

Fields Report

‘The future of Cochrane: Perspectives from Fields’

Recipients:

Cochrane Library Editor-in-chief

Cochrane co-chairs of the Board

Cochrane interim CEO

Cochrane Council

Date: October 2021

The future of Cochrane: Perspectives from Fields

Cochrane recently launched its [Strategy for Change 2021-2023](#). To constructively contribute to the on-going community engagement around changes in Cochrane, Fields would hereby like to take this opportunity to share some of their perspectives. This includes perspectives on (1) Cochrane’s strengths, (2) Cochrane’s weaknesses and (3) proposals and suggestions from Fields in relation to these. We also include some comments on ‘What Fields can do; where best and how Fields can impact the organization’ in relation to each of the Objectives for Change outlined in the Strategy.

Fields are literally bridges serving in two ways: toward the stakeholders, to disseminate health information produced by Cochrane; toward Cochrane, to identify priorities and allow production of the evidence most relevant to stakeholders. Understanding and optimizing the topic- and context-specific reciprocal connections between producing evidence synthesis and its impact on decision-making is a critical part of ensuring Cochrane retains and augments its relevance as a global evidence synthesis leader and innovator. We believe that changes aimed at optimizing the organization’s relevance and impact are key to its sustainability. Fields are committed to engaging with and supporting the leadership and community through and beyond this season of change.

Some of **Cochrane’s Strengths:**

- Collaboration among a diverse range of multinational members and contributors, including patient partners.

- No financial conflicts of interest.
- Cochrane reviews and evidence of high quality, methodological rigour and transparency.
- Development of methods and methodological approaches to evidence synthesis that continuously lead the advancement of this field of secondary research on a global scale.
- Cochrane reviews are regularly updated, and continued adoption of the recently developed 'living review' model will ensure that Cochrane review evidence will be increasingly current.
- Review formats that are fit-for-purpose, in plain language that can be translated into multiple languages, available and understood by everyone (Goal 3).
- An established and growing knowledge Translation community, complemented by research to improve spread and uptake of our evidence by end-users
- Development of innovative knowledge translation and mobilization approaches, which have greatly influenced these activities worldwide.
- A strong global brand that represents quality and trustworthiness, coupled with a 20-year track record of shaping global policy, guideline, and clinical decisions about health.
- A wealth of diverse evidence synthesis and knowledge translation 'intellectual capital'.

Some of **Cochrane weaknesses**:

- A high volume of 'empty' reviews or reviews with so few studies that meaningful conclusions on effectiveness or harms cannot be produced. Concomitant with this, there is no consideration of the best way to disseminate and interpret reviews with uncertain conclusions, or to impact the funding and production of additional good-quality primary research for such reviews.
- Cochrane reviews are available in abstract with a plain language summary or in full text, formats that are too long to read.
- Cochrane reviews take too much time from inception to publication, which is a burden for authors and a real threat to the timeliness and therefore relevance of the review to stakeholder needs.
- Many Cochrane reviews do not reach their target decision-makers (policy makers, healthcare workers, consumers, worldwide).
- Lack of awareness of Cochrane's work with decision-makers – who often do not know who we are nor understand the importance of our work. We need to advocate more for the uptake and use of evidence in policy and practice.
- Attention mostly focused on questions that are answerable by RCTs, despite Cochrane being a leader in alternative review methods. As such there is still a lack of synthesised evidence in the Cochrane Library that is sought by guideline developers, clinicians, consumers, service providers and policy makers.
- Prioritisation within groups, but not across groups, with an incomplete view of the most important needs of people making decisions about health.
- Stakeholders involvement complete in some areas and not in others, with prevalence of engagement of some stakeholders above others according to the individual group

involved (e.g. only clinicians, only global health managers etc) even when multiple stakeholders have needs, some of which may compete.

