

CRG Consultation Feedback Report

Cochrane Editorial Unit



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1 Introduction

The Structure and Function Review aims to set out a new vision for Cochrane, which will enable us to meet the challenges of the future and to deliver the goals and objectives of our Strategy to 2020. In order to develop these proposals in an inclusive manner, and utilise the expertise of the wider Cochrane Community, the Cochrane Editorial Unit (CEU) has been running a process of consultation on behalf of the Central Executive Team (CET). There have been a series of webinars over June and July 2016. Feedback has also been received via email, and at an Advisory Board meeting on 22nd June 2016.

This report aims to summarise this feedback which will inform a more detailed Structure and Function proposal, to be presented to Cochrane Steering Group (CSG) at the 2016 Colloquium in Seoul.

Consultation participants

125 participants from across 42 Cochrane Review Groups (CRGs), CRG satellites, Centres and Fields attended the eight webinars. The composition of the attendees is summarised in Figure 1. It should be highlighted that the composition of the attendees was not necessarily reflected in the feedback, the majority of which was provided by Co-ordinating Editors.

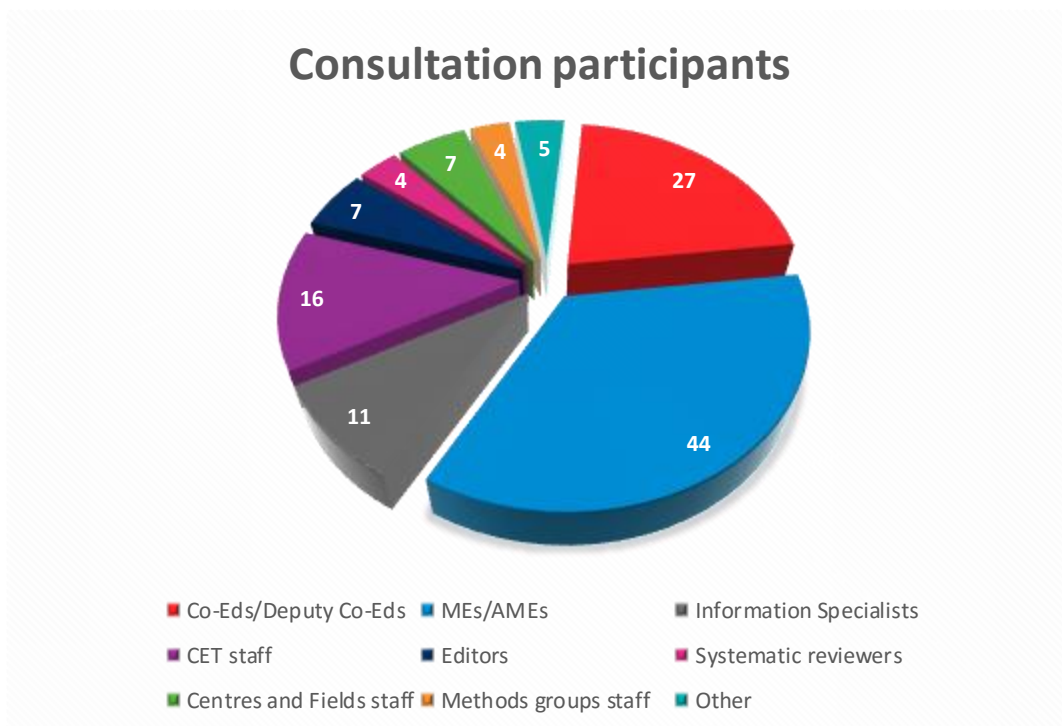


Figure 1. Composition of consultation participants

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We have organised the feedback into broad topic areas, and address each topic area in turn in this report (Figure 2).

