Cochrane

Implementing Cochrane Membership

A new approach to managing engagement between Cochrane and its contributors

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Document prepared by: Central Executive Team.

Submitted to Steering Group: October 2015, Vienna

Purpose of paper: To outline Cochrane's approach to establishing a membership scheme.

Access: Open Access

Summary of recommendations: We are seeking approval to pursue this approach to implementing a Cochrane membership scheme and to establish a formal budget request for the 2016 CET Budget

Resource implications: Resource implications are outlined in the paper, but a formal budget will be presented in December as part of the 2016 CET budget.

Contents

1.   The purpose of a Cochrane membership scheme

The idea for a Cochrane Membership scheme was first raised and approved in the strategic review of 2008-09. In 2013, after further consultation, it was reaffirmed as one of the key objectives of Cochrane's *Strategy to 2020*. Contributing to the goal of building an effective and sustainable organization by becoming more inclusive and open, our objective is to 'establish a membership structure to improve our organisational cohesiveness and to reduce barriers to participation by creating a clear and open route into the organisation for people who want to get involved'. This paper outlines the broad concept of how we should implement a membership scheme in Cochrane.

Purpose
Through the establishment of a membership scheme we hope to open Cochrane up to the world by allowing anyone to support and become involved in our work. The guiding principle will be inclusivity and the outcome we want to achieve is a vibrant worldwide community of members who feel part of Cochrane and who have clear, easy and varied ways to contribute to our mission. Becoming a Cochrane member should be the beginning of a journey of engagement with us that we hope lasts for many years.

The problem

Currently, people coming to Cochrane sometimes feel it is hard to identify opportunities to get involved, or have an unsatisfactory experience of trying to engage with our complex and inflexible structure. Many feel excluded because they don't have review production skills. Those that do contribute to our work join a group of very hard working and dedicated collaborators, but sometimes receive little recognition for their hard work and loyalty despite being essential to Cochrane's success and future sustainability.

Why is this important to Cochrane?
Several of our Core Principles stress the importance of inclusivity and collaboration, building on the enthusiasm of individuals, and enabling wide participation, so a membership scheme will be in line with and help us to be true to these principles. Cochrane is also reliant on people contributing without remuneration, and if we are to continue to retain our current collaborators and recruit talented new ones we need to offer everyone involved with Cochrane a better, more fulfilling experience of engaging with the organisation.

1.1.   Principles of membership

We proposed that the membership scheme should follow the following guiding principles:

Opening the doors
We will make it possible for anyone to 'join' Cochrane, so that being part of Cochrane is no longer limited to writing reviews or other tasks requiring specialised skills.

New pathways for engagement
For people who want to engage with Cochrane and contribute to our work we will provide clear information and pathways for becoming involved, such that anyone can find a task suitable for them and start on a journey to greater contribution to the work of Cochrane.

Recognising contribution
Membership will provide more opportunities to recognise the valuable contribution of our existing and future collaborators.

Membership is free
Cochrane membership will be free. In future we may chose to pursue other types of membership that are not free, but the core membership idea that we are outlining here will be free for members to join.

Membership and governance
Cochrane does not intend to replace its governance model with a Steering Group directly elected by the entire membership. However, the Steering Group is currently undertaking a review of its composition, which will take into consideration any need to revise the current representative model, and it may outline new pathways for members of different kinds to participate in Cochrane's governance and advisory structures.

1.2.   Glossary of key terms

In this paper we use several terms to describe those who are part of Cochrane. To ensure clarity, we outline here our intended meaning of these terms for the purposes of this paper.

Supporters: individuals who wish to support Cochrane's work and be a part of Cochrane, but do not wish to get involved substantively in undertaking tasks

Contributors: individuals who are interested in being members of Cochrane and who are undertaking some substantive involvement but have yet to reach the threshold to become a member

Members: individuals who are actively contributing to the work of Cochrane in a substantive way and have passed the required threshold to become a member.

Collaborators: we use this term to define the current collaborator base of Cochrane. Our current collaborators will be the first wave of members.

2. Summary of Athens feedback

We presented a concept paper at the mid-year meeting in Athens, 2015 ([available to read here](#)) that outlined some ideas around how the membership scheme could work. The feedback we received in Athens was clear. Firstly, Cochrane wants a simple membership scheme: that is, people didn't want tiers of membership with points systems linked to contributions. Premium features available either by points accumulation or payment were also not desirable.