Some **proposal and suggestions from Fields:**

- Produce Cochrane reviews that ask 'good', high priority health questions: respond to global emergencies.
- Continue to improve the presentation of review content in line with other journals. Reviews need to be improved for academic readership as well as offerings for other audiences. Details of methodological procedures should not be considered as the primary publication but as supporting information. Develop guidance, templates, or automated procedures to transform full reviews into formats that are more accessible to general clinical and research audiences.
- Verify before title acceptance that Cochrane review conclusions will not be empty.
- Identify causes of delays in review production and learn from instances in which production is not delayed. Use this information to simplify the review production process to let the review production be faster. The pressing opportunity is to reduce processes for reviews of RCTs. This would allow more time to be spent on emerging, important review types, leading to streamlining of their processes in the future .
- Facilitate stakeholders and public involvement across the review process by optimizing the advisory panels and networks established by Fields.
- Maintain the high quality of Cochrane reviews.
- Ensure effective and timely dissemination of Cochrane reviews to the right audiences in the right formats so that decision-makers can use the findings.

What Fields can do; where and how Fields can impact the organization?

Important changes in Cochrane now are essential. Fields are not able to be involved at all levels. Fields' funding is limited, and funders' aims differ between Fields. However, because Fields are a bridge between stakeholders and Cochrane, members have access to multiple stakeholder priorities as well as expertise in knowledge translation (KT). They have developed specific KT products that could be applied more systematically and widely to increase Cochrane's visibility and impact, and have the potential to be income-generating. In addition, Fields have an important network of content expertise worldwide. Fields can help achieve the organization's Strategy for Change objectives by:

Objective 1: Delivering timely, high quality responses to priority global health and care questions, which the users of our evidence help define:

Priority global health and care questions are easy to formulate when experts in these specific topics are solicited. Fields are sensitive to the needs and priorities of external stakeholders (patients/consumers, policy makers and practitioners). As Fields are often in contact with these stakeholders, they could facilitate connecting with them. It could help for

faster collaboration between policy makers and researchers, or field practitioners and researchers, with the ultimate result: a co-construction of evidence synthesis that can be used to inform better decisions for better outcomes.

It should also be noted that Fields are already successfully working in a dedicated manner in many of the priority global health and care challenges that have been identified by Cochrane (Eg, Healthy Ageing, Disability, Climate Change). In fact, they were first movers in these topic areas within the Organisation. Not only do they gather high quality expertise, but they have also been recognised as important contributors by key stakeholders (e.g. WHO). Many of these topics will dominate global discussions over the next decade. Therefore, Fields are ideally positioned to help Cochrane develop and implement its strategic mid and long term plans. This will be of the utmost importance when planning future external funding applications, for instance.

Objective 2: Streamlining production of reviews and simplifying editorial systems and processes:

Fields can help in review production by being a force for proposing important themes in their area of interest. Fields need to be involved at the first stage of review production, at the initial setting of priority health topics with stakeholders and funders. In addition, Fields members often contribute as being authors themselves and/or as being often in contact with Field practitioners which facilitate finding authors or reviewers. Moreover, their current activities also include developing adequate approaches and methods related to the Global health and care priorities, which can easily inform the production of targeted and relevant reviews (e.g. development of evidence-to impact frameworks within WHO documents). Fields have also developed experiences and implemented new methods related to evidence gathering and summarising for their end-users, like evidence maps, overviews of reviews or rapid living systematic reviews, as during the COVID-19 emergency, that have shown a great impact in the community. These innovations could serve new user-friendly approaches to evidence synthesis.

Objective 3: Advocating for evidence-informed decision-making and integrity in research, including pursuing high-impact partnerships and activities:

Many Fields are in close partnerships with important healthcare organizations such as WHO and other United Nations agencies, and regional and national bodies. Fields have an important role in Cochrane to advocate for integrity in health research through their network of global communities and partnerships to push for change, for wider, more effective collaboration across health topics and disciplines.

Objective 4: Making all Cochrane Reviews Open Access by 2025 at the latest without placing the financial burden on review authors:

This objective is ambitious, and it will decrease Cochrane funding. However, making all Cochrane reviews open access will facilitate the accessibility of Cochrane reviews to all, worldwide. Fields are located in different parts of the world and assure global dissemination that help consumers, practitioners, researchers, and policymakers to be aware of Cochrane evidence. Fields have also been able to maintain their financial autonomy, and can play an important role in helping other units across Cochrane to adjust to this new financial scenario through their learned experiences.

