Structure and Function Review

Paper 3: Cochrane Fields: An Update on proposals

[OPEN ACCESS]

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Purpose of the Paper:	To provide an update on the Fields Structure and Function proposals in light of the developments in the Cochrane Knowledge Translation Strategy.
Access:	Open Access
Summary of recommendation:	This update paper is for information. A full proposal with recommendations will be submitted to the Geneva CSG meeting, April 2017.
Resource implications:	No resource implications are considered in this paper. The final proposals to be submitted in Geneva, April 2017, will detail any required resources.
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1 Introduction

The Fields structure and Function review was put on hold last year, following initial proposals tabled in Vienna, as it became apparent that Cochrane needed to make progress with its Knowledge Translation (KT) Strategy before we could further consider the role of Fields. We have now made significant progress with the KT Strategy and so, for the purposes of providing context to the other structure and function discussions in Seoul, the Central Executive (CET) is providing this update on how it thinks the Fields structure and function proposals could develop given what we now know from the KT strategy work.

This paper sets out some updated proposals, based on those developed for the Cochrane Colloquium in October 2015. The proposals will need to be developed further with Fields and other Groups over the coming months. The CET anticipates that final proposals on the future of Fields will be considered by the Cochrane Steering Group (CSG) alongside the final draft of the Knowledge Translation Strategy at the Geneva mid-year meeting in April 2016.

Fields Structure and Function review timeline

2 The KT strategy

The Cochrane Knowledge Translation Strategy is a critical piece of work that will elaborate on our *Strategy to 2020* commitments to knowledge translation (KT) by providing clarity around Cochrane's role in KT and what activities should be considered as priorities both at Group and organisation level.

We have made good progress on the Cochrane Knowledge Translation Strategy throughout 2016. In particular, work so far has highlighted some key areas of focus for Cochrane's KT work and the major audiences we should be serving. This helps us draw some boundaries around what Cochrane's KT role should be and, importantly, allows us to think again about the role that Fields could play in Cochrane with regard to KT.

Within the strategy there will six key theme areas for our KT work and under each there will be a menu of options for Cochrane Groups of all types to consider so that they can apply their own prioritisation based on their context.

Whilst the strategy does not explicitly define KT, it does give clarity on what we consider to be the KT activities relevant to Cochrane; so that when a Group is undertaking KT activities as part of its functions there is clarity regarding what that means. One point that is particularly important to emphasize is that we want KT in Cochrane to be a bi-directional process. We have lots to learn from our stakeholders and we can prioritise our review production more effectively if we listen to our users.

For more information on the progress of the Cochrane KT strategy, see the document: *Cochrane Knowledge Translation (KT) Strategy update for the CSG, October 2016*, which is also being submitted to the Steering Group for the Seoul meeting.

The Strategy outlines six key themes:

Theme 1: Prioritisation and co-production
Stakeholder engagement to determine and refine Cochrane priority topics for reviews and maximize opportunities for KT, in order actively to involve target audiences throughout the whole process (e.g., in topic selection, design, execution, interpretation, dissemination of Cochrane content).

Theme 2: Packaging, push and support for implementation
Creating fit for purpose reviews and review derived outputs, disseminating them effectively through appropriate channels for a range of target audiences, and providing resources and tools to support implementation of findings.

Theme 3: Facilitating pull: enabling discovery and use of Cochrane reviews to inform decision-making
Facilitating use of Cochrane reviews in health decision making through ensuring our reviews are easy to find, access and understand; and developing capacity in target users to use our reviews and products.

Theme 4: Exchange
Facilitating interactions between decision-makers and Cochrane Groups and authors to ensure priority topics for decision-makers are addressed and decision makers have the opportunity to input into KT approaches.

Theme 5: Improve climate and build demand for evidence syntheses
Laying the foundations for use of Cochrane outputs by promoting evidence-informed decision-making and advocating for the use of systematic reviews.

Theme 6: Effective and sustainable KT structures and processes in the organization
Coordinating Cochrane's KT work, monitoring and evaluating strategy, managing and sharing the knowledge generated for and about KT in Cochrane, and acting on the lessons learned.