The second clear piece of feedback was that people wanted there to be a threshold beneath which people could not refer to themselves as members. This means that to become a Cochrane Member you have to do more than fill in a form, you have to make a substantive contribution to Cochrane. This contribution level should be achievable for anyone interested and will be set according to the tasks a potential member wants to undertake.

A third key area of feedback was that Cochrane should have a scheme that is not overly burdensome and expensive to administer. There was concern that the investment in running a highly complex scheme was not in the interests of the organisation, and so we should be looking to design the scheme in such a way that administration is not burdensome, in particular this will require making pragmatic decisions around what constitutes membership.

3. Summary of consultation feedback

We undertook both internal and external stakeholder consultation with regard to the membership scheme. The external stakeholder consultation was undertaken by Technopolis, an external consultancy, who undertook a broad piece of work on external stakeholder engagement aimed at informing the structure and function reviews and the membership scheme development. The internal consultation was undertaken in August 2015 and consisted of a shortened and updated version of the paper that was considered by the CSG in Athens. This internal consultation was circulated amongst the author, translator and consumer communities and was highlighted in the Cochrane Community newsletter.
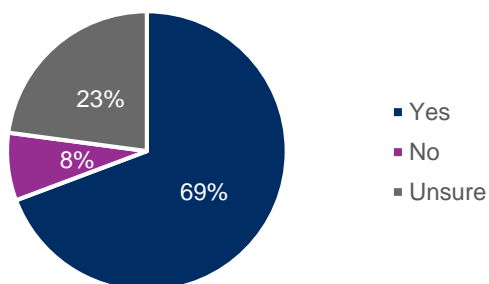
3.1. Internal consultation

From the internal consultation there was overwhelming support for better engagement and improved mechanisms for getting involved, and there was a clear desire for a simple, egalitarian membership scheme.

Many people highlighted that this unified approach to getting involved will reduce the variability of experience that many people encounter at present when trying to get involved in Cochrane, and so getting involved will be altogether more transparent. There was acknowledgement, though, that there needs to be real change in our structures and procedures if this is to have a real impact. Although a membership scheme introduces wider opportunities to get involved, Cochrane Groups will still be ultimately responsible for managing relationships with members and core processes such as review production.

The idea of membership, and in particular the elements of recognition, seem to be more attractive to Cochrane's non-author based community, e.g. translators. These people, who are contributing a lot to Cochrane but receive little formal recognition, think this will improve the current situation and make them feel more integrated and valued within the organisation.

Overall, as shown in the pie charts, internal respondents felt broad support for membership as a way of improving engagement, with around two-thirds of respondents feeling this would be the case, and a very small percentage of respondents felt it would not improve the situation.

Do you think Cochrane membership will make us more open and inclusive?

Do you think people will find it easier to engage with Cochrane once we have membership in place
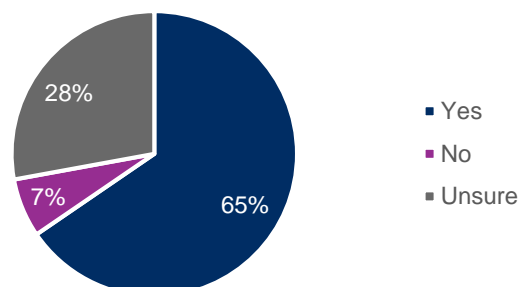

3.2.   External consultation

The external consultation work undertaken by Technopolis was not exclusively focusing on membership, but it asked a series of questions around the membership scheme and possible benefits to test appetite amongst the external stakeholder community. Overall, three quarters of respondents (77%, n=322) would consider becoming a Cochrane member (as an individual or as an institution) in Cochrane's new membership scheme.

Respondents were broadly supportive of the idea of Cochrane as a membership organisation. They emphasised the need to see how users would benefit from such a scheme and how to make it work in practice. A strong suggestion was to highlight Cochrane's commitment to evidence and independence and communicate those in a clear way.