Objective 5: Improving user experience by increasing the accessibility and usability of our products:

Fields have good experience in implementing KT activities, including producing relevant KT products for target audiences, including policy briefs for policymakers and guideline developers, publishing in journals used and accessed by health practitioners, and creating lay-friendly products for consumers. They publish Cochrane Corners in different languages and in different areas of interest, newsletters, articles, editorials, electronic books, podcasts, blogshots, etc...

They deliver presentations during national and international scientific meetings, run workshops and educational events...

They also actively work towards including Cochrane evidence in international and national policy documents.

They maintain a website in different languages and a social media network.

Fields also contribute to methodological research to advance methods in synthesis and primary research in their area of focus. Further, fields contribute to evaluating and advancing methods for KT.

Finally, most Fields have training activities worldwide, strengthening their partnerships and collaborations across the world of evidence synthesis. Actively working towards recruiting volunteers to engage in Cochrane activities contributing to a diverse and equitable organization.

Being aware of the reviews under production at their first step will allow Fields to prepare their dissemination and advocacy activities better and earlier.

In areas where patients and the public are making decisions about health care, it is important to educate laypeople about evidence and support the interpretability and utility of Cochrane reviews for these stakeholders. Fields that work with patients and the public can use current models of education about evidence (e.g., Informed Health Choices) to partner with layperson stakeholders to develop and test Field-delivered education and engagement

interventions for the public. This may be particularly important for audiences that lack access to or trust in clinical authorities (e.g., communities with low socioeconomic status or other systemic disadvantages) and is relevant to diversity and equity in the uptake of Cochrane evidence.

Conclusions

We hope that with continued and strengthened purposeful partnerships, inclusive networks and constructive collaboration across the Cochrane community, Fields will be empowered to support a reimagined Cochrane that is strong and sustainable, enabling us all to go further in realizing our vision of a world of better health for all people. In particular, we hope that within the reimagined organization we would be able to continue to support Cochrane's strengths and produce:

- Cochrane reviews that influence practice and policy by asking and answering the right questions at the right time.
- Cochrane reviews that tell what is known if there is insufficient evidence for clear conclusions.
- Shorter, fit-for-purpose Cochrane reviews (written in plain language).
- Rapidly produced, high-quality reviews that meet the needs of end-users.
- Cochrane reviews that reach their target audience(s) (policy makers, healthcare workers, consumers) worldwide in formats that are accessible and easy to understand and act upon.
- A wide range of new products that 1) fit to our mission, that is improving health through evidence, 2) diversify our income sources, giving more stability for the future, 3) better communicate the retrieved evidence to our end-users, thereby increasing the uptake, 4) increase our presence in the community, 5) strengthen the importance of evidence.

The COVID-19 pandemic has given Cochrane the opportunity to transform the production of its reviews, in terms of the speed of production, acceleration of title registrations, updates and the prioritization. This has resulted in many beneficial developments and lessons across the organization. In many ways, the experience gained during the COVID-19 pandemic has actively demonstrated some of the ways in which relationships with our target audiences can be strengthened and leveraged to maximize the impact of our evidence synthesis products. Additional efforts and understanding is still needed in some areas. We believe that many of these developments and lessons will serve Cochrane well through this period of change, as we transform the organization in line with new strategic environments, while maintaining the impetus to achieve Cochrane's mission: 'an independent, diverse, global organization that collaborates to produce trusted synthesized evidence, make it accessible to all, and advocate for its use.'



Next steps for discussion:

1. What do you think Fields need to do next to support Cochrane's future plans?
2. How can Fields be more involved in these plans and processes?