3 What is the need for Fields?

One size doesn't fit all. A Cochrane Review is perfect for some stakeholders and it is certainly a good primary or basic/foundational publication, but for many stakeholders it is long, complex and insufficiently tailored to their needs. As a result, we need to translate this knowledge and re-organise or re-package content so that it is meaningful to our many external audiences. We need a degree of fluidity in this, as our external stakeholders will have different ways of organising health topics, too. Therefore, there is a role in Cochrane for Groups which focus on the needs of particular audiences in an appropriate manner, which may well differ from our internal categorisations used to organise Cochrane Review Groups (CRGs). This role of responding to the needs of particular audiences belongs to Fields.

To be effective, Fields need absolute clarity about who their audience is. They should be a stakeholder-driven, outward facing layer of Cochrane that can make sense of Cochrane for others by re-organising or re-packaging content and undertaking knowledge translation so that Cochrane evidence meets stakeholder needs. Fields should represent a bridge between Cochrane and their external stakeholder communities to help people easily access, engage and communicate with us. The role is not just about pushing information out to stakeholders, it is bi-directional, we need to listen to and learn from our stakeholders and feed that learning and insight into Cochrane. Functionally, all of this work is very closely tied to the Cochrane Knowledge Translation Strategy and - to a large extent - the functional elements of the Fields' role need to be written in the terms of that strategy.

CRGs have and will perform some of these functions, increasingly as part of larger thematic groupings covering specific areas (see Structure & Function Paper 1 for details). But this focus on topic areas may not always be the way in which Cochrane wants to communicate the reviews or engage with external stakeholders, or be sufficiently fluid to meet the diverse range of perspectives required by our stakeholders. When engaging externally we may need to present Cochrane evidence according to categorisations in use by others or in ways that healthcare is organised in healthcare systems. A good example of this is the Global Ageing Field, which is working closely with and responding to the WHO Global Ageing Agenda. For the outside world it is irrelevant that reviews relevant to this subject are produced by Cochrane in different CRGs; what matters is that Cochrane is able to engage in shaping and responding to the WHO agenda through a single Cochrane presence providing much-needed evidence to inform policy.

Fields must also promote their areas of interest internally within Cochrane so that, for instance, high priority reviews which their stakeholders need are identified and taken on by Cochrane. There may also a role in standardising the way various Cochrane Groups approach methodological challenges of a given topic area relevant to the Field (e.g., standardising outcomes, sub-group analysis guidance or managing trial design issues relevant to the interests of the Field's stakeholders). Like the knowledge translation work that Fields do, this internal advocacy and engagement needs to be driven by the effective engagement they have with key external stakeholders and in many cases where this input is received in the production process the subsequent KT is easier more effective.

4 Four primary dimensions of Fields activities

Network Building

01

Connect stakeholders in a given area to create a global network, including those involved in:

- Production;
- Dissemination; and
- Implementation of evidence-based practice.

This should be integrated with and facilitated by Cochrane Membership.

Building Demand / Advocacy

02

- Advocate for Cochrane or other EBM to be used in decision making in the field
- Promote evidence-based practice
- Promote Cochrane Evidence
- Provide education and training on the methods and application of Cochrane Evidence for stakeholders
- Linked to this is a role in internal promotion/advocacy to emphasise the external stakeholder needs to those within Cochrane.

This maps to the knowledge translation strategy Themes 3 and 5

Knowledge Translation Outputs

03

This is the outward communication of Cochrane evidence through activities such as:

- Re-packaging content;
- Producing summaries; and
- Disseminating to targeted stakeholders

Precise activities will be recommended in the Cochrane Knowledge Translation Strategy and a Field will then prioritise based on the needs of their stakeholders.

This maps to the knowledge translation strategy Theme 2

Stakeholder Engagement

04

The KT strategy will emphasise the bidirectional nature of KT in Cochrane. Stakeholder feedback can inform:

- Outcome priorities
- Review topic priorities
- Cochrane methodological research

Opportunities for collaboration and commissioned work will also flow through these channels as we understand the needs of our stakeholders.