Responses to some of the direct questions we asked external respondents about different elements of membership are included in the figure below.
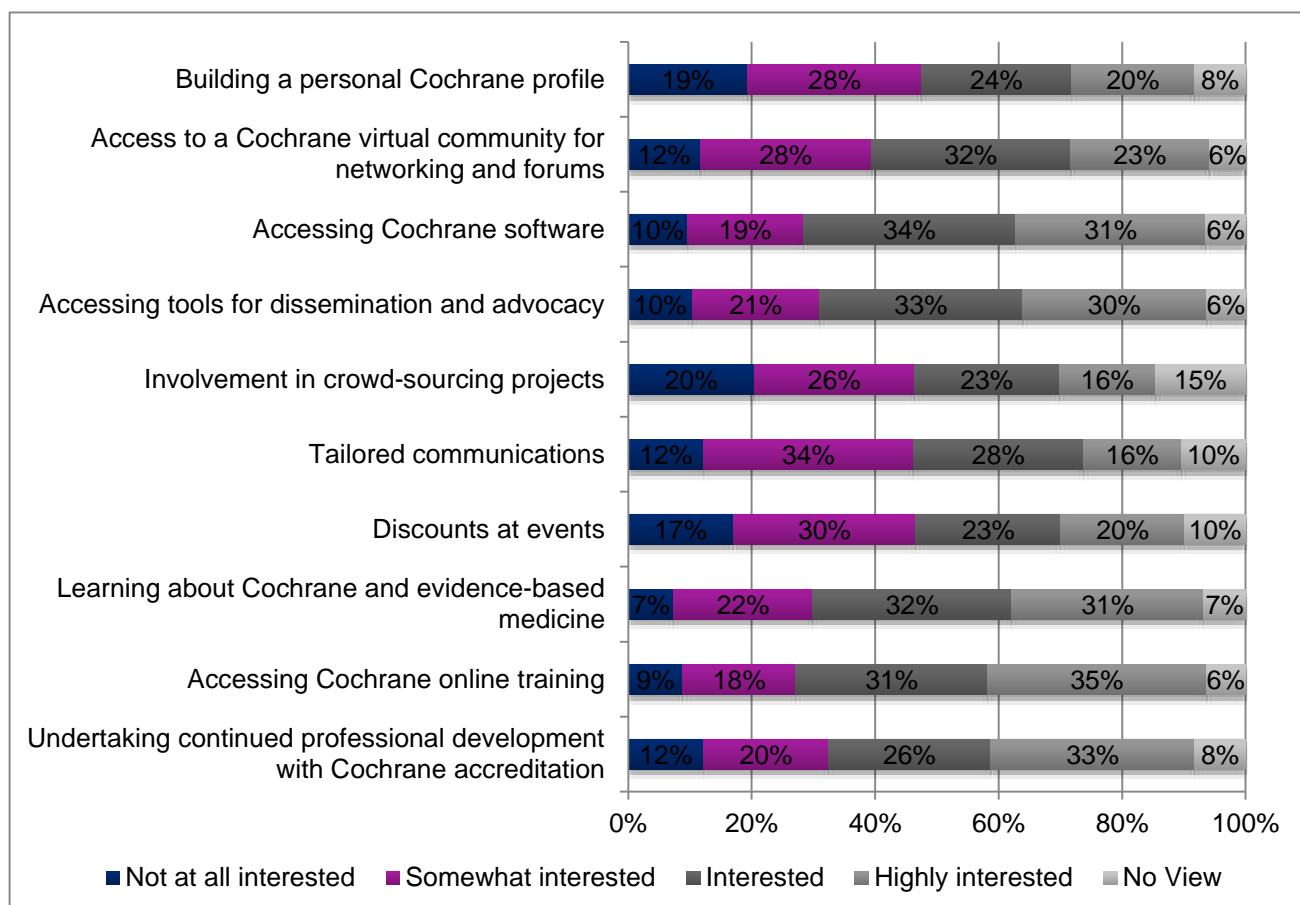
(Please rate the extent to which the following features and benefits of a new membership scheme would be of interest to you. (n=324 – 329))

4. Overview of Cochrane Membership

4.1. A whole-system change for engagement

What has come through clearly from our work over the last six months is that we need a major system-wide change in the way we manage those who want to get involved if we are to achieve the goals of 'opening the doors of Cochrane' and establish effective 'new pathways to engagement'. Our current processes make engagement difficult as sometimes individuals are either not responded to, passed around, or they receive a response saying no thank you. Inadvertently this means that we hold people's data in many places throughout the organisation and pass it around, but we do not track what happens to those individuals in any way. As a result we are not helping them to get involved in Cochrane and we are not helping ourselves to build up an overview of all those interested in being involved in Cochrane's work.

