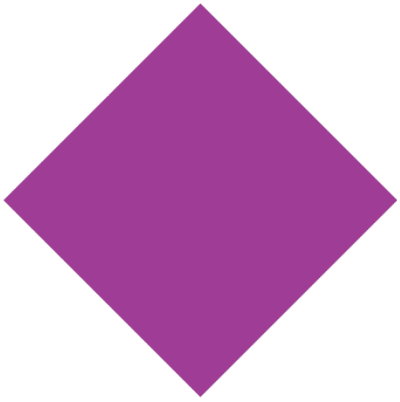
Cochrane

Implementing *Strategy to 2020*: Cochrane Fields

Proposed new functions and structures



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1. Executive Summary

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 in more powerful and effective ways.

The review acknowledges that a critical next step is to define what we mean by KT and therefore we recommend 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.

2. Overview of the role of Fields

A Cochrane Field is an entity which focuses on a dimension of health care other than a specific healthcare problem - such as the setting of care, the type of consumer, the type of provider, the type of intervention, or a major division of health care which embraces an area too large to covered by a single Review Group – and represents its interests.

The role of Fields is to facilitate the work of Review Groups and to ensure that Cochrane reviews appropriate to their area of interest are both relevant and accessible to their fellow specialists and consumers. Given the breadth of its area of interest, each Cochrane Field may expect to support, and contribute to, the work of a number of Review Groups. Fields do not prepare or maintain reviews. However, individual members of Fields can, and do, prepare and maintain reviews as members of Cochrane Review Groups.

In reality Fields currently operate in a limited number of areas and so do not provide comprehensive coverage. Many Fields have built good links with external stakeholders in their area, but often the links with internal stakeholders have not developed well.

The Fields role is primarily one of knowledge translation (KT) to make Cochrane reviews accessible to the Field's stakeholders, but currently the range, type and scope of the Fields' KT work is haphazard based on the current resources of a Field, the preferences and skills of its leaders and other members, and any partnerships they may currently have (e.g. with journals). Cochrane does not take a role in quality assuring the Fields' KT products and does not have a clear overview of what products are produced. Cochrane has no comprehensive record of what KT work has been undertaken on any given review, and we know that the KT work that is happening is not systematic. Furthermore, some Review Groups are also doing KT work for some of their reviews and many Centres also undertake a significant amount of KT work making Cochrane evidence applicable to their local context.

Given their role, Fields represent something of a 'shop window' to Cochrane evidence in their areas. Often they are aiding accessibility of Cochrane content by providing this more understandable grouping but the organization has never strategically assessed the entire landscape of health and healthcare and established how many Fields it needs to establish, what the best foci of these Fields should be, and what consistent KT approaches they should use in order to maximize the accessibility, take up and impact of that content.

Some Fields have produced remarkable work on very little resourcing – with under-resourcing being a chronic problem for Fields - and established valuable linkages to key users of Cochrane evidence. But generally the verdict must be that Fields have not flourished in their current structure and function set up, either in terms of productivity, sustainable funding or impact, so we need to maintain all that is good about this concept whilst building a more relevant and sustainable model for the future.

2.1. Current remit and functions

This is a summary of the core functions which are included in full in Appendix 1.

2.1.1. Mandatory requirements:

Relation with Field's constituents: All Fields must be able to demonstrate that they are building and maintaining relationships with relevant Cochrane entities and with external stakeholders, including practitioners, policy-makers, and healthcare users/consumers in the Field's area.

Recognition of Field's systematic reviews: Each Field is responsible for identifying and tagging in Archie the reviews, protocols and titles that are relevant to the Field's scope.

One of the following dissemination activities:

a) Reformatting or summarizing Cochrane reviews within the Field's scope and disseminating these summaries to stakeholders;

b) Advising or assisting authors of reviews within the Field's scope with publishing Cochrane reviews in journal article format in specialist journals;

c) Working with stakeholders to identify priorities for review topics, and bringing these priority topics to the attention of Cochrane Review Groups.

2.1.2. Additional functions

All Fields must carry out at least one elective function:

a) To promote the production of relevant and high-quality systematic reviews, in conjunction with Cochrane Review Groups,

b) To train those in the Field's area of expertise about Cochrane reviews, and to train those in the Cochrane Collaboration about the Field's content, in conjunction with Cochrane Centres

c) To participate in the development of methods for the production or dissemination of evidence-based medicine, in conjunction with Cochrane Methods Groups

2.2. Current Field coverage

Major division of healthcare	Type of consumer	Type of Intervention	Type of provider	Setting of care
Primary health Care	Child Health	Complementary Medicine	Pre-hospital and emergency care	Consumers
Neurosciences	Health Care of older people	Vaccines	Primary health Care	Insurance Medicine
	Consumer Network	Nursing Care	Rehabilitation and Related Therapies	Justice Health
	Justice Health			Pre-hospital and emergency care
	Insurance Medicine			Primary health Care
				Rehabilitation and Related Therapies

3. Review process

3.1. Key meetings

3.1.1. Hyderabad

An initial discussion around the issues that needed to be considered in the structure and function (S&F) review of Fields was held at the September 2014 Cochrane Colloquium in Hyderabad. Terms of Reference for the Review were developed in Q4 and approved by the Fields' Executive. A short survey on knowledge translation, and the Fields' successes and failures, was held amongst staff working in the Fields in early 2015.

3.1.2. Athens

At the Mid-Year Business Meetings in Athens in March 2015 Fields representatives mapped Fields activities to the *Strategy to 2020* objectives; and the initial findings of the structure and function external consultation were also assessed. Significant discussions took place around the stakeholder engagement role of Fields: in particular, how that could be better leveraged in Cochrane (e.g., by providing insight into prioritisation based on stakeholder interactions). The requirements of an internal self-assessment of Fields were agreed and a survey was drafted building on the earlier KT survey.