This maps to the knowledge translation strategy Themes 1 and 4

5 Organising Models for Fields

Fields don't need to be and shouldn't be fixed entities rooted in one location. The most appropriate organising model for Fields is a 'dispersed network' model, in which the activity of people in different places around the world is managed from one or several sites. Examples include (but are not limited to):

- Child Health and Insurance Medicine, where Fields have multiple Directors in different countries, each managing some activity at their base;
- Nursing Care, with a "node" model where specific activity is managed by nodes located around the world.

These models are examples of generating maximum reach at lower cost, and, if the Field is successful in building a large network of people it will have high impact.

New Field Groups should be prioritised based on external factors. In fact, a new Field does not necessarily have to be permanent. For example, if there was a WHO initiative running for three years and it was important Cochrane had a cohesive team responding directly to that initiative, then a Field could be set up for the duration of the initiative and disbanded once the specific external need was met. As with any Cochrane Group, good, proactive leadership in such Fields would be critical to ensure that they are effective and worthwhile.

This approach will also be able to take advantage of the new Cochrane Membership scheme, which is in the process of being introduced, as it will allow newcomers to be more effectively signposted to the work of the Field and it will also allow the Field to target particular individuals who might be interested in participating in their network.

A structure of subgroups within the network would be a useful approach, whereby leadership for certain areas of work of the Field is delegated to small Groups. This takes the pressure off the Field Director, and allows for deeper engagement from a broader range of interested parties.

Recent applications to form Fields have come from Groups who have taken a dispersed Network approach and tried to approach the tasks in a low cost manner through leveraging the network. Historically, many Fields have struggled to attract and retain funding; and there still needs to be some limited funding to hold the Field together and provide a level of coordination, but it is clear that we need to think creatively about how to resource the work and not expect to have a full-time, paid team for each Field.

Having said this, it is important to acknowledge that knowledge translation work is a serious undertaking that requires dedicated effort from those involved. Groups who have had paid staff have been more productive, as would be expected, and so whilst we want to promote models of organising Fields that are low cost, but functional, we acknowledge that Cochrane must secure sufficient funding in different ways to adequately resource its KT ambitions and objectives. This could be through seeking project funding for discreet initiatives within Fields. This has the disadvantage of being short term and requires a lot of effort to secure for each project, but it is an area where some Fields have had success.

6 Scope of Fields

To avoid duplication of effort it has always been important for Cochrane Groups to have a defined scope for their work. Each Group has a scope defined by their unit of interest. For Centres, the unit of interest is their country or geographical region; for CRGs it is reviews in a specific health area, and for Fields it is a particular stakeholder community.

Some Fields may serve a single stakeholder group, whilst others may be equipped to serve multiple stakeholder groups in their area. As long as there is clarity over who is interacting with which stakeholders and we are operating in a collaborative and integrated fashion then this is not a problem.

7 Interactions with Centres

Collaboration between Fields and Centres is vital. Whilst Fields will have many direct contacts with their stakeholders, working in partnership with Centres can help Fields to extend the reach of their work and, where relevant, contextualise the outputs for each country.

Where a Field operates within a country where there is a country (or a regional) network the Field may choose to be part of that Network as an Affiliate group. The Field would still retain its autonomy and would continue to be accountable to Cochrane through the mechanisms in place for a Field, but it would be able to integrate more with the Cochrane work in its country to develop stronger country and/or regional collaboration. In some cases, a Field may have multiple sites: e.g., with different Field directors operating in several countries. In these instances, assuming there is sufficient local Field activity, the Field could have Affiliate status in multiple country or regional networks.

Having an additional link and status with a regional or country Network should not be seen as limiting the scope of a Field. Fields are intended to be international, and this should be seen as promoting strong local ties in addition to their international relationships.