To achieve a whole-system change we need to be clear about who we are seeking to engage with and why; and we need to build an infrastructure that can support this. It is critically important to acknowledge that this is not just a technology issue. This will involve a new technological approach to managing people, but it will also involve significant process and culture change in the way we manage both existing collaborators and those who are new to Cochrane. These processes will need to ensure that all interested individuals are captured on the system, welcomed appropriately to Cochrane, and offered various ways to engage and deepen their relationship with Cochrane.

Implementing this engagement infrastructure will represent the first phase of the membership scheme work. A lot of the work to provide better engagement opportunities is already underway throughout Cochrane whether in Project Transform or through the new learning pathways being developed by the Learning and Support Department. What we are considering here is the integration of the new membership scheme into a new system for managing and supporting our collaborators, so that when someone comes to Cochrane and says they want to get involved we have a clear pathway for them to engage and take advantage of these opportunities.

4.2. Start simple and develop over time

We will set a threshold for membership that will involve defining each activity and type of contribution, so that the membership criteria are clear. However, initially, at least, there will be no subsequent tiers of membership, it will instead be a simple case of someone is a Cochrane member or not.

We see this as a first step on the journey to a more comprehensive membership scheme, and we have decided to approach it in this way because we believe that once we have the infrastructure established around our engagement strategy we will be able to use the data gathered to understand better what contribution people are making; and so we can establish rewards and future status recognition accordingly, if desired. We can also adjust the thresholds for membership as we gather more data if we feel that they are set too high or too low. This approach will also make the transition period easier as we can set up some simple rules about who is automatically included in the membership scheme at launch. Existing collaborators will be the first set of Cochrane members.

4.3. What if people want to join Cochrane but not make a specific contribution

We will also for the first time be creating a way for people to become part of Cochrane as supporters of our work without having necessarily to make a substantive contribution. These people are often ambassadors for Cochrane in their area of expertise, or advocates for the use of Cochrane evidence, or want to offer their support in another way, but do not wish to take on active roles in review production or other Cochrane

activities. We would propose an additional category of membership for these people called **Cochrane Supporters**. We already have some of these people captured in our system as they are receiving the Cochrane Connect newsletter (which has 3,500 subscribers), but we believe there are many more people who support Cochrane's work and would like to show that by joining as a supporter.

