A proposal to replace Cochrane CRGs with topic-specific groups, arranged in a small number of clusters.

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Background

1. The broad global Cochrane community includes 52 CRGs and 13 Fields. Within these specific entities there is much valuable expertise – clinical, patient and practical. This includes expertise in peer refereeing (internal and external), editing and authoring. There are also many important connections and relationships within these entities, including those with charities, professional bodies and in some cases funders (current and potential).

2. But the existence and arrangement of these 65 groups has arisen for historic reasons, driven by the interests and passions of those involved and, when taken as a whole, do not reflect a logical set of topics, disease burden, or global needs. As a result, Cochrane can be opaque to those outside the organization. It has also given rise to difficulties with governance and accountability. Through the comprehensive proposals put forward by the Editor-in-Chief, and based on the Governing Board's support for this direction of travel, there is now an opportunity for fundamental strategic realignment of the whole organization with those who are prepared to fund and support Cochrane.

3. A key element of the proposals is the creation of a number of geographically distributed, multi-disciplinary Cochrane Evidence Synthesis Units. The proposal in this paper does not relate directly to these. Except in so far as the proposal in this paper seeks to retain, and enhance, within Cochrane the sort of clinical and patient expertise that these Evidence Synthesis Units may wish to draw on when undertaking their work. The proposals in this paper are *not* an alternative to the Editor-in-Chief's plans for Cochrane Evidence Synthesis Units, they are complementary to it.

Proposal

4. **To replace Fields/CRGs/Networks with a small set of 'clusters' within which sit a number of smaller topic groups.**
    i. How the nature of the clusters might be chosen, their work defined and how they are named is dealt with below.
    ii. The naming of the clusters would provide a clear indication of the major strategic areas covered by Cochrane, demonstrating both the focus and scope of the organization to funders, users and other stakeholders.

5. **Having identified the clusters, to clearly define their roles**.
    i. The clusters could work collaboratively to identify and prioritise topics, to develop the methods most relevant to their needs, to support members in raising funds, etc.
    ii. Most of those who are members of clusters will also be members of topic groups.

6. **To determine the ideal number and nature of the topic groups within each cluster.**
    i. The topic groups would not necessarily map to, or directly replace, existing CRGs. This is an opportunity to merge, change, re-imagine the ideal set of topic groups.

7. **Having identified the topic groups, to clearly define their roles**
    i. The topic groups would include people with all the expertise outlined in paragraph 1. above.
    ii. Their functions would include inward-facing tasks (to support Cochrane) including:
        a. providing content expertise to the cluster, the Cochrane Evidence Synthesis Units and the CEU in, for example, prioritization, PICO formulation, etc.
        b. providing direct peer referee support, or advice on external peer referees, to the CEU
        c. assisting the CEU in making decisions about the publication of reviews
    iii. Their functions would include outward-facing tasks including:
        a. promoting evidence-based practice and systematic reviews in general, as well as Cochrane in particular, to their professional and patient communities
        b. knowledge translation activities including the dissemination of Cochrane evidence synthesis products
        c. mentoring and training stakeholders in evidence synthesis production and implementation
        d. working with guideline developers
        e. helping researchers develop new core outcome sets where needed
    iv. To be explicit that topic groups do <u>not</u> have to produce Cochrane systematic reviews (or any other new evidence synthesis products that Cochrane develops) as *evidence synthesis is not their <u>primary</u> function*.
    v. But to acknowledge that some members of topic groups or clusters may wish to work collaboratively to produce evidence syntheses which they <u>can</u> submit to the Cochrane Library, and will be published *if they are of the required quality*.

8. **Be clear about how the clusters and topic groups are accountable to Cochrane.**
    i. Clusters and topic groups will be led by leaders (and leadership teams) who are directly accountable to the Governing Board via the Editor-in-Chief. They are responsible for all the Cochrane activities they undertake, and these responsibilities are clearly set out and agreed. They are free to seek funding for Cochrane activities via a tripartite agreement between Cochrane-Group-Funder. This may include funding to do Cochrane systematic reviews, but publication in the Cochrane Library cannot be guaranteed; reviews submitted to the CEU will

always be subject to Cochrane's quality assurance mechanisms. Cochrane's central team can help with fundraising.

ii. Many Cochrane members working in clusters or topic groups will have other roles in Universities, Hospitals, etc. They may be part of university or hospital-based evidence synthesis units. They are free to do any such work, with whatever funding they obtain, outside Cochrane, and to submit that work to Cochrane or elsewhere.

iii. The key governance issue is that if you seek funding *as* a Cochrane entity, this must be done in agreement with Cochrane. This agreement is unlikely to be withheld. This mechanism ensures that Cochrane is fully aware of the obligations being entered into in its name and can assess the risks and benefits associated with that.