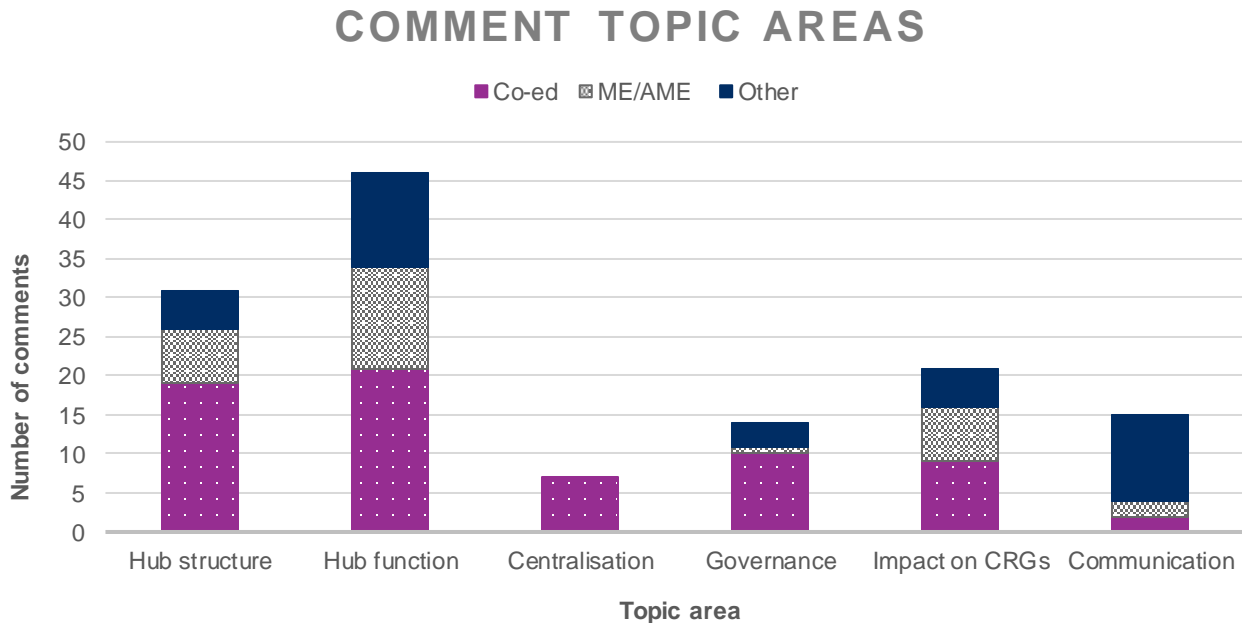


Figure 2. Distribution of comments over topic areas

2 Hub structure

31 comments were received regarding the structure of hubs (Figure 2). In the interests of clarity, we have discussed these comments under the following subcategories: Composition of hubs, flexibility and pace of change, geographic vs thematic hubs and details of hub structure.

Composition of hubs

Several consultation participants agreed that a thematic hub model seems logical way forward to promote shared use of resources, cooperation and adaptability. However, it was also acknowledged that it is challenging to strike a balance between the model being a reasonable fit for CRGs and how they currently function, and also a fit with recognised clinical and public health themes.

There were concerns that Cochrane is already viewed by some as too clinical, and these groupings will detract from the impact Cochrane makes in primary care. This may in turn influence how Cochrane is seen by the global community and funders of international development.

It was raised that the hub groupings as they are currently organised seem to have been decided in a top-down manner where individual CRGs have not had much input. Some CRGs were not happy with the hub in which they had been provisionally placed, and had suggestions for their preferred groupings.

Another fear was that the hub model may precipitate unhelpful competition and unequal access to resources if bodies which cut across CRGs (such as Methods and Fields) become only associated with one particular hub.

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Flexibility and the rate of change

The rate at which the thematic hub model is introduced was raised as an issue by several consultation participants. Generally, it was felt that the pace of change proposed was too rapid. Comments suggested more emphasis on improving the editorial process now that author process has been established with MECIR. In this way, the restructure would focus on the CRGs and review production, rather than bringing in methods groups, Centres and Fields, which may be too much change at once.

Some participants supported the idea of a gradual evolution of hubs, rather than pre-determined groupings, and felt that hub function should be clearly defined before any structures were created.