8 Interactions with CRGs and their thematic groups

The focus of a Field's work (see section 4, above) is driven by external stakeholder groups and their evidence needs. The nature of the work is firmly based around engaging stakeholders so that KT is embedded within Cochrane. As such, Fields could be considered to be a layer around Cochrane's review production infrastructure that facilitates stakeholders to engage with Cochrane throughout the production process (e.g., from question prioritisation, outcome choices, and co-production though to dissemination).

As a result of this Fields can overlap their area of topic interest with that of a CRG and still work effectively. However, there needs to be proactive communication and collaboration between Groups to allow this to work well. The changes to CRGs proposed in Structure & Function Paper 1 offer opportunities for better, simpler communication channels which could be useful.

In some, if not many, cases the CRG will have good working relationships with key stakeholder groups related to their scope, or in the new model set out, with key stakeholders in their thematic groupings. Where this is the case the CRGs (individually or collectively) can perform a Fields-style role in KT and external engagement. Given that Fields are not alone in building relationships with external stakeholders it is important that there is clarity about who is engaging with which stakeholder groups so that we do not overburden or confuse them.

9 Addressing practical barriers to collaboration

Fields in the past have highlighted the internal barriers to collaboration within Cochrane, leading to unsuccessful working relationships between Groups. The barriers highlighted by Fields include communication issues between Fields and CRGs; lack of interest from CRGs in participating in Fields' KT initiatives; the inability of a Field to track reviews they are interested in effectively; no exposure of the produced KT outputs leading to duplication of effort; inability to share resources and good practice; and conflict over the content of KT outputs.

There is a need for easy and effective collaboration between those producing the reviews and the potentially diverse range of people involved in knowledge translation and dissemination of those reviews or associated products to our many external stakeholders.

In the previous paper on Fields presented in Vienna, there was a proposal to create a forum approach to bring people in different Groups together to discuss the KT work relating to reviews as they are produced. There were issues around the practicality of that approach, but it is noteworthy that Cochrane UK already has a similar process in place to assess all Reviews as they reach a certain milestone. This is an interesting approach to the challenge of monitoring the publication output to assess and prepare for the KT needs, but it is not a straight-forward idea to scale up as, ideally, each output needs KT consideration by all Centres (to understand local relevance) as well as many different Fields (to understand its relevance to their stakeholders). The Cochrane UK process is explained below as a case study.

We need a way of recording KT activities undertaken on any given review so that others undertaking KT on the review can take advantage and not duplicate effort, and so the CRG and authors can be aware of the dissemination of the review. This would involve sharing details of the KT undertaken and links to outputs and materials that can be shared or reused. It would also help if we developed workflow tools that allowed those interested in undertaking KT on a review to create a workflow around this which could then alert those involved when it is time to initiate the KT work. This support system could lead to improved transparency and communication, better collaboration and the opportunity to have a more integrated approach to KT.

Case study: Assessment of Review Group Output – Cochrane UK

One of the ways that Cochrane UK seeks to increase the impact of Cochrane Reviews is through targeted dissemination activities using a range of media, including via the Cochrane UK *Evidently Cochrane* blog, Twitter, Facebook, Instagram, newsletters and traditional media. One of the initial steps in this process is to identify newly published and prepublication reviews that have reached Milestone E in the Cochrane editorial process. The abstracts and summaries of these reviews are discussed in a multidisciplinary meeting to assess the potential for wider dissemination for each Review, identify audiences that could be interested and suggest channels for dissemination that might be appropriate. The multidisciplinary team currently consists of general practitioners, a public health consultant, a consultant surgeon, medical trainees, communications professionals, information professionals, a nurse and an allied health professional. Another small team of clinical practitioners (including an anaesthetist, a rehabilitation consultant, a physiotherapist, a cardiologist, a gynaecologist, a neurologist, an ophthalmologist and a consultant vascular surgeon) available to contact via email with specific queries concerning the importance and relevance of any reviews of interest in their clinical area. Clinical input into decision-making for dissemination is vital in the process.