Cochrane Fields Executive

18th October 2021

Proposal approved by:

Alex Todhunter-Brown (Stroke Group)

Simon Lewin and Sasha Shepperd (EPOC Group)

Silvia Minozzi (Drugs and Alcohol Group)

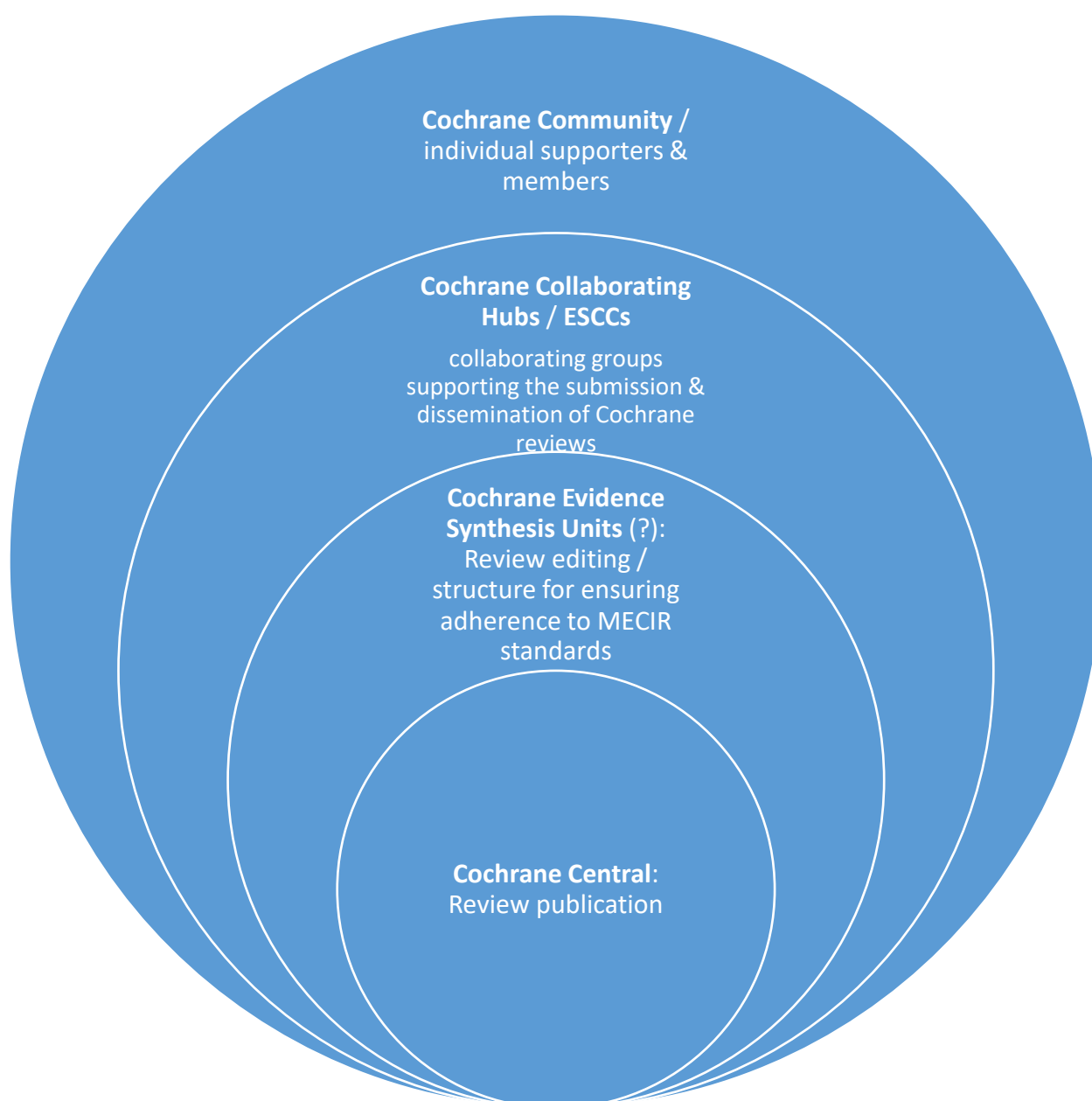
Francesco Nonino (Multiple Sclerosis and rare disease Group)

Gianni Virgili and Tianjing Li (Eye and Vision Group)

Christian Gluud and Dimitrinka Nikolova (Hepato-Biliary Group)

Harald Herkner (Emergency and Critical Care Group)

Overview of proposed structure



Cochrane Community / members

This level already exists: <https://www.cochrane.org/join-cochrane/membership>

- Any individual person can become a “supporter”.
- A structure is in place for these people to become “members” if they complete a range of different tasks.