Several comments cautioned against a lack of flexibility in the hub structure. It was suggested that a looser arrangement, which accepts that no thematic grouping is ideal and that many CRGs have strong links or overlaps with others, would be advantageous over a more rigid model. Cochrane could develop a federal structure of groups who elect to work together and share tasks, and provide back up where necessary.

This would also mean that the many CRGs that are more general and not condition-specific (e.g. Methods, EPOC, Consumers and Communication, PaPaS, Public Health, Oral Health etc.) would not sit so awkwardly within the new hub structure. It was suggested that this would allow the flexibility and multidisciplinary that many funders are now pushing for.

Geographic vs thematic hubs

Several consultation participants could see the need to have topic-based alliances for external communication and engagement. However, it was highlighted by many that pragmatic and practical alliances, such as geographic alliances, can also serve the needs of CRG staff and authors. Advantages listed included the sharing of resources and expertise, meeting together, cost effectiveness and covering leave. Some asked if thematic and geographic models were mutually exclusive in the proposed structure.

It was also highlighted that there have already been meetings between groups which are nearby geographically to discuss the new structure and the possibility of sharing resources between groups. These groups are looking at the advantages that may come from geographic hubs, as well as the potential associated risks.

Details of hub structure

A range of questions from across Cochrane requested further detail on the proposed hub structure:

- How would editorial boards be structured within hubs?
- Will there definitely only be seven hubs?
- What the differences/similarities/overlaps are between hubs and Fields, so that the duplication of efforts can be avoided?
- Thematic hubs may make more sense to review users, particularly policy makers, than the current Cochrane structure. Will online access points for reviews and review products also reflect the hub structure? Perhaps meta-tagging would help with this?
- What is the purpose of aligning methods groups with thematic hubs and how that will work in practice?

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Hub structure – Summary:

- The need to restructure was widely recognised
- Some CRGs had issues with the groupings they were placed in, or more general concerns about how the themes lined up with Cochrane's CRGs
- Some CRGs advocated for geographical hubs, either instead of or in addition to thematic hubs
- There were concerns about the rate of change and a perceived lack of flexibility in the hub structure

3 Hub function

We received 42 comments and questions pertaining to how hubs might function within in the new structure, from participants in a range of roles across Cochrane.

We identified seven themes within the broad topic of hub function, although these are interdependent and all key to the successful functioning of the hubs: Hub leadership, CRG efficiency, CRG workload, communication (within hubs), managing change, review quality and author experience.

Hub leadership

Some participants enquired about whether a collective leadership model would be considered for hubs, rather than a representation model of one leader per hub. Others asked about how the hub leader will be selected and by whom. Clarification was sought about whether the Hub leader would always be a Co-ordinating Editor and from one of the CRGs within the hub, or whether they may be sourced external to Cochrane.

A range of questions were asked about the remit and logistics of the role of Hub leader: What will be the time commitment required, and how would this work in practice if a Co-ordinating Editor also becomes a Hub leader – how would they manage both of these roles? Questions were also posed about how would this post be funded, and who would be considered suitable for the role.

CRG efficiency

Co-ordinating Editors and Managing Editors commented on how hubs may improve the efficiency of CRGs.

It was suggested that centralising some stages of the editorial process within the hubs would increase efficiency and free up time for the CRGs to undertake other important tasks, such as

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identifying evidence gaps through empty reviews, and updating highly cited but out-of-date reviews.

Consultation participants requested detail of how thematic hubs would function to improve CRG speed and flexibility in practice. Questions concerned how technology could be used to improve the editorial process, how Archie could be updated so that reviews could be shared across hubs (at the moment reviews can only be managed by the CRG that has registered that title), and how methodological support for hubs would be organised.

CRG workload

Questions around CRG workload were posed only by Co-ordinating Editors. Some thought there was a lack of detail about how the new hub structure would work in practice to reduce CRG workload.

More were concerned about the risk of increased workload under the hub structure, and that this may detract from high quality review production. Some thought that this increased work will initially come from getting to know the other CRGs in the hub, how they work, their priorities and funding. Others were concerned about the additional administrative burden involved in reporting to the hubs.