3.2. Other sources of input

3.2.1. Fields' self assessment

A self-assessment exercise for Fields, conducted in June-July 2015, included monitoring questions around outputs and the achievements and failures in the work of Fields. However, it also included broader questions around the nature of Fields and potential for change through the structure and function process.

3.2.2. External stakeholder review

An external evaluation of the work of Cochrane Centres, Fields, Methods Groups and the Consumer network was undertaken between April and July 2015 and involved a global, multi-lingual survey in addition to 22 semi-structured telephone interviews. The online survey received over 450 responses in four different languages. The full report is in Appendix 2.

3.2.3. Paper development

Following further discussions with Field members, this proposal was developed by the Central Executive team and the Fields Executive for consideration at the Cochrane Colloquium in Vienna in October 2015.

4. Rationale for change

4.1. Cochrane's new Strategy

The *Strategy to 2020* has taken Cochrane into a new phase of its evolution. It offers us a new strategic framework in which to operate, so that Cochrane prioritizes work that is aligned with the *Strategy* and ensures that it is 'fit for purpose' to deliver the *Strategy* with an organisation configured to deliver our strategic goals.

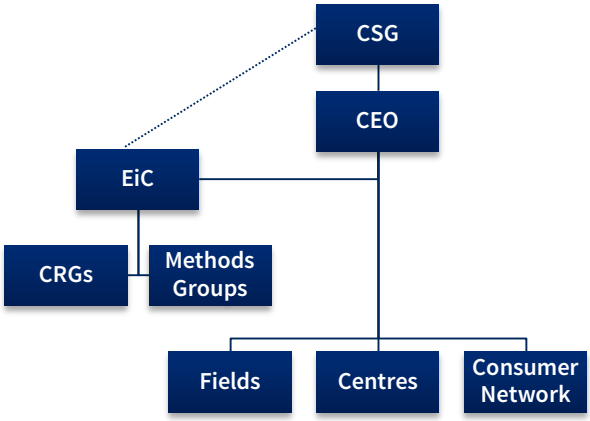
This means that the core functions of Groups need to be rewritten to make them more relevant to our future needs and external demands. It is also likely that structural changes will be required to ensure we can deliver our *Strategy*. Whilst the Strategy continues to place primary importance on the production of high quality,

relevant evidence, it also emphasizes the need to make our evidence accessible and for us to engage actively in advocacy around evidence based medicine to achieve our mission – the KT challenge at the centre of Fields' work. Dissemination, knowledge translation and advocacy all represent areas of increased activity for Cochrane which will require us to think differently about the roles, functions and structures of Centres and Fields.

At present the KT and dissemination work undertaken by Fields is piecemeal and not well coordinated. Some Fields have journal corners and other opportunities to summarise and promote our reviews, but Cochrane has no overview of this area of work and we do not have a systematic approach. We also do not have a systematic approach to the topic areas covered by Fields. In order to deliver on our *Strategy to 2020* we need a step change in KT outputs and dissemination. This needs to be done as part of a systematic approach to KT laid out in a strategy that all those involved can sign up to. This will allow us to agree our approach to KT and what we want to achieve, so that we can then offer groups a framework in which to operate. A KT strategy would also importantly give us the ability to monitor our progress in this area over the coming years so that we can be sure we will deliver on our *Strategy to 2020*.

In addition to KT and dissemination, Fields also play a key role in building communities in Cochrane around their topic area. This, like the KT and dissemination work, needs to be well integrated with the work of CRGs in their topic area.

Fields also need to be better integrated within a Cochrane structure from which they can be supported and to which they are consistently and reliably accountable. Before 2013 Fields reported directly to the CSG but since the Oxford mid-year meeting in March 2013 Fields have reported to the CEO. This provides a clearer and better managed system of accountability at the highest level, but it has only now begun to be made meaningful in mid 2015 with the establishment of more regular engagements between individual Fields and the CEO. It is important that we continue working on the lines of accountability so that everyone who is part of Cochrane has a clear understanding of how and to whom they are accountable within the organization and their mutual responsibilities to one another.



To best understand the relevance of the *Strategy to 2020* to Fields we undertook a mapping exercise to identify where the role of Fields sits in relation to the objectives. The exercise is included here as Appendix 3.

The key messages that came out of this exercise were around unlocking the value of the relationships Fields have with their external stakeholders; and developing a more explicit role around KT and dissemination as well as the additional considerations around Cochrane's new strategic Goal Three: Advocating for Evidence. The first of these points is very important as the interactions that Fields have with external stakeholders could be valuable to inform prioritisation as well as content design and delivery. Whilst that information is not flowing efficiently around Cochrane we are not able to learn from those insights generated by Fields. This is not to say that Fields are unwilling, but more that we need to build better systems for capturing external

stakeholder input particularly with regard to prioritisation. These messages point towards the need to have structural change so that the work of Fields is appropriately embedded in Cochrane.

4.2. Strengths and weaknesses of the current Fields model

The current model of Fields has strengths and weaknesses that were identified in a survey of Fields' members in 2015. Fields' key strengths lie in their scope and multidisciplinary nature, but these are undermined by the core weaknesses relating to poor collaboration with CRGs and lack of funding.

✓	✗
• Knowledge of the area and the needs of the speciality	• No clear products and deliverables, no measurable outputs
• Multidisciplinary approach	• Difficulty in attracting funding
• Linkages with professional bodies	• Separation of evidence production from evidence dissemination is problematic
• Focus on knowledge translation	• Difficulties in real exchange/connection with CRGs
• Effective in building dissemination channels	• Limited resources
• Considers evidence across boundaries of medical conditions or body systems, allowing for a more holistic and real-world approach to evidence	• The stakeholder links and the cross-boundary approach are not integrated into evidence production within Cochrane, which slows down the dissemination of evidence to stakeholders and weakens the ability of Fields to effectively inform the development of Cochrane evidence
• as link between Cochrane and stakeholders explicitly considers multiple stakeholders in evidence	• The name "Field" is not meaningful externally

4.3. Are Fields prospering?

Whilst there have been new Fields registered in recent years, the self assessments of a number of Fields are that they not functioning well and nearly all have severe resource challenges. Many have very limited activities and some are near deregistration. There are a relatively small number of Fields that have a good long term track record. This clearly sends a message, echoed in the Fields self-assessment, that long term sustainability of Fields is challenging. Furthermore, when Fields were started it was envisaged that the number of Fields would grow significantly, but this never came to fruition. Based on knowledge from monitoring current Fields we can see that funding is a major barrier for Fields and that may be a root cause of the stunted growth of the Fields concept. However, there are many themes emerging from the data that suggest there are varying causes for the lack of progress in Fields.

4.4. Analysis of Fields self-assessment exercise

We conducted an internal review of Fields through an extensive self-assessment survey. Here we present a narrative summary of the responses and highlight some of the key messages coming from the exercise.

4.4.1. Funding and capacity

The Fields are poorly resourced due to funding constraints with many not having a dedicated full time co-ordinator. Of those that are currently funded the funding comes almost exclusively from national governments, though one Field has secured funds from a national not-for-profit organisation working in their area. Where funding has been sought it has been challenging and time-consuming and some Fields have reported it is difficult to obtain funding where it is for infrastructure not projects. Of the nine responses to the survey only three indicated that they had resources adequate to carry out their core activities and almost every Field said they felt that there are important additional activities that should be carrying out that they are not currently able to. These activities ranged from a desire to undertake more training or increased funding for project outputs to having administrative to allow others to focus on more specialised work. The prospects for improved financial situation for Fields is not good, though many suggested better integration with other Cochrane Groups could be a key move to be able to access different sorts of funding.

4.4.2. Tagging

One of the main activities to Fields has been to tag relevant reviews. Whilst there is not agreement across all Fields it does seem that most value this exercise, but there is agreement that it could be leveraged better if this tagging of content was used more on the Cochrane Library. This work will need to be considered in light of the Cochrane linked data project as we move forward with that area of work.

4.4.3. KT

Impact of knowledge translation activities is not well known. This is mostly down to the fact that is very hard to measure, which is an issue for most Cochrane outputs, but is additionally difficult where items are published outside of Cochrane. The continued commissioning of journal columns can be seen as one measurable area, and some Fields have been successful in maintaining such activities. There were suggestions around standardisation which may help in this area, as it would be far easier to monitor the impact of a defined KT product produced by various Fields rather than the current products that are less systematically produced and not at all standardised. This also echoed comments about centralised support for KT methods development.

4.4.4. Prioritisation

Fields have good relationships with some of our key stakeholders, yet of the groups surveyed only one had been involved in prioritisation work. This is clearly an area where Fields should have some involvement given the need to have external stakeholder input in the process.

4.4.5. Training

The majority of Fields are undertaking training of users of reviews, which is a key area of interest to Fields. This is an area that needs to be developed further and Fields should continue to have a key role.

4.4.6. Involvement in review production

Most Field staff are also Cochrane authors and have an interest in writing Cochrane reviews. This is to be expected. Some consideration should be given to the role that Fields could play in the preparation of reviews, e.g. supporting author teams in their area in collaboration with the relevant CRG. It is notable that less than half of Fields are asked to undertake peer review work. Given their membership Fields are well placed to provide peer reviewers for the review process. This should be encouraged further.

4.4.7. Interactions with other Cochrane groups

The interactions with Centres seem to be varied. Some Fields sit within a good structure in their country and have lots of interaction with other Groups including the Centre, others have very little, if any, interactions. Given the need to deliver KT in a localised fashion we will need to work on how to improve the connection between Centres and Fields. This could be a mutually beneficial relationship as KT and dissemination are goals common to both.

The interaction with CRGs was identified as difficult by most Fields. Some feel that they have good working relationships but many feel that they are lacking that communication and that hinders their ability to perform their role. This was a theme coming through throughout the feedback.

4.4.8. Summary

In summary the self assessment exercise highlighted the following key points:

- Fields have a lack of measurable outputs which can be difficult to justify in academic environments and makes funding a challenge
- Fields are poorly integrated in Cochrane (particular in relation to CRG links, but it seems there is also little collaboration with Centres)
- Lack of funding is one of the biggest barriers for Fields
- Additional value from the KT contribution of Fields is lost due to lack of integration of outputs with the *Cochrane Library*, i.e. not linking back to the *Library*
- Most successful funding has been project-based, though even that is often difficult to access for Fields alone. Making broader applications collaboration with other Cochrane groups would make such opportunities more viable.
- Fields see their role of tagging as being useful but not well leveraged by Cochrane. We need to consider how tagging by Fields relates to the tagging in the Linked Data project so that we are not duplicating effort
- Centralised support for KT method development could help facilitate the work of Fields.

4.5. External stakeholder feedback

Cochrane commissioned an external review to obtain an independent view of the external stakeholder perception of Cochrane. Whilst this was specifically commissioned for this piece of work it was in many ways a follow up on the reputational audit that Cochrane commissioned in Q1 2014. The themes coming through in that reputational audit are again apparent in this report, but this time they are based on a larger sample size and more data so we have greater confidence in the findings of both reports.

We summarise the key findings relevant to Fields in the report as follows.[1]

Cochrane was seen as opaque in its priority setting work, but 51% of the external stakeholders surveyed were keen to be involved in this process in future, so there is good reason to believe that if we build a good process for integrating external views this could be a productive area of work involving the Fields.

In considering the accessibility of Cochrane content, when asked about the importance of different presentations and format of Cochrane content 89% rated this as important or highly important so there is clear appetite for flexibility in the way our content is designed and delivered to our external stakeholders. Further to this there was appetite for greater audience specific customisation such as custom search facilities

[1] The full report is available as appendix 2

or custom written summaries which were considered important or highly important by 74% and 80% respectively. There was further acknowledgement of outputs such as Summary of Findings tables as being important in this regard.

When asked to rate the effectiveness of Cochrane's advocacy and its campaign for transparency, survey respondents considered these, on average, to be less than effective (scores of 2.7 and 2.8, respectively, with 'effective' represented by a score of 3). Most of the survey respondents who explained their answers pointed out that they did not know about these activities or that Cochrane was relatively unknown in their Field/ country. This is not a surprising finding given the recent addition of advocacy to our core areas of work. However, stakeholders saw the importance of Cochrane having a role in this area. This will be important for all Groups in Cochrane but Fields will in particular be affected as they are a key external presence of Cochrane.

In terms of disseminating Cochrane findings there was a perception that more could be done whether through traditional local association and journal route or through information services, blogs and social media. Other formats for sharing Cochrane evidence were also mentioned, including briefing papers to commissioners, press releases to consumers, and workshops with health professionals. Interviewees confirmed that these sorts of activities are happening sporadically already, but a more strategic approach would be needed.

From the perspective of engaging external stakeholders many looked to their regional or country presence of Cochrane such as a Cochrane Centre. There was clearly a high degree of interest in engaging with Cochrane through partnerships or through less formal arrangements. As an external face of Cochrane Fields are well placed to respond to that desire for increased engagement. In combination with the membership scheme we should be looking to increase the engagement and further build our community of external stakeholders interested in being part of Cochrane.

4.6. The overall rationale for change

Fields serve a variety of purposes in Cochrane relating to external engagement and knowledge translation and dissemination. These latter elements have been put at the heart of our *Strategy to 2020*, and as an organisation we need to respond to the Strategy and adjust where necessary to be able to effectively deliver it. So whilst there is an important role to undertake knowledge translation in Cochrane it is clear from the information we have available that under the current configuration Fields are not able to deliver what is required in their areas of speciality.

Fields themselves do not feel they are in a strong position. One of the main issues for Fields is poor funding which means that building up sustainable programmes of work is difficult if not impossible. However, equally strongly we have heard that the lack of integration of KT within Cochrane is in a large part responsible for the difficulties. Despite this we have identified a clear need for external facing groups such as Fields that can be a channel to clinical communities, professional bodies and other external stakeholders. The value of such groups lies in making sense of Cochrane for the outside world and they should play key roles, amongst other things, in dissemination, KT, prioritisation, stakeholder engagement and promoting Cochrane.

In particular, from the perspective of the *Strategy to 2020* delivery, we need improvements in KT so that we can be systematic and strategic in this area, as currently this is not the case as what is happening is somewhat opportunistic and haphazard in coverage. Furthermore, we do not have a good sense of what work is being undertaken due to lack of integration of knowledge translation within the Central Executive.

The Fields do have good relationships with some stakeholders and they do have a pool of members experienced in KT, so we need to take advantage of these skills and experience, but we clearly need to better empower those contributors to contribute effectively to Cochrane in knowledge translation, priority setting, stakeholder engagement and dissemination as currently they are clearly impeded by the structure they sit within.

5. Knowledge translation in Cochrane: the bigger picture

Independent of the future role of Fields Cochrane needs to make a step change in its Knowledge Translation (KT) work. To avoid completely conflating the issue of KT with the structure and function review of Fields this paper sets out some overarching suggestions for how KT could be more formally integrated into Cochrane separately from the new functions and structures for Fields. It is to be noted though that the new structures and functions of Fields are based on having this KT framework in place.

5.1. How are we defining KT?

KT is a term that is very broadly used and needs to be clearly defined for Cochrane. We are not attempting to define KT in this paper, nor are we attempting to define what are core KT products and priorities will be. We do see this as an important next step in the process though and intend to establish the priority areas for Cochrane KT in Q4, 2015. We envisage that this will entail discussions with KT leaders within Cochrane and some key external experts. We have already undertaken some of this consultation with Fields at the very begging of this process, but we feel we need a broader view on KT in Cochrane before we start to define our priorities. The initial work establishing KT priorities will not give us a hard and fast list of KT areas, but it will give us a good indication of where we should be focusing our KT strategy and it will allow us to test the ideas in this paper to see if the proposed framework is fit for purpose for what we want to achieve in KT. We expect that the high level structure of establishing a board, a co-ordinator etc. will be relevant regardless of the outcome of this work.

As a result of this it is important to note that some of the ideas included in this paper overall will need to be validated once we have defined our KT priorities or core KT products as these may require changes to the framework. To this end we have kept the framework relatively high level at the moment and avoided defining too many operational details before the KT strategy and priorities are established.

5.2. An environment that incorporates the whole organisation

KT is relevant throughout the organisation, so it is important that the overall approach to KT integrates all of those involved in KT production, which includes Centres, Fields and CRGs. Given the nature of knowledge translation and the various dimensions in which it needs to be undertaken it will continue to be appropriate for various different groups to be operating in this area supported by some level of central coordination of activities to ensure delivery of the KT strategy.

5.3. KT Strategy

Cochrane needs to develop a new Knowledge Translation strategy that lays out what our approach to KT is; our process for developing and approving KT methods; the level of KT content production we are interested in and at what point in the KT process we look to external partners; the process for integrating KT products into the *Cochrane Library*; and the overlap between KT products and Cochrane Innovations' derivative products and how this overlap is managed.

We envisage that the KT strategy will be developed in Q1 and Q2 2016. This would give us the opportunity to take advantage of the mid-year meeting in London to test early ideas and generate ideas and input from the community.

5.4. The KT Framework

To deliver this new KT Strategy, Cochrane would need to establish a **Cochrane Knowledge Translation Framework**, requiring an **Advisory Board** responsible for approving KT policy and methods; a **Coordinator** (centrally funded) responsible to the CEO for the executive delivery of the strategy, who would work with a **Support Group** (drawn from KT centres and CRGs) acting as a key interface between Cochrane's **Central Executive**, **Review Groups** and **KT Centres** who would engage with external stakeholders and produce the KT products and services in their areas of expertise.

Fields undertaking KT work have often found it difficult to work with CRGs, so a formalised mechanism for engagement between CRGs, as the primary producers of Cochrane Reviews, and KT Centres would be established to create separate 'forums' where appropriate KT initiatives related to the area of work and the Reviews produced would be agreed. These fora would discuss upcoming reviews in the topic area so that KT Centres know what is coming and KT requirements can be agreed. They would assist the CRGs in priority setting and offer greater potential for joint funding applications.

5.4.1. KT Advisory Board

A KT Advisory Board would have responsibility for approving new KT methods, processes and policies. They will also have a role in strategic discussions such as integration of KT products in the *Cochrane Library*, overlap with Cochrane Innovations, etc. This Board would be drawn from members of Cochrane's KT community as well as external representatives who specialise in knowledge translation.

5.4.2. KT Co-ordinator

The KT Co-ordinator would facilitate and support the KT fora and would be responsible to the CEO for the overall delivery of the KT strategy. He/she would need to be someone with knowledge of KT who can contribute to the development of the methods, policies and materials; and (s)he would draw on all levels of the KT community for input into the work.

5.4.3. KT Support Group

The KT Support Group would comprise KT centres and two to four additional members from Cochrane Review Groups and Centres with a special interest in KT. They would assist the KT Co-ordinator in the co-ordination, advice and support to the fora and the KT Centres.

5.4.4. KT Centres

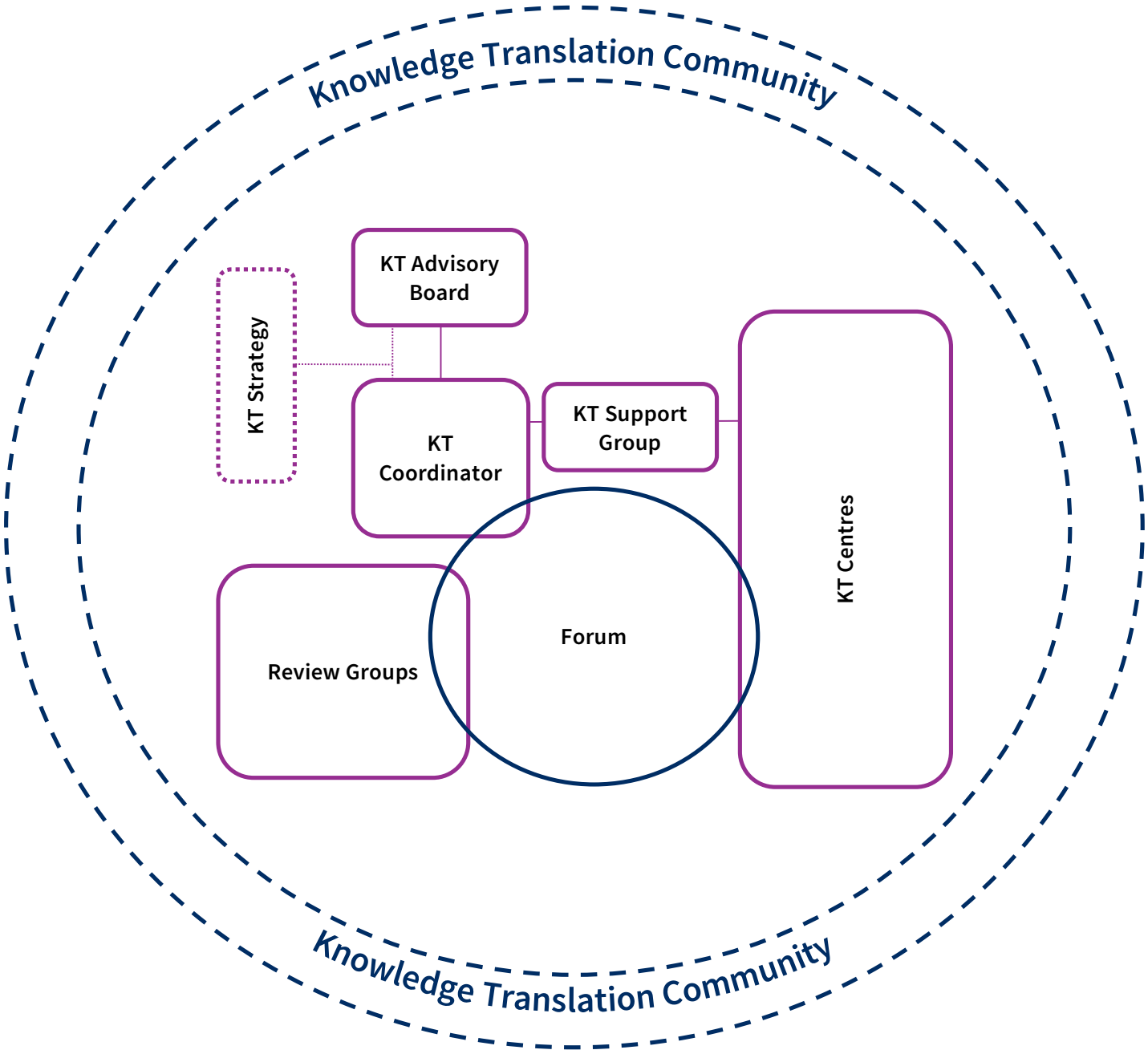
These are the people who are working on producing the KT outputs. Regular KT fora would be held to establish the KT needs to forthcoming reviews and the KT centres would then take a lead on developing those inputs, drawing on the community as required. KT work is currently undertaken by various groups in the collaboration, so these KT centres may be embedded in Centres or CRGs or they may be discreet entities like Fields. This is in no way meant to restrict the production of KT or create any form of exclusivity over the work of KT, but instead it intends to bring KT together so that collaboration is more effective and everyone is working together in an environment that incorporates the whole organisation.

The financial viability of such centres is to some extent untested, but in response to the feedback we have had from Fields a major barrier in obtaining funding for KT work has been lack of clear and measurable outputs. We hope that this framework with the associated KT strategy will go some way to addressing that concern. We also believe that having a more embedded framework for KT in Cochrane will give KT more prominence which will also help with sustainability of KT initiatives.

5.4.5. KT Community

Through the membership scheme people will be able to sign up to Cochrane and identify themselves as interested in KT. They would then automatically become part of the broad KT community and would be

exposed to opportunities to engage in KT work with Cochrane. Building this community is going to be critical as we will inevitably need more capacity to produce KT outputs than we currently have. We will be able to leverage the task exchange being built by Project Transform to give us an infrastructure to engage the community in KT production.



6. Functions of Fields/KT Centres

These proposed core functions are all directly built on the *Strategy to 2020* objectives. These are written as: "It is a function of Fields/KT Centres [to…]"

	Proposed Core Function	Objective	Notes on contribution
Tier One			
1	***To promote Cochrane clearly and accurately within their area based on Cochrane's brand guidelines.***	3.1	Cochrane Fields are often promoting Cochrane and so they do have a role in building our global profile, but it is important that it is carried out in accordance with our brand guidelines so that everyone talks about Cochrane in a consistent fashion.
2	***To act as an outward channel for disseminating Cochrane evidence based on stakeholder networks and other partners.***		A key function of Fields is to disseminate Cochrane work in the area of expertise..
3	***To develop the community of Cochrane members within their area, including future leaders***	4.2	The Cochrane Membership scheme will help to provide a more cohesive experience to being part of Cochrane, but it is essential that we do not lose the various networks of contributors such as profession based and country based groupings. The membership scheme should support Centres with this sort of work. Building a strong community around the Field is important for identifying new leaders so that we ensure appropriate generational change.
Tier Two			
4	***To produce KT outputs defined in the Cochrane KT Strategy within their remit***		The Cochrane KT Strategy will outline core products that are the focus of Cochrane's KT work. Fields must commit to delivering these core products where they are relevant to the Field scope.

5	*To contribute to Cochrane's priority setting work based on insights from external stakeholder engagement work in their area*	1.2	This is not putting the burden of this role on Fields; it is intended to maximise opportunities arising from contact with external stakeholders. It is critically important that Fields become more involved in this area of work.
6	*To engage with external stakeholders to understand their knowledge translation needs and contribute this learning to the Cochrane Knowledge Translation Strategy*	2.1, 2.2	KT needs to be approached strategically within Cochrane and the relationships and knowledge that the Fields have needs to be leveraged to inform this strategy.
7	*To work with Centres to implement knowledge translation initiatives locally.*	2.1; 2.2	Knowledge translation is often region specific, or at the least needs to be customised for local delivery. We want to empower Fields to undertake more knowledge translation work but we believe that their effectiveness will be increased through partnership with local Centres to ensure regional dissemination.

Tier Three

8	*To build partnerships in their area including, but not limited to, guideline developers, healthcare associations and patient organisations.*	3.7	This already happens, but we are not maximising the benefit of the relationships that Fields have with their external stakeholders.
9	*To maintain an advocacy programme around communicating the value of evidence synthesis and its importance in health decision-making at all levels, and to provide a voice for advocacy campaigns Cochrane is involved in within the Field's scope.*	2.3, 3.4	Critical to achieving our organisational vision is to communicate about how evidence synthesis can be used in health-decision making. This sort of work is best done on a local basis, though tools and resources for communicating this should be provided by Cochrane centrally. Nb. This would include educating users in how to use our evidence.
10	*To support CRGs by working with author teams in the Field's area to prepare reviews. (This would be done in collaboration with the relevant CRG for editorial and publishing purposes.)*		In a more flexible approach to Groups we would suggest that Fields could take a greater role in the review preparation process. Under the current system there would still need to be a CRG involved, but we propose that where there is resource and appetite to do so Fields should be able to support titles and their author teams. This would involve agreeing an arrangement with the relevant CRG who would still be required to undertake editorial and publishing services

11	*To undertake relevant KT methodological development research.*	1.5	This is not a main function of Fields, however, they would be encouraged to be part of defining Cochrane's KT methodology and to be part of developing the KT strategy.
12	*To coordinate a topic or healthcare area based network of Fields and CRGs under the concept of Alliances such that internal cohesion is brought to a topic area.*		Alliances of CRGs are in an early stage, but as they group together to build a cohesive group of CRGs in a broad healthcare area it may be relevant for Fields to be involved, and in some instances where a Fields works across a broad healthcare area with multiple CRGs the Field would be well placed to coordinate that group building the Alliance. This would be an opportunity also to embed KT in the work of the Alliance.

7. Structural changes

7.1. Integrating Fields in this strategic framework as KT Centres

7.1.1. Overview

Fields primarily act as an outward channel for Cochrane evidence to reach external users. Fields seek to engage with stakeholders in their area to increase the impact of Cochrane within that community. A core part of this work for Fields has involved some degree of knowledge translation, as often the repackaging of relevant Cochrane Reviews specifically for their stakeholders is the best way to get the evidence into practice.

Whilst acknowledging that the Cochrane KT framework is bigger than just Fields, we are proposing that we firmly centre the Fields concept around KT and dissemination to give them an explicit (but not exclusive) role in Cochrane KT. To reflect the primary focus of their work we would rename the Fields as KT Centres, and we would give them a central role within the KT framework as major producers of KT products. As stated this would not mean they are the only one working on KT production as a lot of very important KT needs to happen in other dimensions (e.g. Centres undertaking KT on a country specific level), but they would be given the explicit opportunity to be the leaders in KT for Cochrane.

7.1.2. Relationship with KT Strategy

Central to the KT framework is the creation of a KT Strategy for Cochrane. The KT centres would take a leading role in developing the materials, methods and policies that underpin this strategy; then they would be tasked with producing the KT outputs defined in the strategy so that we are operating in a systematic and more consistent fashion.

Regular KT fora would be held to establish the KT needs of forthcoming reviews and the KT Centres would then take a lead on producing those inputs, drawing on the community as required. The KT Centres would still be building external stakeholder links in their area and undertaking their own dissemination of Cochrane evidence. They would have a key role in building the community around their chosen area and also in making sense of Cochrane evidence for users.

7.1.3. KT Community

Through the membership scheme people will be able to sign up to Cochrane and identify themselves as interested in KT. If someone has a particular interest, e.g. CAM, they could associate themselves with the CAM KT Centre and only undertake work relating to their subject area. Traditionally, KT contributors have only wanted to contribute in this way, but that might be a product of the fact that there has been no way to join a general Cochrane KT community. Building both the general KT community and the topic specific KT communities is going to be critically important, as we need more capacity to produce KT outputs than we currently have. We will be able to leverage the task exchange capabilities being built by Project Transform to give us an infrastructure to engage the community in KT production.

7.1.4. KT Centres would not have exclusive responsibility for producing KT outputs

It is important to recognise that the KT Centres, whilst leading in the area, would not have exclusivity in the area of KT. In particular, where there is localised KT required the KT Centres would be working in partnership with local Cochrane Centres/Branches/Networks. Also there will be instances where a CRG and/or the Central Executive are producing KT outputs for high impact reviews.

We will explore these issues of who is best placed to undertake different types of KT in the strategy, but one key point that should be stated is that KT, given the breadth of the term, will be happening in CRGs (e.g. creation of SOF tables)as well as further downstream in KT Centres and Country Centres.

7.2. The structure of KT Centres

Above we set out a range of functions for KT Centres that are organised in a hierarchy of three tiers. We believe that there should be some flexibility in the function of Cochrane groups, and we also believe that there should be a developmental pathway in all types of Cochrane groups.

7.2.1. Smaller presences: Dissemination centres

There may be some groups who want a low level involvement in this area either as the beginning of a developmental pathway or because that is the extent of their interest. The functions have been written in a hierarchy so as to define the minimum criteria for Fields, but also to provide the basis for such smaller Groups which would be Dissemination Centres performing a subset of the Field functions.

This would be appropriate for a group who are insufficiently resourced to actually undertake the production of KT products, but they wish to set up a presence that disseminates reviews to their area of expertise. It may also be appropriate for a group wishing to specialise, for example, in advocacy as they could perform the basic functions of the Dissemination Centre plus their chosen additional advocacy functions.

The minimum criteria for such a group would be functions 1 – 3, which is Tier One. Where capacity and interest exists they would be encouraged to take on any of the Tier three functions.

7.2.2. KT centres

The role of a KT centre involves a broader undertaking, and in particular it requires taking on a commitment to produce certain KT products as agreed in the KT strategy.

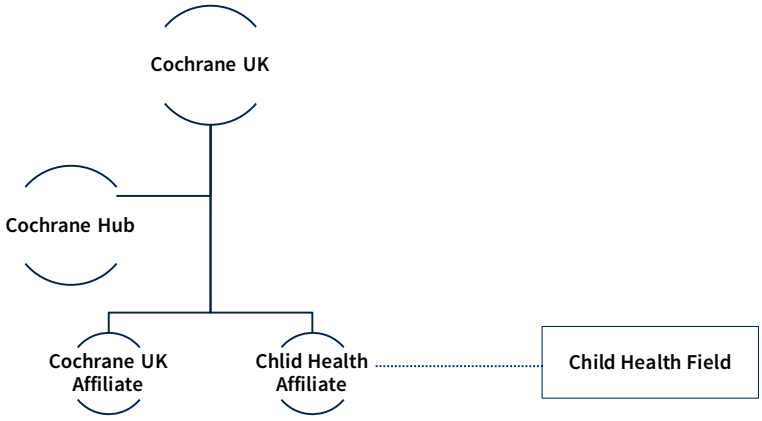
The minimum criteria for being a KT centre is to undertake function 1-7, which is Tier One and Tier Two. Where capacity and interest exists they would be encouraged to take on any of the Tier three functions.

7.2.3. Localised groups for Fields

In addition to creating the option to have smaller presences, we also think it would be beneficial for KT centres to be able to create small satellite groups linked to Cochrane's global network of Centres given that a lot of knowledge translation and dissemination is best done in a localised fashion. This will involve close cooperation with country Centres with regard to implementation.

Ideally the KT Centres will establish satellite groups in key countries where there is interest in their particular area. These satellite groups would overlap with the country Centre structure where Affiliate groups are being established as small groups linked to the Centre, i.e. these satellites of Fields would become Affiliates. The accountability for technical KT implementation issues (dotted line accountability) would lead back to the Field but the overall accountability for its actions (formal accountability) would be to the country Centre/Branch/Network.

The benefits of this approach are not only relating to localised implementation though, it could be a useful way to expand the work of a Field by developing small hubs of activity around the world which would expand the Field's capacity. This will also help develop potential future leaders of the Field. Furthermore, introducing this interrelation between the Field structure and the Centre structures will help to build a more cohesive Cochrane.



7.3. Coverage of KT Centres

The current Fields do not have comprehensive coverage of areas. Consideration needs to be given to where there are gaps, especially where there are CRGs operating in the area. We don't expect to be able to set up KT Centres for all desired areas overnight, but over time we would be working towards a comprehensive coverage. See below section "What KT Centres might we need" for more details on this.

Where a CRG is working in an area where there is no KT centre and they are undertaking the KT themselves then we would need to support them with this work and incorporate them into the KT framework as if they are operating as a KT centre in addition to being a CRG. We need to think how we could additionally resource such groups who wish to access KT expertise but have no clear KT centre to collaborate with.