We would set up the opportunity to be part of Cochrane as two channels, one leading to membership and one leading to becoming a supporter. It is important to note that one could cross the boundaries, say a person was a supporter and then decided to become more involved. They could easily transition from supporter status to contributor/member status.
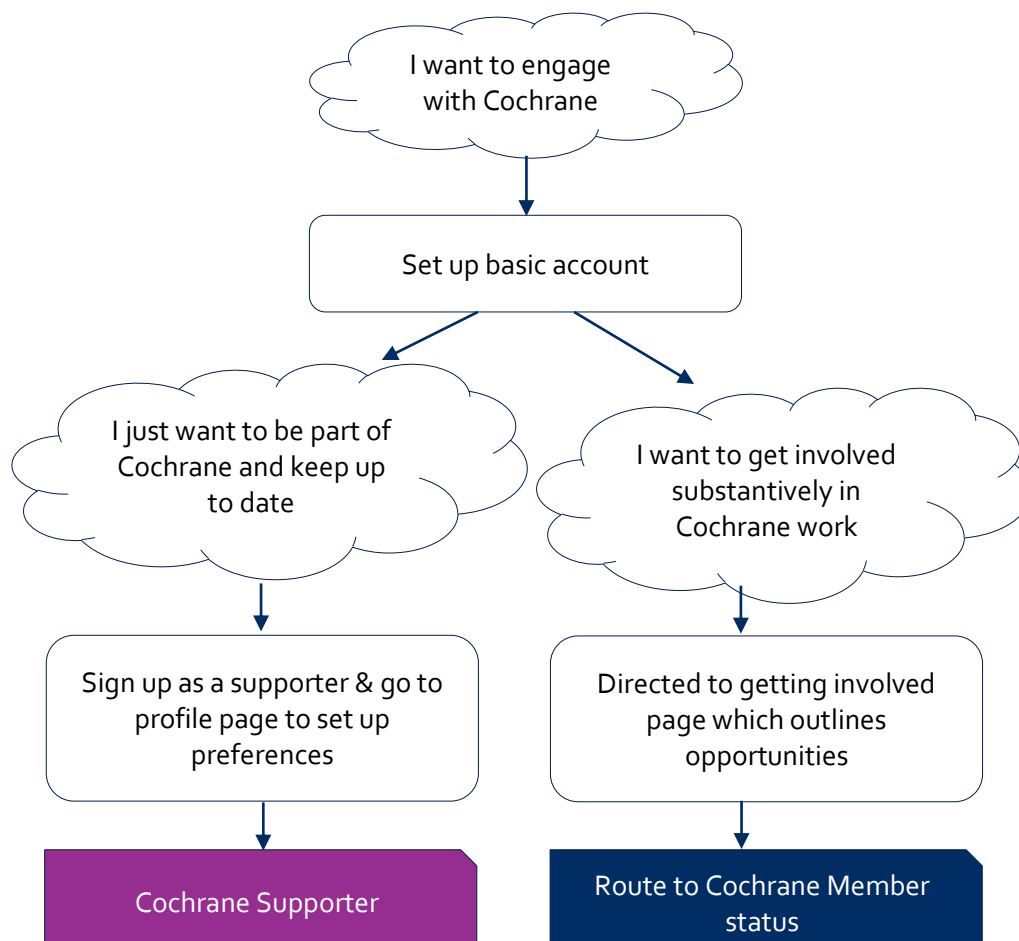
5. Implementation

5.1. Engagement system

We know that currently people come to Cochrane keen to get involved but for one reason or another they find themselves in a position where there is nothing for them to do, or they are promised follow up correspondence or communications that never arrive. To fix this we need to change the whole system of engagement and centralise our management of people in one system that is able to aggregate data from many sources, which will provide the tools to manage those people effectively and help them become part of Cochrane and contribute in a sustained, constructive way.

To implement this engagement process we require four core elements.

1. We need an underlying technology infrastructure that can help us to manage the members.

2. We need a unified outward presence for this which would take the form of the Getting Involved section on Cochrane.org.

3. We need the opportunities for people, i.e. tasks to do.

4. We need to establish a pathway-based approach to engagement so that each person who wants to be involved in Cochrane can progress along a pathway to a greater relationship with Cochrane, if they so wish.

These four sections are elaborated further in the following four sections.

5.1.1. Underlying technology infrastructure: A "Customer Relationship Management" (CRM) system

A CRM is an essential system in many organisations as they seek to organise their data about the people they interact with, whether that is customers, volunteers or members. A CRM is essentially a people database where we can store information on anyone wanting to get involved in Cochrane, including all the interactions we have with them. Importantly, it will allow us to organise members' data effectively and automate processes to assist in engagement. It is fundamentally different from Archie, which is a document orientated system and is designed to support the needs of the production and editorial processes. The CRM on the other hand organises data around individuals and focuses on relationships. This provides a basis for us to record interest and involvement and ultimately to aggregate data from our various systems so that we have a central record of involvement for each individual, e.g. what training they have undertaken, what review related work they have done (from Archie), what tasks they have done, etc. It will therefore become the primary membership database and a rich resource for Cochrane as we will be able to access this pool of people more effectively as we record better data on how they have contributed to Cochrane and what activities they would be interested in undertaking.

The information about people and roles managed by Archie as part of the review production and editorial process would still need to be managed separately within Archie, and those individuals in Archie would represent an important subset of the overall membership database.

Whilst this will help us build a better infrastructure for managing members it will also benefit the organisation in a variety of other ways. To give just a few examples: Cochrane Groups will benefit as they will no longer have responsibility for maintaining their own system to capture and manage those people wishing to get involved in their area. This will mean that groups with their own list or databases of volunteers, etc., will need to migrate that information over to the CRM, so that everyone is working from the same information source. Groups will need to be well supported by the Central Executive in this administrative transition. In future, individuals will be able to maintain their own information more readily than they could in Archie, providing updated contact information and revising their availability and areas of interest without relying on Cochrane Group staff to make changes. In addition, our Communications and External Affairs Department will also use this much more sophisticated database to help with targeting communications of interest to different audiences. In future, this may enable some fundraising activities as well.