Cochrane Collaborating Hubs (or Networks or Groups, Cochrane Evidence Synthesis Collaborating Centres (ESCCs) - names need some more thought/refinement!)

This could work in a similar way as Cochrane membership (above):

- Anyone can form a ‘collaborative hub’ / ESCC (would need to be defined – e.g. X people working together; or X people from Y organisations etc). This would be a simple ‘sign up’ process, as for current individual “supporters”. Cochrane would register collaborative hubs that meet a basic set of criteria (e.g. published a minimum of x Cochrane reviews/methods papers per year over the last 3 years, support Cochrane methods and agree to promote Cochrane work, submit a one page report annually on Cochrane reviews published and other work done). Any group that meets these criteria could be registered, and many current CRGs and satellites may choose to do so.
- There would be no limit on the number of ESCCs that could be registered, although collaboration of groups of similar interest would be encouraged.
- ESCCs would have to agree to a set of Terms & Conditions, in the same way as currently Cochrane Members have to agree to: <https://www.cochrane.org/join-cochrane/membership-terms-conditions>
- Cochrane would not have any role in running or coordinating ESCCs, they would manage themselves, including the identification of staff such as a coordinator, a managing editor, an information specialist. The ESU/ CET would receive submissions from ESCCs for the Cochrane Library journal.
- ESCCs will be encouraged to liaise in a structured way with stakeholders in their area of work, to ensure the relevance of their reviews
- ESCCs should have an independent funding source and would be able to use their Collaborating Centre status to support this. Any interest will be declared for each review and Cochrane may decide not to publish a review if there are important conflicts of interest. Group application for funding on specific projects by ESCCs sharing common topics should be encouraged to maximize funding capacity.
- In a similar process to individuals gaining ‘badges’ for contributions - based on objective measures of the activities of those collaboration / contributions to Cochrane, ESCCs can ‘earn’ different ‘badges’ / recognition / titles. These would need to be defined, but possible examples of these could be:

Badge / title (as before – names need some thought!)	Criteria to meet (e.g.):
Cochrane evidence synthesis collaborating centres (ESCCs)	<ul style="list-style-type: none">• Organisational structure (each ESCC should have an advisory group that includes relevant stakeholders. from the national or international context

	<ul style="list-style-type: none"> • ESCCs submits a minimum of X reviews / updated reviews to an ESU/Cochrane Central per annum • ESCCs could submit reviews on the basis of their prioritization process, or could perform SRs assigned to the Collaboration centrally by ESU • ESCCs may offer support / mentorship for author teams (e.g., peer review of draft reviews, prior to submission) • ESCCs could liaise with stakeholders in their area of work, to ensure the relevance of their reviews <p>(Current activities of many CRGs would fit here – but criteria may encourage some merging of groups with similar interests) Existing CRGs from outside UK with stable and independent funding would fit here</p>
Cochrane Methods Collaborating centres (MCCs)	<ul style="list-style-type: none"> • Organisational structure includes international representation (e.g. from X countries / continents) • MCC conducts X methods-related projects per annum, AND/OR provides methods-related training aimed at enhancing methods/standards of Cochrane reviews • MCC offers support / mentorship for early career researchers • MCC should be registered for a period of, say, 5 years and should then need to re-apply so that the methods work in Cochrane evolves according to need and also so that new people can get involved. <p>(Current activities of many Methods groups would fit here)</p>
Cochrane Satellite Collaborating centres	<ul style="list-style-type: none"> • Submits a minimum number of X reviews / updated reviews focussed on a specific clinical area or theme <p>(This may enable more local groups to secure national funding. These Satellite collaborations could be linked with an ESCC, although the area of clinical specialism may vary. E.g. a satellite may focus on a rare disease/condition, but establish links with a relevant international collaboration covering a wider healthcare topic)</p>
Cochrane Knowledge into Practice Collaborating centres	<ul style="list-style-type: none"> • Organisation structure includes representation from patients / public (i.e. evidence users) • Collaboration conducts dissemination activities focussed on published reviews (for a minimum number of reviews / year) <p>(Current activities of Fields may fit here, e.g. Cochrane Rehabilitation)</p>