It was suggested that it will be important to manage the concerns of CRGs throughout this process, and that the changes should not be rushed, as forming these new links will take time.

Communication

Several questions were asked on how communication will work in practice within and between hubs:

- How will the communication between CRGs within hubs improve relative to how CRGs are working together now?
- Will the website be simplified according to hubs?
- How would communication between the MEs/AMEs and the Editorial board be affected by the hub structure?
- Will hubs develop their own siloed working methods - how would we ensure communication between hubs?

Managing change

Whilst several consultation participants acknowledged the need for change and felt very positive about the idea of thematic hubs, it was recognised that how the change is managed is key to ensuring the successful functioning of hubs.

The issue that there is a large degree of heterogeneity amongst CRGs was raised as a potential problem for thematic hubs – how would these differences in working practice be reconciled within the hub model? What activities would CRGs work on together within hub, and which would continue to be run independently by individual groups? It was noted that the time and resources

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that it will take to build these relationships presents a risk to the new structure and this has to be managed carefully.

The new role of CRGs once they sat within hubs was also highlighted as a concern that needs to be handled carefully. Concerns were also raised as whether CRGs would become almost external reviewers of a completed review rather than producing reviews themselves. CRGs were worried that in that role, it would be impossible for some groups to find funding to support such an effort. It was suggested that it should be made clear that the hubs are responsible for priority setting, help with difficult decisions, quality assurance and to keep the science ahead of the curve, as currently this is unclear.

Review quality

One of the principle aims of the restructure is to raise the quality and consistency of Cochrane reviews.

Both Co-ordinating and Managing Editors asked questions about how the hubs may impact on review quality, both positively and negatively. They requested details about how exactly the quality and consistency of reviews would be increased in practice, and highlighted the need to protect the Cochrane brand and continue to function at the same level and quality whilst implementing this extensive process of change.

The idea that publishing fewer reviews will lead to them being higher quality was queried by some CRGs, who felt that this was not necessarily the case, and that quantity was important in some fields in order to answer key questions.

The issue of impact also arose during the consultation, with fundamental questions asked about how Cochrane defines 'high impact' reviews, and how this is measured. Do we mean highly cited reviews? Most accessed or downloaded? Most used in national or international guidelines? Reviews that are important to our stakeholders? Or something else?

Author Experience

Managing Editors were particularly concerned with how author experience would be impacted by the move to working in thematic hubs, and asked the majority of questions on this topic. Detail was sought on how the hubs would improve author experience in practice, particularly considering the differing ways in which CRGs work. Questions were asked about what could be done to encourage authors to publish with Cochrane rather than publishing elsewhere.

Hub function – Summary:

- Who would select the hub leaders and how; what exactly is their remit; how would they be funded and have the time to take on this additional role?
- How would the hubs impact on review quality and consistency in practice?
- There needs to be more detail on how the hubs would improve the efficiency of the editorial process
- The successful functioning of the hubs will take time and work – where will this extra capacity come from when CRGs are already at full capacity?
- How will this change be managed and the different working practices of CRGs be reconciled?
- Concerns were raised about author support and this experience being negatively affected by the restructure

Some consultation participants were concerned that if different people within the hub worked on different parts of the editorial process, authors would not have continuity of guidance. Related to this, others felt that reducing CRG support of authors would be a threat to the Cochrane 'brand', as close-working with authors is one of the key strengths of Cochrane.

4 Centralisation

There were several questions and comments on the broad theme of centralisation: to what extent it would occur under the new structure, and the associated benefits and risks.

In terms of the long-term vision, it was asked if the eventual aim is that CRGs disappear and be subsumed into hubs.

Several participants commented on the plans to centralise or partially centralise some of the editorial processes or roles:

- There were uncertainties as to whether title registration is suitable for a centralised process, since some felt that to adequately address the need to register a title, there must be an understanding of the specific issues of your population (P), intervention (I) and clinically important outcomes (O). In addition, it was felt that the individuals registering a title must understand whether the proposed title is best subsumed into more general reviews of similar interventions or deserves a stand-alone review.

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- The idea of centralised Managing Editors was also met with questions and comments. Some raised the point that the relationship of the Managing Editors with both the editorial team and authors seems key to the function of a CRG. Managing Editors develop relationships with all of these individuals and a working knowledge of the field that they are in. Some questioned if this could be achieved centrally. Furthermore, MEs are employed by the host institution, and it would be challenging to propose changes on their work relationship with CRGs.
- Some participants thought that opportunities for increased efficiency through centralisation have been missed by the Structure and Function Review. They thought that trials searching is a function done best by individuals with knowledge of library science and not necessarily knowledge of the review group's field of interest. Consequently, Information Specialist is a function that could be done to a great extent centrally with some input from individuals from the CRG. They therefore queried why it has not been proposed that this role is centralised.
- It was proposed that some issues regarding the methodology of reviews could be addressed centrally. As reviews get more methodologically complex (including inclusion of cluster trials, network analyses and DTA analyses) it is more and more difficult for individual groups to create this expertise at the group level. A cadre of well-funded individuals who have relationships with the review groups could address this question and improve the quality and consistency in methodology across Cochrane Reviews.
- It was pointed out that decision making is not necessarily strategic in some CRGs, and that some confusion continues to exist in terms of whether a CRG's primary responsibility is to the reader or prospective authors. Part of the way forward is making difficult decisions around priorities, rejection, and strategic planning, and it would be useful for Co-ordinating Editors to work in larger, more centralised teams in order to do this.

Centralisation – Summary:

- Will CRGs disappear and be subsumed into hubs?
- There were concerns about parts of the editorial process that benefit from subject-specific knowledge being centralised, such as title registration and parts of the Managing Editor role.
- Several considered Managing Editors key to the functioning of CRGs, in terms of their relationships with authors and the editorial base, and feared negative impacts if their role was centralised.
- There may be opportunities for increased efficiency by centralising the role of Information Specialists
- A central pool of methodologists that CRGs can draw on may increase efficiency of review production and review quality

5 Governance

There was agreement in the vast majority of feedback received that there was a need for a change in governance, with an increase in quality assurance, priority-setting, efficiency in review production and synergies with other CRGs all cited as reason for a need for change.

However, there were concerns about top-down decision-making in an organisation that started as a bottom-up activity dependant on local initiative and enthusiasm. Linked to this, there were concerns about using imperatives and enforcing rules too rigidly. Allowing for explanation when members of the Cochrane community do not agree with the rules, and enabling them to feedback into the system was encouraged to continue, in line with Cochrane's history and ethos. One participant asked what would happen if some CRGs did not want to participate in the restructure.

Several comments raised concerns about the addition of another management structure or administrative layer in the form of the hubs. There were fears that this would lead to a greater burden of meetings and reporting, when CRGs are already overstretched. The view from some participants was that rather than spending money on administrative structures, this money may be more successfully spent on systematic reviewers to actually produce good quality reviews. A related concern was that paid strategic thinkers were becoming more important than volunteer authors in Cochrane.

Governance – Summary:

- It was recognised that there is a need for a change in governance
- There was a concern about top-down decision-making and the possibility of rigidity of rules within the new structure
- Would another administrative and management structure in the form of hubs create more work for CRGs? Might the money be better spent on systematic reviewers?

6 Direct Impact of S&F review on CRGs

Feedback was received from a range of different CRGs on how the changes may impact the staff and funding of CRGs:

Funding implications

There were concerns from across a range of roles in Cochrane about the implications of the new structure on funding. It was raised that some funders perceive Cochrane as lacking responsiveness to priorities, which is creating uncertainty around continued ring fenced funding (where it currently exists). On this basis, several consultation participants acknowledged a need for change.

A number of people were concerned about how funding to CRGs would be impacted by the proposed reduction in the number of reviews. There were questions about how much this had been discussed with funders internationally, and whether all funders were supportive of the model. Some participants urged engagement with funders to ensure that they were on board with the restructure.