7.4. Further integration

There are many people in Cochrane Review Groups who are interested in KT just as there are Field members interested in review production. CRGs should be encouraged to undertake any planned KT activities in collaboration with KT Centres, and if they wish to enhance KT relating to their reviews they should seek to do so with the help of KT Centres where possible. Also wherever possible there should be cross over in membership between the CRG's editorial board and the editorial/advisory board of each Knowledge Translation Centre, so that we are working towards being a fully integrated organisation.

Hopefully through closer working between the Groups we will start to see new opportunities for collaboration and better integration of external stakeholder insights in the review production process.

7.5. KT centres and the newly emerging Alliances

Over the last year there have been discussions around the concept of Alliances of CRGs. This term is quite fluid at present as these Alliances are only just starting to form, but essentially it is a coming together of CRGs with a common interest. These broad topic areas such as Cancer, Neurology, NCDs, etc. could also be good groupings for KT Centres. Consideration should be given to how KT could become a primary part of building an Alliance. This could mean that KT centres become a key player in the Alliance (e.g. the present Neurology Field in a Neurology Alliance) or it could mean creating a new KT Centre as part of the role of the Alliance.

This falls outside of the remit of this current paper, but it should be kept in mind in terms of future options of how we may integrate Fields/KT Centres more closely with CRGs in a unified system that would benefit all involved.

8. What KT Centres might we need?

We need to consider whether we have the correct groupings of KT Centres for the task required and whether additional groups are required. To a large extent this will be guided by the KT Strategy and how we want to undertake the work, but it should be highly influenced by external priorities and building Fields around those needs. This will ensure that the way we are attempting to communicate externally is relevant to those external stakeholders.

8.1. Possible Gaps in current Field coverage

This table lays out some ideas of where there are gaps in the current coverage. This does not necessarily mean we need a Field or KT Centre as there may be instances where these grouping directly overlap with a CRG who is already building the stakeholder links and undertaking the KT work a Field might do, so this would be duplicative. Therefore, this list is more to stimulate discussion around where we might want to focus development of Fields/KT centres in the near future.

Overarching areas of healthcare	Type of Healthcare professional / Setting	Intervention based
Cancer	Midwifery	Pharmaceutical
Non-communicable diseases	Dentistry	Gene Therapy
Women's Health	Allied health professions	Radiology and Nuclear Medicine
Men's Health	Pharmacy	
Cardio/Vascular and Stroke	Surgery	
Mental Health	Developing Countries	
Nutrition		
Acute care		
Surgery		
Public Health and Health systems		
Global Health and Health Systems		
Lifestyle and well being		
Allergy and Immunodeficiency		

9. Accountability and governance

9.1. Lines of accountability

Having clear lines of accountability throughout Cochrane is critically important. Ultimately all lines of accountability from Fields/KT Centres lead to the CEO of Cochrane. All satellite groups of Fields/KT Centres will be accountable to the Centre they are part of as detailed above.

9.2. Strategic plans and succession planning

Groups of all sizes should have a strategic plan built on the functions which will be used to assess performance. This should be a multi-year strategy with annually updated targets representing activities planned in each given year. The strategy and each annual update on activities should be submitted to the Central Executive according to a defined schedule to be agreed.

As part of the strategic plan for the Group there should also be a succession plan which details what the Group is doing to develop future leaders in their Field, so that we have assurance that the future of that Cochrane Group is stable and can continue once the current Director steps down.

9.3. Existing and future policies and processes

The Cochrane brand is a valuable asset to Groups and so it should be used in a responsible fashion and Groups will be accountable to Cochrane for their use of it. Cochrane has set out a spokesperson policy which outlines expectations of those who might speak on behalf of Cochrane. It is important that Groups using Cochrane's brand adhere to this policy. This will be monitored as part of the accountability process.

Another critical policy which will be integrated in the accountability mechanisms is Cochrane's Charter of Good Management. This document sets out our expectations of managers throughout Cochrane and the standards of good management we expect them to uphold. All those managing staff in Cochrane Groups will be expected to sign up to this charter. This is available in Appendix 4.

9.4. KT Support Group

In the new KT framework there would be a KT Support Group which would replace the existing Fields Executive. This would act as an interface between the Cochrane Central Executive and the KT Centres. The remit of this group will be considered in detail as part of the implementation process and will to be accountable to the CEO through the KT co-ordinator.

9.5. Memorandum of Understanding (MOU)

For this accountability structure to work we propose to set up MOUs with Groups that will be routinely re-assessed as part of the monitoring process (at least once every five years), so that a Group cannot continue to use the Cochrane name if it is not fulfilling the obligations agreed.

The MOU will make it clear what is expected of the Group and what the Group can expect of Cochrane. We will be following this process with all Cochrane Groups. The MOU will detail further the accountability issues referred to here.

9.6. Probation period

Setting up a new Cochrane Group is a challenging task, and it is also a significant responsibility to be part of Cochrane's global presence. As a result of this we will introduce a probation system whereby new Groups are assessed after one year to ensure that they are progressing as expected in their plans and to ensure that they

are capable of building the presence they have set out to build. This will first and foremost be a supportive mechanism to ensure that Groups are receiving the support and mentorship they require to succeed.

10. Summary of next steps

10.1. Establishing KT priorities

We need to now undertake further work on the KT priorities for Cochrane. We need to establish what KT Cochrane should be doing and how it should be doing it. This might not elicit a list of specific products, but should give us the basis of our KT strategy.

This work should be under taken in Q4 2015.

10.2. Validating the KT framework

Once the KT priorities are established we should test the framework and proposal in this paper against it to see whether it will work in practice. At this stage we should also assess the role Fields are playing in this structure to see if it is appropriate based on what the established KT priorities are.

11. Appendices

1) Policy Manual 3.4.2.3: Core functions of Fields
2) External Stakeholder Consultation report
3) Strategy to 2020 and Fields.
4) [Draft] Cochrane Charter of Good Management

The Appendices are available by clicking on this link.