Draft strategic framework

Council feedback

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Report Information

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1 Introductory comments

The scale and scope of feedback and input being sought on the draft new strategic framework is ambitious, and highly commendable. The release of a draft and enabling input early in the process reflects a passion and commitment to engagement and transformation of how Cochrane works globally, with members, staff and supporters all encouraged to provide individual feedback. In addition to individual feedback, and to further support the work of the Governing Board and Senior Management Team, Council has undertaken a group-based approach to seeking feedback from its constituent groups.

2 Methods

Groups represented across Council were asked to complete a modified version of the survey, modifications were related to transitioning the questions to a group perspective and encouraging a representative group process. In addition to this, a number of groups participated in a forecasting process to consider mid-range and longer-term impacts. The data for each of these two exercises is reported separately to capture contextual depth and perspective.

3 Survey feedback

This section details Council feedback specific to the framework, the survey individuals were invited to complete were modified for a group perspective, and each council representative was asked to recruit members of their executive groups to complete the survey. This section is to compliment the individual feedback with insights from cognate group perspectives.

3.1 Reflections on Strategy to 2020

Strategy to 2020 clarified the Cochrane mission and goals for groups and new-commers; and helped groups and members to connect and collaborate. Beyond strategy to 2020, the KT plan had a direct association with groups vested in active dissemination, engagement and clinical knowledge transfer which enhanced operationalisation of the strategic plan. This highlighted the importance of KT and saw a reshaping of CRGs into networks with a KT mandate aligned to review topic prioritization. Operational flexibility was high as groups were not overly constrained by the strategy or its resulting actions in how they worked, or who they worked with.

Some areas for further consideration arose from the increased specificity of actions required for groups and members, which assists with accountability and deliverables, but which may compromise operational flexibility given the huge diversity of groups, their constituents. The role of resourcing and capacity or capacity building as strategy and actions expand, accelerate and priorities shift is difficult to capture, but 2020 has shown such considerations are needed given local and national funders have requirements which may not align well with Cochrane's global strategy. Most groups also point to a link between increased specificity of action and the gap between activity and evaluation. This continues to be an emerging area of interest and development, but it often involves research, and therefore may require higher levels of resources.

3.2 Looking forward: 2020-2025

Vision and mission
These statements create an expectation of a very significant increase of scope and activity, it's a timely continuance of the transition to increased alignment with the KT organisation that Cochrane has been transforming in to. There is a need for goals and actions to enable the vision and mission to be unpacked without relying on top down drivers/motivators. The capacity for more organic dissemination and implementation is important, particularly for

localisation to context. This necessarily includes considerations of accessibility – in the widest possible operational definition of the term. There was no consensus on suggestions to modify or edit the vision or mission statements.

Goals and objectives
Responses indicated the goals set are high level statements that facilitate corporate vision and inclusivity of a diverse range of operations. A consistent observation was that not all goals will have direct programmatic or strategic relevance to all groups and members, and capacity or accessibility will influence the extent to which specific goals have operational relevance. Groups and individuals with limited/focused activity portfolio will likely be well accommodated, while larger groups with resources may have a broader spread of activity and impact. The spread of activity may require negotiated priority setting for evaluation of impact measures.
It was also noted that 'production' as a term related to evidence within the objectives is commonly associated with primary research, whereas 'synthesis' is more commonly associated with systematic reviews. Responses also indicated there was a need for future clarification on where and how knowledge translation would integrate, is it at the goal, objective or activity level? Similarly, specific voices (such as consumer voices) may benefit from specific inclusion although it's difficult in this early phase of consultation to see the consumer/patient lens and how where/how it integrates at which level of the draft strategy.

Activities
The activities were considered at a high level as being ambitious, feasible and pertinent, with the following more specific observations and considerations:

- The emphasis on evaluation needs to be considered in the context of the specialist knowledge, processes and skills required to do evaluation well and within ethical guidelines. Evaluation implies ethical data collection and management. Appropriate outcome measures are critical to successful evaluation.

- Activities for Goal 1 e.g. ensure complete coverage of all health needs – this suggests further work on priority setting to identify all the areas/specialties that should be covered, prioritise them according to specific criteria, establish new groups to meet the priority need areas; identify research gaps and uncertainties at primary research level; develop new tools for evaluation of non-RCT data; and ensure representation of all involved parties in all Cochrane Reviews

- Activity success may be contingent on increased engagement between Networks, and Networks plus Fields in more of a cross cutting plan than is currently in place.

4 Council view

4.1 What are the main challenges for Cochrane in the next 5-10 years?

A persistent organisational challenge will be producing diverse types of systematic reviews faster, more reliably, with greater transparency to answer increasingly complex questions for decision makers across diverse types of evidence.

Funding of CRGs is a major challenge, cost analysis to inform future funding policy would be welcomed. Such an analysis might include consideration of the tensions tension between CRG priorities, including operational priorities, review topics, administration and accountability/reporting when funded in-country.
Software updates and releases are welcome, implementation thereof is at least as significant a process as development, implementation plans for new software and policies that allow for a time-rich roll-out are an important consideration.

> The staged and staggered approach to education and training on software and implementation of policies such as the Conflict-of-Interest Policy has been a positive learning curve for all involved, similar approaches will enable engagement in the development, planning and implementation with key stakeholders/users and administrators of software.[1]

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[1] Text boxes indicate a statement from the stakeholder feedback which council wish to highlight.

Many initiatives are highly successful, the response to COVID-19 has been world best practice. However, some initiatives fail or are delayed such as the Updating Classification System, the input required is significant, and has time/cost implications, it would be good to consider group recognition of input regardless of outcome as each project is a significant investment.

Data related challenges for the future may include different types of research designs and data sets, data sets for non-pre-designed studies, e.g. based on routine care data sets, data sets analysed with non-prevailing statistical techniques. Similarly reviews based on individual participant data, the role of pre-peer reviewed literature and from predatory publishers will emerge.

We must consider how to better address and tailor (the topics and focus of) our reviews to the unmet needs of our reviews, as defined by our stakeholders (notably patient organisations) and not by ourselves (authors).

4.2   How can the proposed strategic framework effectively guide Cochrane groups in answering challenges?

Much of what has been raised as future challenges are operational processes or have potential policy implications, while the strategic framework may not respond to these specific points, linkage to relevant policy and processes would be welcome.

In terms of effective guidance for future challenges further work is needed to strengthen and innovate methods to support more rapid methods innovation to meet decision-maker needs through more focused attention in the proposed strategic framework.

The strategic significance of how the implementation of editorial policies through the Editorial Management System (EMS) with transparent reporting, is demonstrated by past experience, this strategic framework may achieve the goal of addressing the challenge of adequately implementing and training MEs, CRG Editors and Authors when rolling out new software.

The extent and level of engagement with development of the strategic plan may act to encourage targeted operational discussions that lead to further targeted activity such as exploring stakeholder views on processes, structures and functions for activities and related policies, and stimulate discussion on implementation of activities such as separating review development and author support from editorial management.

4.3   Do the sample activities reflect the priorities for Cochrane groups over the next 1-3 years?

Priorities appear well captured, however some language has less clear implications, such as the distinction between a lens and a principal, and what movement there might be between these categories. Climate change for example may become a principal, although what that involves as a transition from lens to principal is not yet clear. Similarly, equity could be emphasised in the principals as well as be addressed in activities.

Some activities are known processes within the groups; but are not well known outside specific groups and this presents a challenge for diversity and inclusivity. For example, many CRGs have classified their reviews by status, but where and how others access this information from a priority setting perspective could be clearer and more accessible.

Methods groups find it difficult to identify their workplan reflected since there is no objective that covers methods innovation, methods implementation and testing.

We first may need to ensure that the relevant groups are on the same page regarding the needs and demands for the future for a shared vision among the distinct Cochrane groups to facilitate working together.

"Revising and clarifying the job roles and responsibilities of key posts" would be a welcome activity in conjunction with the development of the new strategic plan; including cross group roles in this process would be a win-win for everybody.

Undertaking scoping reviews before review questions are set, separating author support from editorial functions and clarification of roles and responsibilities are operationally integrated considerations, which currently engage multiple team members and a revised process will need to consider capacity and resourcing for sustainability as well as role and responsibility clarification. A pilot process with key stakeholders may be a useful test strategy given the complexity of these activities, including:

- Scale up new editorial and production roles to publication
- Prioritisation of reviews for update
- Applying existing updating standards to all reviews
- Adopting standardized EMS workflow
- Increasing collaboration, consolidation, resource sharing, and joint working within networks

While roles and responsibility clarification is needed, there are roles which are unique to some groups such as some CRGs having a methodologist, while others may not, there is similar diversity in Fields and other groups.

The overriding feedback is for support, Council has heard the majority of groups calling for operational support, clarity of role and function as well as ability to make changes that improve efficiency, effectiveness and share knowledge and experiences across groups and networks. Frequent reference was made to the Network Support Fellows, while role expansion and clarification for these positions was also highlighted.

5 Constituency Views: Role Level

Constituency perspectives at the role level indicated current challenges with EMS, CoI, RoB2 and new methodologies such as scoping reviews with priority setting are significant, there is some concern about scope creep, which might be managed by the degree to which existing work and resources are integrated with 'new' activities, particularly as many roles have continuing responsibilities rather than discrete projects with hard end dates. Implementation and evaluation pre-planning are going to be increasingly relevant when new activities are tabled.

Tracking capacity within roles where multiple new and existing activities/innovations converge may help track efficiency, effectiveness and capacity.

5.1 Are the priorities of groups adequately reflected in this proposed strategic framework? What's missing or could be improved?

The strategic plan at a high level is inclusive, operational representation is less apparent, groups will need to identify their core needs, including training requirements, cross group engagement, and how to transfer knowledge and skills to revised roles and functions – for example as more centralised editorial roles are activated.
Group level agreement and clarity around realigned roles and responsibilities comes with cultural benefits and cultural risks related to peoples identity within Cochrane; its difficult to consider how the strategic plan or its constituent sections might address risks to internal culture.

It is a 'truism' that culture eats strategy for breakfast, so some consideration of how to strengthen culture in the process of change is a worthwhile investment.

There are operational questions where the answers are not yet clear, nor is there a sense (yet) when the answers will become clear. For example, how will RevMan Web work with the new Editorial Management System?

Some wording of objectives suggests problems with current processes that may be minor. For example, 'Title registration at the Network level to reduce duplication and topic overlaps between Groups, and promote diversity and inclusivity' appears to infer that there is a significant problem with duplication, overlap and the promotion of diversity and inclusivity'. This is probably not the intended message, but minor rewording would reduce the uncertainty.

Geo group directors indicated that some group priorities could be better reflected as activities as per the following:
- Goal 1: activities involving them in priority setting (being heard)
- Goal 2: importance of KT products tailored to the needs of Geo Groups, possibly curated by them and culturally adapted.
- Goal 3: investing in our people as advocates and leaders of Cochrane
- Goal 4: actively engaging Cochrane in the sustainability of Geo groups, e.g. creating organisational incentives for work other than review production and reducing identified sources of inequality.

5.2   How will groups use this framework to guide their work?

The day-to-day operations of implementation of many of these objectives is likely to land on specific groups but we would expect strategic direction to be a collaborative effort with the rest of our editorial team.

> Most feedback indicated that the framework would be the stimulus for policies, procedures and strategies for activities developed in response to the framework, rather than relying upon the framework for day-to-day operations.

Generally, Group Directors felt that they recognized themselves and their work in the draft Strategic Framework; that they could use it to help plan their workplans and that they can see the links to the strategies they have within their current work. The changes to the objectives and the rationale that has been given make sense and are viewed positively. Overall, the feedback indicated that draft Strategy reflects the organization's priorities.

6 Constituency Views: Group Level

6.1   What are likely to be the main strategic challenges for the constituency in the next 5-10 years?

The primary strategic challenges going forward, including the uncertainties around the impact of COVID-19 include issues related to organisational and financial stability. University groups in particular are vulnerable to restructures (for 'efficiency gains') and risks to income sources where income is not 'tied' (contractually linked to the group and its operations).

Publications are a key metric for university research groups. Changing expectations and requirements for Cochrane reviews may have financial, human resourcing or administrative effects on groups.

> **Financial needs:** It should be noted that perception of income is as important as actual income, therefore opportunities to achieve operational goals might include further use of 'internal to Cochrane' requests for tender; these have previously enabled groups to submit expressions of interest to undertake funded work.

Strategies to identify trends and developing innovations for taking reviews into decision making where culture and contextual knowledge sits with specific groups such as Fields, CRGs and Geo Groups have potential to contribute worldwide to relevance and standing.

> **Relevance & standing of Cochrane:** past reliance on systematic reviews is fading as groups and individuals worldwide continue to enter the field. Value added propositions such as offering training could be linked with opportunity to produce and publish as a method of promoting the relevance and standing of Cochrane – particularly with early career researchers.

COVID-19: has demonstrated the resilience and strategic role of Cochrane groups and entities in world health evidence and global policy. Moving from rapid response to long term sustainability has been a discussion throughout 2020, with active planning. A result of Cochrane's intensive engagement with knowledge needs related to COVID-19

is that research evidence is now much more prominent in public debate and decision making, equally, research evidence has become more politicised.

> The new strategy should include consideration of how Cochrane can be prepared to respond to future health emergencies.

6.2 Are the priorities of the constituency adequately reflected in this proposed strategic framework? What's missing or could be improved?

The place of partnerships in the objectives is unclear, many groups have important partnerships; and the status of official partnerships may become less visible also if not captured in the objectives.

> Advocating for evidence remains a critical function, the public debates about science and fact checking that COVID-19 has illustrated are so important to global health, is there a role for groups in this process?

Visibility of groups and activities that align to specific is difficult to identify, is this something groups themselves develop?

Feedback demonstrated a strong sense that the objectives should explicitly cite financial sustainability for groups. Work needed to improve financial sustainability of groups, and in conjunction with financial sustainability, messaging/support related to capacity and capacity building for early career researchers as a local author base as future Cochrane authors.

Strategy should include push on Plain Language Summaries, the importance of translations and the likely impact these could have.

> Consumer engagement not mentioned in the strategy, yet has groups and network roles, and significant KT functions, consider making explicit the strategic role of consumers.

Managing Editors/Associated Managing Editors definitely need good training and support without trying to standardise so much that group differences in structure, personnel etc. are disregarded.

This document feels as though it has been written for dissemination outside Cochrane. It should be accompanied by a detailed guidance document for CRG staff to explain more about the decision-making behind the objectives, as well as how Cochrane intends to meet them. Objectives such as 'Undertake scoping before review questions are set (gap-maps) for high-priority topics' and 'Apply existing updating standards that have been developed across all Reviews' have huge resource implications, discussion about how these can be achieved with current capacity and resource levels is needed.