Several questions were asked about where the additional funding for hubs would come from and to what extent, if any, CRGs would fund the hubs. The possibility of making hubs legal entities, so that they can make funding applications in their own right, was also raised.

It was also raised that some CRGs have satellites in other countries, and satellite's conditions of agreement with their own funders need to be taken into consideration.

Job security/role change

Several comments concerned the job security of CRG staff as a result of the restructure, particularly regarding MEs, and understandably participants wanted to know if there would be redundancies.

There were also several questions posed about the possible change of role, particularly for MEs, and the impacts this might have. Some asked if there would be new Cochrane job descriptions formulated in advance of the restructure, and how this might affect editorial base contracts with their host institution. Specifically, there were concerns that this may have an impact on salaries, as the revised job description may no longer match existing university grades.

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Other MEs were concerned that their role would become less diverse and more specialised. Some did not feel happy about only working on one specific part of the review production process, as they enjoy the variety of their current role.

CRG staff career development

The issue of a lack of career development for Cochrane staff was raised, in particular for systematic reviewers. It was highlighted that they are key members of CRGs, but there is a real risk of losing them to academic posts if there is no career development path for them within Cochrane.

The point was also raised that there is no academic credit for peer review and editorial work, even if this has played a key part in the development of a Cochrane review. One participant recommended [Publons](#) as being useful for giving credit for peer review.

Impact on CRGs – Summary:

- There were worries about the new structure and function negatively impacting CRG funding
- Several participants were concerned about redundancies due to the restructure, particularly for MEs
- MEs had reservations about their role changing to become more specialised and less diverse
- The current lack of career development for Systematic Reviewers was raised as problem for CRGs

7 Communication of strategy

Some of the feedback we received related to how the structure and function strategy was communicated to groups - the positives and negatives around this and suggestions on moving forward.

Please note that comments on communication within the new thematic hubs are covered under the 'Communication' subheading of the 'Hub function' chapter.

Several participants made suggestions as to what could be done to improve communication around the implementation of the new structure, and thus the likelihood of its success:

It was suggested that a sense of ownership needs to be engendered among the CRGs in order for this to succeed. In addition, measurable criteria by which to assess progress may mean that

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groups felt reassured that changes would be monitored, and revaluations could be made accordingly. Other comments highlighted the need for a sense of urgency within Cochrane in order for change to be embraced, and that clearly communicating the purpose and benefits of the restructure could elicit this.

The point was made that the restructure is proposing a decentralised model, and yet it looks to some like it is centralising. We need to make sure that this is communicated effectively. There was also the suggestion of teleconferences between the CRGs within a proposed hub, which may help in creating a shared sense of purpose.

There were concerns that the focus on the Cochrane Library and systematic reviews as the corporate product is lessening the focus on the objective of evidence-based practice. Some thought that it would be good to see this sense of shared objective strengthened again. The suggestion was made that the sharing of success stories, where reviews have changed practice or made an impact in other ways, may help with this.

Some felt that parts of the strategy looked somewhat vague, and that this may be cause concern. It should be made clear that the ideas are not set in stone and this is a consultative process. Some thought examples would work better, to demonstrate how the restructure could function in practice.

Initially the Cochrane community were told there was no fixed timeline for the restructure and that it would not be rushed, but now there appear to be deadlines. This was concerning to some participants. Some requested details about the timeline for the restructure.

Some participants were concerned about an opacity in decision-making regarding the restructure, and felt that more transparency in forming these proposals would increase buy-in from the Cochrane community.

Communication of strategy – Summary:

- Most comments on this topic acknowledged the need for change, but clear and transparent decision-making in formulating proposals was considered crucial
- The purpose and benefits of the restructure need to be clearly articulated to engender a sense of ownership among CRGs and an urgency for change
- A number of proposals are lacking detail about how they would function in practice, which makes it harder to have confidence in the plans
- Some participants were concerned about tight deadlines for the restructure, at the expense of well-conceived proposals