The group meets on a weekly basis, for a round-table discussion about each of the reviews at this stage in Cochrane's production process. To maximise editorial impact, reviews are usually highlighted that:

- have identified definite benefits or harms
- reveal gaps in the evidence
- are of importance to the NHS priority topic areas
- are of topical interest in the media
- can contribute to national or international Awareness Days
- complete a collection of reviews to give an overview of evidence on a condition
- or come as a request for dissemination from a Cochrane Review Group or by the Cochrane Editorial Unit.

Cochrane UK works closely with the Central Executive Communications and External Affairs Department and Cochrane Editorial Unit to support its communications plans, as well as identifying Reviews for targeted dissemination to specific professional groups or to fit with its dissemination campaigns.

10 Fields and review production

Generally speaking, review production is not a key role for Fields. They are, as described above, focused on knowledge exchange and stakeholder engagement. However, there may be times when a Field, through its stakeholder engagement work, identifies priority topics for Cochrane reviews that no CRG is willing or able to support. Furthermore, there may be times where the Field has an interest in authoring reviews of importance to the Field's stakeholders, but there is little appetite to prioritise the review within the relevant CRG.

In line with the Centres' Structure and Function Review paper on organisational level changes, we think that there should be more flexibility in the role of Fields and, in particular, that Fields should be able to take advantage of the introduction of new editorial process options, most notably the journal style submission channel.

Where a Field is keen to author a review that is not being prioritised by a CRG, they will in future be able to use the journal style model that we are seeking to introduce. This will allow authors to register a protocol externally, such as on PROSPERO, and then submit a high quality, complete Cochrane Review for peer review, thus not burdening the Review Group with the Review support and management tasks.

If a Field wishes to take on the author support for a title that has not been prioritised by a CRG then this should be allowed as long as certain criteria are met. Firstly, there must be a clear need for the Review. This would naturally be a need based on the stakeholder engagement work of Fields that has identified that a particular Review is of use to or required by their stakeholders. Secondly, the opportunity to register and support such a title should be offered to relevant CRGs first, with the Field taking forward the Review once these CRGs have declined to take it on.

If no CRG is willing to support an author team to undertake the Review and there is clear evidence that the topic is high priority, then the Field may proceed with offering support for the Review. In such circumstances there are two suggested approaches that could be followed. A lot more work needs to be done on the feasibility of these approaches, but in principle there would be two options:

1. A Field establishes a partnership with a relevant CRG for the production of that Review. The Field agrees to take on all responsibility for author support and initial checking of MECIR standards. All

the CRG would commit to doing would be to manage the peer review process, sign off, and publication of the Protocol and Review.

2. A Field is unable to find a partner CRG which is interested in the Review, so they proceed with the Review, but publish the protocol externally, in PROSPERO for example. Once the review is complete they use the newly proposed journal style final submission channel to submit the completed, high quality Review.

If Fields wish to undertake this role they must be able to demonstrate to the Editor in Chief that they have the resources and skills available to provide author support which leads to consistent, high quality submissions to the CRGs. The above process is indicative only and needs to be worked up in more detail with the CEU.

11 Is 'Field' the right name?

The name of the Group type is important to make it easily understandable outside of Cochrane, but it should not be a major focus of our efforts in this process. However, we know that the term 'Fields' is not overly helpful as it has little external validity. Recent branding changes have helped overcome this challenge to some degree: for example, the Child Health Field has become 'Cochrane Child Health'.

Having said this, it might be worth considering whether a name change to the Cochrane Group type would highlight the fact that the work of Fields is clearly around Knowledge Translation. Knowledge Translation Groups or Networks or perhaps Knowledge Exchange Groups / Networks could be suitable terms that would have external and internal meaning.

12 Next steps

The Fields Structure and Function Review needs to continue alongside the development of the Knowledge Translation Strategy over the next six months. Creating a sustainable KT infrastructure in Cochrane will have a major impact on the work of Fields, and so the Central Executive plans to provide final proposals for the future role of Fields alongside the Knowledge Translation Strategy for the CSG and Cochrane community Mid-Year Business meetings in Geneva in April 2017.