Specific issues

9. **How to identify and name the clusters**
   i. An initial decision is required to answer the question "how comprehensive does Cochrane want to be?" Does it want to do evidence syntheses in all healthcare topics, and in areas like climate change, social care, diversity & equity (areas where new methods may need to be adopted or developed)? Can Cochrane afford to do it all?
   ii. The list of 'Global Challenges' that Cochrane has identified is shown in Figure 1 in the Appendix with some related questions.
   iii. If only health and social care are covered, does that include all diseases and conditions?
   iv. Or should Cochrane focus on a smaller number of health topics? One example (only an example, this is not proposed as a preference) might be to decide only to cover: Cancer, Infectious Diseases, Maternal & Child Health, Disabilities and Chronic Conditions (Figure 2). Figure 3 shows what a structure might look like where Cochrane determines it wants to do everything. Figure 4 shows an intermediate model based on a more traditional primary/secondary care pattern.
   v. In whatever way the decision is made, it should be explicit and clear.

10. **How to identify and name the topic groups within the clusters**
    i. It might be sensible to consider what the optimal number of topic groups within a cluster might be.
    ii. As an example, a cancer cluster might include topic groups related to the 4-5 most prevalent cancers, and another for the rest. An example is shown in Figure 5.

11. **How might the members, and work, of a cluster and its constituent topic groups be distributed?**
    i. The members of a cluster will be widely geographically distributed but work collaboratively.
    ii. However, a geographically based set of individual members may work together to secure funding. This reflects the idea of "hub". As an example, members of

the Cochrane Cancer Cluster, working in different topic areas but geographically located in the UK, may seek funding from UK sources for the sorts of activities outlined in paragraph 7. above.   They may also seek local funding to do a set of Cochrane cancer reviews as foreseen in paragraph 7.v and subject to the accountability mechanisms in paragraph 8.

12. In this scheme, how might the work of existing CRGs be continued?
   i. CRGs are usually funded
      a. to undertake editorial processes
      b. to do the sorts of outward facing activities outlined in paragraph 6.iii above
      c. to produce Cochrane reviews and/or
      d. to help others produce them.
   ii. Dealing with each of these in turn, if a CRG becomes incorporated into a topic group what it is able to do will depend on its funding and the wishes of its funder, and its willingness to accept the accountability mechanisms set out in paragraph 8.
      a. It will not have to undertake editorial processes as in the future all editorial processes will be done by the Central Editorial Service.
      b. It can continue to do the outward facing activities, providing it can identify the necessary leadership and be provided with administrative support from Cochrane, the local Cochrane Centre, or elsewhere
      c. It can continue to produce Cochrane reviews, subject to the caveat in paragraph 7.v But this is no longer a requirement or expectation.
      d. Whether or not it helps others to produce reviews will depend on its resources, its funding and its agreed remit.   But again, this is no longer a requirement and the issue in paragraph 7.v is critical.

   iii. The topic groups will be able to provide support and advice on peer referring etc.

13. How might the clusters and topic groups be funded?
   i. The core activities of the topic groups are those set out in 7.ii and 7.iii. The core activities of clusters are in 4.i (this list could be expanded following discussion and agreement).
   ii. Topic groups and clusters will require initial funding and/or practical support. This may be provided by Cochrane centrally, or the local Cochrane geographic group, or from a local organization or institution. Whatever the source of funding or support, the requirements of paragraph 7.i will need to be met. In other words, the terms on which that support is offered and accepted must be agreed with Cochrane, so that the groups accountability to Cochrane is assured.
   iii. Critical to understanding this proposal is understanding that producing reviews (or any other evidence synthesis product) is not a _required_, core activity of these groups. But, if groups or group members obtain funding to undertake evidence syntheses within Cochrane, then this will clearly become an important part of their activities. This work can be submitted directly to the Central Editorial Service.

14. What is the relationship between the clusters and topic groups, and the Cochrane Evidence Synthesis Units?

       i.   As indicated earlier, some multi-disciplinary Cochrane Evidence Synthesis Units are likely to need the assistance and input from the members of the clusters and topic groups. Others may not; they may be able to find the expertise they need locally.

Summary

15. I believe there is a pressing and urgent need for re-organization within Cochrane to secure strategic realignment with those who use Cochrane's outputs and those who fund our work. I strongly support the decision to focus on the publication of high-quality evidence syntheses in the Cochrane Library as a key aim for the organization. I acknowledge the incalculable value that experts – clinicians, patients, methodologists and others – bring to the work of Cochrane and see their continued involvement as vital for future success. However, I understand the need to re-configure existing Cochrane structures.

16. The proposals in this paper are designed to support Cochrane in publishing evidence syntheses of the highest quality on priority topics. It does so by suggesting a way Cochrane might use the expertise of patients, clinicians and others (who currently work with Cochrane in CRGs and Fields) through topic groups located within clusters to do this.

Martin Burton,
Oxford,
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Appendix

Figure 1

Global Challenges

Cancer

Chronic conditions

Climate change

Disabilities

Co-morbidities

Diversity & equity

Health systems

Global emergencies

Healthy ageing

Infectious diseases

Maternal & child health

Social care

A set of clusters might be drawn from the Global Challenges that Cochrane has identified.

There are 12 challenges; can Cochrane cover all of them?

If not, which should Cochrane choose to do now?

What about the clinical topics that don't seem to fit within any of these areas? For example, mental health.

Figure 2

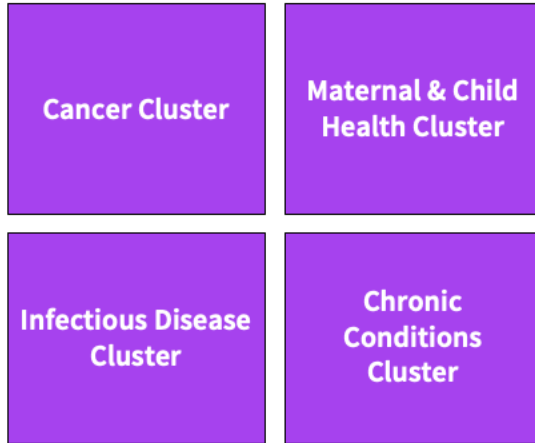### Cochrane – a highly focused organisation with limited, defined scope and only four clusters

Cancer Cluster	Maternal & Child Health Cluster
Infectious Disease Cluster	Chronic Conditions Cluster

Figure 3

Cochrane – a wide-ranging organisation with multiple clusters

Cancer Cluster	Chronic Conditions Cluster	Global Emergencies Cluster	Healthy Ageing Cluster
Infectious Disease Cluster	Disabilities Cluster	Health Systems Cluster	Climate Change Cluster
Maternal & Child Health Cluster	Co-morbidities Cluster	Social Care Cluster	Diversity & Equity Cluster

Figure 4

Cochrane –
An organization focused on health and social care based on traditional pattern

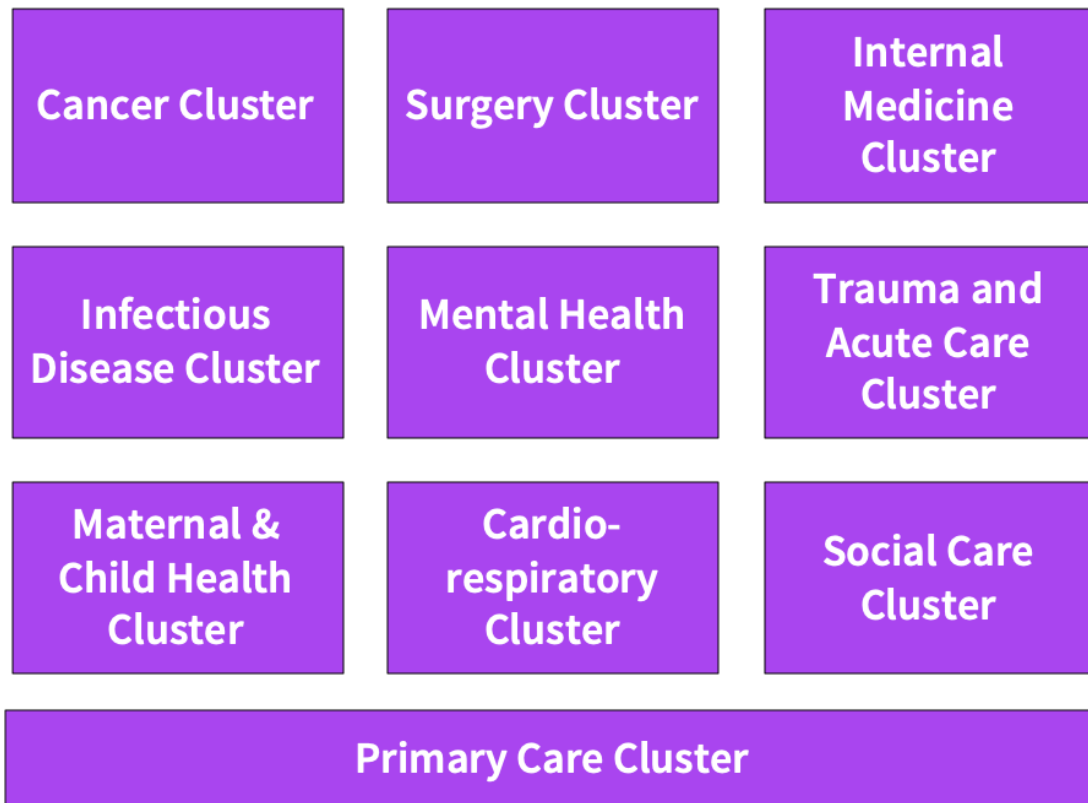|		
Cancer Cluster	Surgery Cluster	Internal Medicine Cluster
Infectious Disease Cluster	Mental Health Cluster	Trauma and Acute Care Cluster
Maternal & Child Health Cluster	Cardio-respiratory Cluster	Social Care Cluster

Primary Care Cluster

Figure 5

Cochrane Cancer Cluster