

# Cochrane's structure and function reviews – a status overview

## Introduction

The organization-wide review of the structure and function of Cochrane Groups is an objective in our *Strategy to 2020*. This review is intended to prepare Cochrane for the future by ensuring that the Cochrane Groups are performing the functions required and structured adequately to deliver the *Strategy*.

The structure and function reviews of Cochrane Groups began by looking at Cochrane Review Groups (CRGs) in 2013; with recommendations for change tabled at the 2014 mid-year meeting in Panama. That meeting agreed a programme of CRG reforms and recommendations around six key themes:

1. Groups working together;
2. Governance and mutual accountability;
3. Support for CRGs and contributors;
4. Centralization of some functions;
5. Extending geographical diversity and equity;
6. Quality assurance and the editorial process.

These are all being taken forward, with more reforms being identified in the mid-year business meeting in Athens in May 2015.

The structure and function reviews of other Groups (Fields, Centres and Branches, Consumer Network, and Methods Groups) started in late 2014 and have all developed papers for consideration by their respective Groups in Vienna. The reviews were all based on extensive internal consultation within Cochrane and an independent external stakeholders' quantitative and qualitative survey conducted in 2015.

The reviews have been led by the respective Executive committees, focusing overwhelmingly on their own activities. To a large extent they represent variations on the status quo, but this may partly be because in the individual Reviews' Terms of Reference no Group was encouraged to look more holistically at the organizational level. In this report we summarize the draft findings of the individual draft structure & function reviews as they are being submitted to their respective Groups for consultation in Vienna.

## The proposals as they stand

### Centres and Branches

#### Proposed functional changes

The functional changes proposed put greater emphasis on external engagement, with the role of Centres firmly focussed on representing Cochrane in their area, building bridges with stakeholders,

and undertaking dissemination and knowledge translation activities that increase the uptake of Cochrane evidence in their geographic area. The review also stresses the key role Centres play in building the Cochrane community locally, so that we continue to develop a vibrant community of Cochrane contributors around the world.

These clear functional priorities do not, however, mean that Centres are limited in their role, as the review recognizes the distinct background, expertise and areas of interest of existing and future Centres. The review sets out a tiered set of functions and additionally includes desirable functions that may be prioritized by Centres, e.g., translation, supporting consumer involvement, advocacy, expanded KT, and methodology research. This tiered list of functions requires Groups to deliver a small list of core functions, but gives them the flexibility to focus on areas of particular interest to them or to their location. This should lead to a situation where we have much closer adherence to essential functions than exists now, but we will also be providing a functional structure that meets the needs of Centres and their funders.

### **Structural changes**

Changes to structure are already happening following the introduction of the new Cochrane branding which allows the organization to present a different external face to the internal accountability and support structure within which a Group works (i.e., the terminology 'Branch of ...' is no longer used externally, with branches instead being referred to simply by their country name, e.g., Cochrane Austria).

The review proposes that small Groups, called *Affiliates*, can be set up to deliver a basic level of functions. These *Affiliates* could remain as they are; concentrate and expand their activities on a single function (e.g., translation) to become a specialist *Hub*; or they can follow a developmental pathway to become a larger *Associate Centre* (formerly Branch) conducting more functions and then later potentially becoming a Centre. It is hoped that this more graduated range of group types will allow for a developmental pathway but also provide for more flexible country and regional presence: e.g., a Centre with several *Affiliates* and *Hubs* in the same country (or different countries) reporting to it; or a Centre made up of collaborating *Associate Centres* in different locations. In large countries (such as the US, China and Brazil) and across some regions we may also establish Networks of Cochrane Groups, that could link a Centre(s), *Associated Centres*, *Hubs* and *Affiliates* as developed by the Iberoamerican Cochrane Centre. This provides a way to create a coordinated Cochrane presence across a region, or across a country where it is large and diverse.

### **Accountability**

All of these new structures will be incorporated within a clear accountability framework; though the review recommends discontinuing the 'reference Centre' concept to allow for support relationships based on common features such as language, culture, expertise, etc. rather than the previously inflexible geographic divisions and fixed associations. MoUs will be established between the Central Executive and Directors of Networks and Centres; but the precise accountability mechanisms between Centres and the smaller Groups (*Associated Centres*, *Hubs* and *Affiliates*) which report to them left to those Directors to establish.