Cochrane Evidence Synthesis Units (ESU)

Two options for ESUs are:

- They work in the same way as ESCCs, but are larger in terms of scope and staffing
- They work more closely with the Central team than ESCCs, and take on editorial roles

The roles of ESUs would include:

o Provide more intensive methods or other support to very high priority reviews

o Priority setting will be done in a very broad way and the journal would consider all submissions and assess whether they are of sufficient priority to be published. Prioritization process would be flexible and could be reorganized to respond to changing health and social care needs -Cochrane could consider having a primary journal for the highest priority reviews and secondary journals for lower priority reviews, as PLOS, BMJ and others do

o Offer methods support to review author teams, through online methods clinics, Cochrane Learning and maintaining the Cochrane Handbooks and MECIR (in coordination/collaboration with Methods Collaborative Centres)

o Further develop Cochrane review methodology through helping to coordinate a small number of methods groups, commissioning methods research in priority areas, organizing journal special issues on methods questions and convening methods symposia (in coordination/collaboration with Methods Collaborative Centres)

Cochrane Central

Editorial Function

As has been proposed by Cochrane – these would have all responsibility for **editorial** and **publication** processes. (The ESCCs would do much of the ‘pre-submission’ support – ensuring that submissions of completed reviews are of a high standard, hopefully avoiding lots of rejections, and supporting the efficiency of review editing & publication. As proposed by Cochrane – individual authors from the wider community could also submit reviews directly, without going through one of the ESCCs).

o Receive protocols and reviews and assess whether these meet Cochrane’s standards and address a reasonably important question (see below re **prioritisation** of topics)

o Manage **peer review** (with the support of ESCCs for external reviewers’ retrieval), copy-editing and publication

Non-Editorial Functions

- Facilitate and manage the establishment of volunteer thematic working groups in Cochrane (methods focus or topic focus). set up for a pre-specified time (e.g. 3 years in the first instance).
- Run Cochrane Colloquia or similar, in collaboration with other entities
- Support and coordinate the network of geographic centres and help expand these, particularly in LMICs and other settings where review capacity is more limited
- Fundraise for the above

From: [Dimitrinka Nikolova](#)
To: [Council Secretary](#)
Cc: [Liz Dooley](#); [Robert Dellavalle](#); [Agustín Ciapponi](#); [stefano.negrini@unimi.it](#); [Maria-Inti.Metzendorf@hhu.de](#); [ndieuphrasiaebaiatuh@gmail.com](#); [Christian Gluud](#); [Dimitrinka Nikolova](#)
Subject: RE: future of evidence synthesis in Cochrane
Date: 09 November 2021 16:53:39

Dear Cochrane Council,

We, at the CHBG, would like to object to the proposal for reorganization of Cochrane specialist groups with secured funding.

Since 1996, we have been working to create a network consisting of specialists with content expertise, review authors, peer reviewers, and because of the good close relations we have been establishing, we widen our network with new people who become involved in Cochrane work and advocate evidence-based medicine. We meet our contributors and find new at international and regional specialist meetings (AASLD; EASL, and others).

There are now about 15,906 hepato-biliary RCTs identified in the literature. Until now we have managed to get 6296 of these (about 40%) included in our 246 CHBG reviews. We need to do a lot more reviews, as any disease counts, and it is important to address the global needs of patients and improve their health. Therefore, Groups with funding should be allowed, also in the future, to develop further. It is also easier for focused groups to find further funding for educational activities within focused groups with collaborators in other countries (e.g. Russia, