme 6: Quality assurance and the editorial process

One group considered this theme from a broad perspective and looked at all the ideas/proposals under this theme. Using these ideas, the group proposed the following scope and outputs: identify common reasons for rejecting reviews and develop templates for letters for rejection; checklists relating to the review screening programme; expansion of the screening project and tools; develop prioritization process for new titles; and develop a process for early evaluation of submissions (ie earlier rejection)

The group identified some success criteria:

- Authors would have a consistent experience from title registration across CRGs and it would always be a good one; and training options for authors

- CRGs would have time and space to work on priorities

- CRGs would respond to authors in a timely fashion

- Faster editorial process

The group also identified risks, such as an increase CRG team workload and the potential to alienate authors. The following were seen as groups needing to be involved in this work: CEU, CRG staff, Centre staff, Author forum, and the Training co-ordinator and training team. The group thought that this work should have an ambitious timeline of about 12 months.

Conclusions and next steps

This paper is intended to provide a précis of the discussions and decisions made at the midyear meetings in Panama City. Inevitably it reflects our individual perception and we welcome others contributing their experiences and thoughts, whether in agreement or not. Undoubtedly there will be elements that we have either missed or that are not well described.

Our assessment is that there is sufficient agreement on the need for change. What needs further exploration is the answer to the 'what', 'how' and 'by when' questions. In this paper there are some themes gathered from those present in Panama City.

The plan now is to develop some of our thoughts more at the upcoming UK and Canada regional meetings and via teleconferences for groups who are not covered by these conferences.

Change is best delivered by those most affected by it: those who can see the rationale and the potential benefits that can be delivered. This is what we are proposing. Therefore we welcome your thoughts on the way forward and your support in fleshing out those things that need more consideration and in moving forward with those that simply need more definition.

When this phase of the project is concluded, following the regional meetings, we will put together a programme of activities and projects to develop the various themes and ideas further. We will be actively seeking volunteers to support us in this part of the project and have some limited funds to support this participation.

The following represents some questions and issues on which it would be particularly useful to receive feedback:

- To what extent do the Panama meetings as described here (and elsewhere as appropriate) provide a basis for further development?
- Which of the themes and ideas seem most likely to deliver success, which are most important and which most urgent?
- Which of the themes and ideas seem most problematic and either need much more reflection or perhaps should be abandoned?
- Are there additional themes or changes that are not covered here, that merit consideration and action?
- What does Cochrane 2020 look like and how do we get there? Who needs to be involved to ensure that the right changes are made, in the right way and with the agreed outcomes (whether from inside or outside Cochrane)?

Appendix: themes and ideas framework

Theme: Governance and accountability

- Contract / MOU between groups & Cochrane
- Fixed term contracts for group leaders
- Sharing agreed indicators of performance

Theme: Centralisation of some functions

- Title allocation
- "triage" service
- Updating
- Study identification
- Funding support for groups

Theme: Editorial process and quality assurance

- Managing workload of CRGs
- Author experience support
- Better submissions / increased rejection
- Range of options for authors of rejected reviews

Theme: Groups working together

- CRGs – CRGs
- CRG – other group types
- Complex methods review group
- Developing "semi-autonomous" networks

Theme: Rewarding contributors

- Academic credits
- Learning opportunities

Theme: Extend geographical diversity