## **Fields**

Cochrane's *Strategy to 2020* reiterates the critical need for external facing and cross-cutting Groups to engage more coherently, consistently and comprehensively with clinical communities, professional bodies and other external stakeholders. Fields serve a variety of purposes in Cochrane relating to this

kind of external engagement, knowledge translation (KT), advocacy and dissemination. Several key issues have been raised by the Fields review, including poor integration with other Cochrane Groups, lack of consistently applied and measurable outputs, and a poor funding outlook. However, the review has also highlighted the lack of a coherent KT approach within Cochrane within which this work can be carried out.

### **Functional changes**

The functional changes proposed for Fields involve focusing their work more specifically around knowledge translation. However, the revised functions for Fields continue to include functions (both optional and mandatory) around external stakeholder engagement, supporting review production, advocacy and other elements that are not KT.

The proposal establishes KT outputs as the primary focus of the Fields' measurable outputs. However, many other parts of Cochrane also engage in KT, advocacy and external stakeholder engagement; and the review recognizes that the principal challenge in this area is co-ordinating and integrating these activities into more powerful and effective ways. The review acknowledges Cochrane needs to define what it means by KT and therefore recommends that the organization establishes a Cochrane-wide 'KT strategy' that sets out the priorities and approaches we should adopt. This KT Strategy needs to be in place before we can finalise the precise KT role of Fields and their relationship with other parts of the organization, particularly Review Groups and Centres/Branches but also the Communication and External Affairs Department and the wider Central Executive.

### **Structural Changes**

To begin this process of establishing more effective integration of KT in Cochrane the review proposes setting up topic based fora for regular interaction between Fields with related CRGs to discuss much earlier and more systematically than now future publication pipelines and post publication KT plans for individual Cochrane Reviews. This would also lead to more integrated priority setting between external needs and CRG capacities and choices.

The review also proposes to establish 'KT centres' in different areas of health and healthcare and for Fields to transition into these KT centres, which would be supported and managed by a KT co-ordinator responsible for delivery of the overall KT Strategy and for ensuring that the associated mechanisms for integration between Cochrane Groups are working effectively.

The Fields review suggests some structural changes to integrate Fields more with the country Centre structure. Given that a lot of KT, advocacy and key stakeholder engagement happens on a national level it seems sensible for Fields (KT Centres) to establish small groups within countries where appetite exists so that the KT, dissemination, and stakeholder engagement work that they undertake can be performed in conjunction with country/regional Centres for greater reach and impact. This would lead to a more dispersed Field structure.

### **Accountability**

As with all groups a structured accountability framework will be established for Fields that involves MOUs between Fields/KT Centre Directors and the CEO.

### **Initial feedback**

The feedback from the Fields Exec has been positive on establishing a KT strategy and framework for Cochrane, and providing a more integrated and centralised infrastructure around that, but there are concerns that the focus on delivering KT outputs is not necessarily a role some Fields feel ready for or equipped to do. We need to establish what our KT strategy and priorities are first, but in establishing them we will need to think carefully about how Fields 'fit' within this KT remit. KT activities take place widely throughout Cochrane but are often poorly co-ordinated, *ad hoc* and variable in their quality. We need to build a co-ordinated and coherent framework and Fields are well placed to play an important role, working closely with colleagues elsewhere within Cochrane in support of this.

## Consumer Network

The purpose of this review was to evaluate how well the current functions and structures of the Consumer Network support the strategic goals of Cochrane and to consider what changes are needed to ensure the organisation has the right structures and processes in place.

A working group oversaw the process, drawn from both the Consumer Network Executive and across the organization. The review's methodology was extensive, involving:

- A survey of the 53 CRGs on the nature and extent of consumer involvement in their work;
- A survey of members of the Cochrane Consumer Network explored their experience of volunteering for Cochrane and future aspirations and needs;
- An analysis of the information held by the organisation about its consumer volunteers;
- A literature review of published papers about consumer involvement in Cochrane and in systematic reviews more broadly;
- Questions about consumer involvement in the survey of the views of external partners; and
- Wide-ranging internal consultation.

There were consistent messages from all the information gathered. Consumer involvement is seen as an important part of the production and dissemination of Cochrane evidence. There are examples across the network of high quality involvement that is widely regarded as adding value to what Cochrane produces. However, consumer involvement was also found to be inconsistent: with Review Groups often uncertain about how best to engage with consumers, and consumers frustrated about the lack of opportunities for involvement. Consumer involvement generally is limited in scope and most active consumers (between 300 and 500) come from the developed and English-speaking world. Support for involvement (recruitment, training, communication and other resources) need to be better targeted and there is uncertainty about the numbers and activity of our consumer volunteers. The enthusiastic Consumer Network Executive struggles to engage effectively with the wider Cochrane network to address these issues. Satisfaction amongst consumers is low.