5.1.2. A single portal for engagement

Cochrane.org will become a welcoming portal for those wanting to get involved. We will build a special section of the website to outline how anyone can become part of Cochrane whether as a contributor or as a supporter. We currently have about 140 different websites, many of which have their own getting involved section, most of which point to a generic form that gets emailed to someone such as a Managing Editor. Under this new system the 'getting involved' page of all websites would change and would point to one single page. As a first stage we will improve the cochrane.org website 'getting involved' section, then we will roll that out to each individual website and we will work with each group to integrate their data and update their website. The automation in the CRM would help these contributors to identify their areas and activities of interest, and direct them appropriately. Those who require interaction with a Cochrane Group will be directed appropriately, while others will be assisted to complete a profile and guided toward opportunities for them to undertake some

Cochrane work appropriate to their interests --taking advantage of people's enthusiasm immediately. Most of this would not be dependent on human interaction on Cochrane's part, so there would be no additional burden on Cochrane Groups. On the contrary, better filtering of requests for involvement will ensure that Cochrane Groups can focus on responding to those queries that do require personal attention and on individuals who have the skills and enthusiasm to help them with their work.

5.1.3.   The opportunities for engagement

Building a good infrastructure is a good start, but unless we have engagement opportunities for those individuals seeking to get involved it is like a beautiful front door with no house behind it. We need to articulate the range of ways that people can actively contribute to Cochrane, including integrating some new tasks for people to do, such as those currently under development through Project Transform. Opportunities will grow over time as we work on establishing new ways in which people can contribute to Cochrane, but in the short term opportunities to be encompassed will include:

Learning pathways

Whether newcomers are interested in gaining a basic understanding of evidence-based healthcare and systematic reviews, or are ready to take on more advanced training in systematic review methods or editorial responsibilities, they will be able to identify available online learning pathways and face-to-face training opportunities. Records of training achievements will be integrated with the CMS, which should facilitate participation in other tasks below.

Crowdsourcing

As part of Project Transform, a 'Getting Involved' project is working to create more opportunities for engagement by enabling new contributors to complete simple tasks linked to brief online training and allowing these activities to contribute to an online profile. This builds on the EMBASE Screening Project, which uses crowdsourcing to identify studies eligible for Cochrane's central register of controlled trials. The objectives are to make it easier for people to get involved and to increase the number of Cochrane contributors.

Task Exchange

Another component of Project Transform is establishing the Task Exchange. This will be a website where contributors can volunteer their skills, or post a task requesting assistance (including volunteer tasks or providing some kind of reward or compensation). The system will match the tasks to the skills and interests of community members. The objectives are to improve efficiency and better utilise the global Cochrane community in the production of our reviews. The system will enable the effective mobilisation of translators, students wishing to assist in reviews, consumer volunteers, author teams needing new members, peer referees, mentors, etc., across all Cochrane Groups, without relying on the time and effort of staff employed by Cochrane Groups to maintain individual lists of potential volunteers.

Engagement with Groups

Our system should also make it easier for interested newcomers to identify and engage with appropriate Cochrane Groups to facilitate many of our existing engagement roles. Methodologists will be encouraged to link with Methods Groups and opportunities to provide methodological support. Author teams will still be able to engage with Review Groups to propose and conduct new reviews, although the procedures for first engagement may change under the Review of Structure and Function. The Review of Structure and Function will introduce new structures of engagement, and other developments over time will add to this landscape, such as a Cochrane Knowledge Translation Strategy to be developed in 2016.

5.1.4.   The pathway to engagement.

We need to map clear pathways for different types of engagement in Cochrane. We have undertaken some of this initial mapping of the pathways for a potential new author and translator. These pathways are important for us to engage effectively with new members as it means that we are able to signpost them to relevant opportunities; whether that is new tasks, training courses or events, or communications they might be interested in. This pathway approach to engagement gives a more meaningful experience to those looking to get involved and develop their roles over time, which should lead to people feeling more valued by Cochrane for their contribution and more willing to contribute in future. Of course, these pathways will need to be flexible to accommodate the many different journeys and preferences of our contributors.