The review identifies priorities for the future including:

- re-affirming the principle of consumer involvement in Cochrane;
- better integrating consumer involvement throughout Cochrane structures including restructuring the Consumer Executive so that it can engage geographically, in partnership with Centres;
- supporting consumer involvement throughout the research cycle, strengthening particularly their involvement in the prioritisation and dissemination phases;
- integrating consumers with the new Cochrane Membership scheme for the full benefit of consumer involvement;

- building on and developing programmes of support for Cochrane consumers and Review Groups; improving communication with consumers and building effective external partnerships.

## Methods Groups

The review process involves the following components.

- Internal survey of Cochrane members underway – 186 responses to date
- External stakeholders survey – Completed
- 17 peer to peer Interviews – In progress.
- Facilitated Methods Board workshop at the Vienna Colloquium
- An open meeting for Vienna Colloquium attendees will inform a wider audience.
- Analysis, synthesis of all available data and will include findings from the external survey.
- Methods Review Report with recommendations
- CSG review of all Review reports
- Integration of all Structure and Function reviews
- Consensus development
- Development of implementation plan based on agreed recommendations

**Rationale:** The review established key themes, focussing on ‘*Being effective*’, ‘*Being valued*’ and ‘*Being organised*’ Cochrane needs to keep pace with emergent methodology and approaches including technological advances, synthesizing, and accessing increasing amounts of research. The strategic challenges ahead also require Cochrane to become more global (in China, South America and the Indian sub-continent) and collaborative. It is an ambitious goal to provide reliable and relevant research on such an expanding scale and therefore how best to organise and resource Cochrane for the forthcoming decade.

**Interim survey results:** The survey sought to gain a broad spectrum of opinion on providing and supporting methodological expertise in Cochrane to provide timely methods input into the production of Cochrane reviews and related projects. The survey remains open. Methods Group convenors, other methodologists, Centre and Fields, CRG members and staff, Trainers and the Central Executive Team received the survey. The following are the brief headlines taken from an interim download of the survey on the 3<sup>rd</sup> September from 185 responders of which 152 reported below represent the views of Methods Group convenors (27), other methodologists (41), Centre and Fields (31), CRG members and staff (53).

We report a simple, high level, comparison of variations between methodologists and other Group members in these early preliminary findings to give a flavour of the output and emergent themes.

- Convenors and Methodologists value Cochrane for the opportunities it provides to collaborate with and access to a global network of peers. Convenors mostly appreciate the potential impact their work can have through Cochrane. They also appreciate the learning opportunities membership affords. Both Convenor and other Methodologists report that pressure of other work (in particular from their main employer) is the greatest threat to their active engagement with Cochrane. In addition, lack of recognition/reward and lack of contact/support from Cochrane can also undermine their commitment.
- All Groups of respondents, of which, the largest proportion have been Cochrane members for >10 years and, amongst Methodologists, most expected their engagement to continue at the same level for the next two years (at least).
- In all Groups, a majority reported finding their engagement with Cochrane rewarding.

- All groups report the *clear direction* provided by methodologists to CRGs about appropriate methods for Reviews is better than the timely *support* that they are able to offer. Convenors of Methods Groups and the CRG recipients of their support seem least likely to rate the support and advice as adequate or efficiently delivered.
- All Groups favour funding training programmes for CRG based methodologists as a basis for building up the support for editorial bases and authors. CRG based respondents did rate this approach but more of them favoured a centralised unit of funded methodologists.
- There is some support for a number of Reviews of especially high complexity, priority or profile having funds set aside to pay for methodological support. However, views vary about how best to improve that support. Very few respondents favoured “no change” as the best way forward.
- Convenors and methodologists strongly support funding directed to clearly defined and specified projects. They also approve funding Methods Groups but mostly do not support geographical clustering as an approach to organisation. More than twice as many Convenors think a single lead convenor might be of benefit than not, although comments suggest the caveat of financial support for this position.
- On clustering of Groups the Convenors was split.
- There is no one way that is strongly favoured to re-organise methodologists to maximise their contribution to Cochrane’s work.

**Moving Forward – Methods Board workshop:** Cochrane is a collaboration of people and their respective institutions. Collectively we need to evaluate our *investments* – financial, support services (Central Executive) and other resources as to whether they are utilised effectively. We need to identify important *incentives* that engage people and their commitments to continue to support Cochrane work. Finally, we need to consider how best Cochrane is re-organised to create a sustainable effective and efficient organisation. This is most likely to consider streamlining infrastructures, creating fluidity between functions and greater overall *integration* between structure and function of all Groups. The table below provides a high-level overview of Cochrane functions for methodological input.