5.1.5.   Benefits from this new engagement system

There are many benefits to this system change, but the following represent some key benefits that will help us to improve engagement.

1) By having a 'single supporter view' you hold one repository for people enquiring and contributing (in the widened meaning of the new Cochrane engagement) to Cochrane. The nature of their contribution can be held along with their preferences, interests and experience.

2) By using technology for people to enquire and highlight their areas of interest and expertise, resources can be saved and stronger supporter experiences can be generated.

    For example, currently if someone is interested in authoring they have to navigate the current website and find the applicable Review Group, often there is a personal email to contact, then that individual has to reply - even if that review group isn't currently accepting any new reviews. If that is the case then it's a no thank you and no central capturing of that interest nor onward journeys to support other Cochrane work (such as tasks for a review).

    With the use of clear pathways, clear communications and technology, automated responses could be set where there are no current opportunities, encouraging potential contributors to explore other appropriate opportunities (such as additional training, contact with an alternative Group, or engagement with Task Exchange so they can still contribute).

3) When opportunities do arise, appropriate contributors can be sought out based on their interests, skills, experience and preferences.

4) Data and privacy compliance can be strengthened through a unified system and a new data policy.

5) We can build knowledge and awareness of how people support and contribute to Cochrane to inform the development of the membership scheme over time, seek out new supporters/contributors and encourage existing supporters/contributors to widen and deepen their relationship with Cochrane - such as attending training and other events.

6) We can easily deploy a tailored and targeted communications strategy (e.g. newsletters that take into account location, interests and previous work with Cochrane). Regular, appropriate communication can help people feel part of the Cochrane community and encourage their ongoing engagement.

5.2.   Culture and process change

Currently most Groups have their own mailing lists and undertake their own engagement with members through newsletters and other means. Some of these groups will store contact details on Archie, others will have their own spreadsheets. These groups will receive enquiries from people who want to get involved in Cochrane but will often have little to offer them other than adding to mailing lists, or just responding with a message such as there are no opportunities at the moment which curtails further engagement.

Under the new system we would require all contact data to be stored in the central system and we would require communications to be brought in line with an overall Cochrane communications strategy. The latter is particularly important to avoid bombarding people with messages from different Groups; and the former is particularly important as we need to comply with increasingly tightened rules of data protection and privacy of individual's data. The centralised system would have significant benefits for the Groups as it would provide them with better communication tools and would allow them to integrate their communications with overarching Cochrane communications. For instance, Groups could stipulate that they want a localised section of the *Cochrane Connect* newsletter for their region/topic which includes extra content provided by their Group. A similar approach would be possible based on topic interest, etc. A key point about the communication approach is that user preference would be driving communications.

However, to make this shift we need to have a culture change in terms of how people in Cochrane think about 'owning' the data, as we need to work together and think of the individuals getting involved as part of Cochrane; and not just part of their Group. It may be that contributors only want to be involved in activities relating to their country or to a particular topic, which will be possible within the system, but they still need to be incorporated into the overall Cochrane system.

The benefits from this for those getting involved will be significant. Primarily, the goodwill of people who are expressing an interest in working with Cochrane is less likely to be wasted and eroded, as their experience of engagement will be better. For those working in Cochrane Groups an important benefit will be that the requests to get involved will no longer be down to individuals fitting this around all the other demanding tasks they have to fulfil. This will be part of a process and will be captured automatically. People will no longer be left wondering if the email went through or why they didn't receive a response; and Groups will be able to see what potential contributors have already contributed to Cochrane and therefore, how well they will deliver on the tasks that a group needs.

5.3.   Fitting Membership into this new engagement system

New contributors will be able to engage without becoming members, and in fact they will need to in order to qualify for membership. Contributors/Supporters will sign up and become part of the broad Cochrane community and then over time if they contribute substantively they will qualify for Cochrane Member status.

5.3.1.   Setting the threshold

We need to get better data on how people contribute to Cochrane before we set the thresholds for membership, so we will implement the underlying infrastructure to support engagement and then once we have some initial data on contributions we will set the threshold for membership for new contributors. It is likely that the threshold will be adjusted as we learn post-implementation and as we have more data to inform our decisions.

5.3.2.   Migrating existing Cochrane collaborators

Migrating existing Cochrane collaborators should not be too difficult given that we are approaching this in a phased approach with a very simple membership scheme as the starting point. We need to define precise rules around the migration of current collaborators on Archie based on what we know they have contributed to date and when. We will initially be focussing on migrating recently active collaborators, e.g. within the last 3 years, and we will use an opt-out system so that users are automatically transitioned into the membership scheme unless they choose not to.

A likely target for year one membership figures will probably be about 10,000 people. We have around four times that number of collaborators on our records, but we expect that the data we hold on many of those individuals is out of date and so they are no longer actively connected with Cochrane. Year two of the membership scheme will then be a year of anticipated growth in membership numbers.

5.3.3.   Managing membership

To manage the membership scheme effectively we need an individual who has marketing skills who can be responsible for the membership database and the associated communications strategy for engagement with members. This person will become a member of the Central Executive Team, but could be located anywhere.

5.3.4. Revising Cochrane Community website

A website for members is a natural feature of any membership scheme. We already have an internally focussed website, currently badged as the 'Cochrane Community (beta)' website. A lot of the content on this website is behind an Archie log in. We are already in the process of considering how this website should be revised and so we will incorporate this work with the membership scheme, so that we design this new website in such a way that it supports the journeys of members and gives all supporters/contributors and members the information they need.

5.4. Cochrane data policy

It is important that we put a new personal data policy in place as part of this work. We will be holding a lot more personal data as we seek to encourage users to complete profiles and aggregate information on their contribution within Cochrane. This is not a major task, but it is overdue for us to do and needs to be professionally undertaken, so that we can be confident that we are not exposing ourselves to risk with regard to adhering to legislation in this complex area.

6. Timelines and dependencies

6.1. Timelines

Phase one of this work, which will establish the necessary CRM engagement infrastructure and integrate with the Transform, Archie, and Learning platforms, will take around nine months to complete, so we should be able to establish this by Q3 2016.

Step one: Requirements and technology selection 8-12 weeks: The membership scheme needs to integrate with a wide range of other projects, so it is imperative that we put sufficient time and resource into mapping the various requirements to ensure smooth implementation of the technology. A 8-12 week time frame would be normal.

In parallel to this requirements mapping phase we would select the appropriate CRM technology (4-8 weeks).

Step two: Technology implementation 6-8 weeks: Following this there would be an implementation of technology phase (including data migration) of about 6-8 weeks.

Step three: Test and roll out: The testing and roll out stage should take around 6 to 12 weeks.

We would be planning to have our main launch at the Colloquium in Seoul by which stage all of the current collaborators would be migrated onto the system as members and we would be able to accept new members signing up.

Requirements mapping	Technology implementation	Test and Roll out
•Including technology selection in parallel •8-12 weeks (Q4, 2015)	•6-8 weeks (Q1, 2016)	•6-12 weeks (Q2, 2016)

6.2. Key dependencies

6.2.1. Project Transform

We are dependent on developments in Project Transform as well to offer some of the opportunities to contribute. The platform will be launched by mid-2016, but we will need to assess nearer the time how ready that is for the potential influx created by this membership launch.

6.2.2. Learning platforms

The Cochrane Learning and Support Department is working on scoping and selecting a new platform to support online learning. The parameters of this system will impact on the way that data is shared with the CMS about training achievements. Planning for this project will be done in communication with other stakeholders in the membership project to ensure a highly functional and compatible system is selected.

6.2.3. Cochrane.org / Cochrane Community website

Managing our website user journeys is a complicated business that has to meet many needs. We will need to employ a specialist user experience website agency to work with us construct how the Get Involved sections and the Cochrane Community key pages and website architecture will be delivered. We will do this in the same way that we did to construct Cochrane.org. Creating these designs and wireframes with the agency will be a six-week process and it will then need to be built by our web developers. In parallel we will create the content for the website and Get Involved section. The design and content will be updated and amended based on user feedback, analytics and testing. This work will need to be done in parallel with the CRM engagement project outlined above.

6.2.4. IKMD resources

There is inevitably going to be some requirement for development in Archie, but until the requirements of the system are known we cannot quantify this work. We will need to work closely with IKMD to ensure that this integrates with IKMD priorities.