CORE METHODS FUNCTIONS		
Methods policy development	Establishing the quality of methods	Dissemination and implementation of methods in reviews
<p><b>Cochrane needs to define and refine the scope of the Cochrane model, by</b></p> <ul style="list-style-type: none"> <li>➤ making (coherent/joined up) decisions on what methods should be employed or not, and which research questions should be addressed or not and set methods priorities – <i>strategic methods policy development</i>.</li> </ul>	<p><b>Cochrane needs to set the quality standards for the agreed methodology and set of methods to be employed, by</b></p> <ul style="list-style-type: none"> <li>➤ providing explicit quality criteria (standards) to maintain the Cochrane guarantee (trusted evidence) consistency across Cochrane Reviews.</li> <li>➤ managing review priorities</li> </ul>	<p><b>Cochrane needs to provide support services and infrastructure to ensure,</b></p> <ul style="list-style-type: none"> <li>➤ access to methodological expertise at strategic and editorial base levels.</li> <li>➤ training and support of Cochrane training activities, and the development of guidance and training materials.</li> </ul>

<ul style="list-style-type: none"> <li>➤ discerning the ‘best’ methods for its systematic review methodology – <i>the evidence base for those methods</i>.</li> <li>➤ testing and evaluating developments before deploying them in its reviews – <i>research and development</i>.</li> </ul>	<p>(questions).</p> <ul style="list-style-type: none"> <li>➤ employing quality controls through screening and audits.</li> <li>➤ monitoring and supporting with relevant expertise complex reviews and complex methods.</li> </ul>	<ul style="list-style-type: none"> <li>➤ advise, when relevant, on software development to implement methods.</li> <li>➤ development of tools to facilitate methods.</li> <li>➤ manage and co-ordinate implementation of developments across all relevant Groups and central departments.</li> </ul>
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## CRGs

There has been steady progress in relation to three separate strands of this programme. These were:

1. Increasing the formality of the relationship and the mutual expectations between Cochrane and CRGs;
2. Developing strategic alliances and geographical clusters;
3. Centralising core tasks as appropriate, where efficiency is improved.

In relation to the first of these, a decision was made at the Athens mid-year meeting to proceed towards establishing Memorandums of Understanding between Cochrane, CRGs (via their Co-ordinating Editors) and where appropriate, the host institutions. In preparing the MOU we have sought to clarify the mutual expectations of Cochrane and CRGs, so that the MOU is balanced between the responsibilities of Cochrane via its Central Executive Team and the Groups. We hope to have the MOU in place by January 2017.

At the Hyderabad meeting, the Co-ordinating Editors made clear their strong preference for alliances of groups to build from the ground up where there were sound strategic reasons to do so. Encouragingly, we have seen progress on both neighbourhood clusters and strategic alliances. There are now several examples of CRGs located close to one another sharing staff, in order to build capacity and use resources efficiently. These are informal relationships arranged locally. In addition, we now have proposals at different stages for a number of strategic alliances of groups covering cancer, antimicrobial resistance, neurology, pain and patient reported outcomes, and patient safety. The emergence of a proposed Nutrition Field has led to an integration of plans for a nutrition alliance and a symposium on nutrition will take place at the Vienna pre-Colloquium.

In relation to centralising services, there was enthusiasm for Cochrane developing a centralised study identification process, based on the highly successful Embase project. The Centralised Search Service (CSS) pilot has just begun. The CSS will be developed in conjunction with the ‘Pipeline’ and ‘Getting Involved’ streams of Project Transform. We expect the first data feeds to occur by the end of 2016, and we anticipate that further data sets will be added progressively in 2017. We anticipate that this service will be widely welcomed by the TSC community.

In addition, initiatives based on the Strategic Session in Athens relating to a re-evaluation of the Cochrane editorial process will address parts of the three remaining elements of the original Structure and Function plan. We propose to look at how we could introduce a partly centralised title registration process as part of the separation of the “editorial” and “developmental” functions. This and other projects based on the re-evaluation of the editorial process could ultimately result in further proposals for change aimed at improving the experience for authors and editors and the quality, validity and efficiency of the production process.

## Next steps

As we have been working on the emerging ideas we realized that to maximise the potential opportunities in making changes to our structures and ways of working in order to achieve *Strategy to 2020* goals, we may need to go further. In particular, it is obvious that each of these reviews continues to see the various Cochrane Groups as acting within their own defined remit.

The next stage of the process will see us looking at the organisation as a whole to see how these different group-level reviews fit together to understand whether these proposals go far enough to allow us to collectively deliver the Strategy to 2020.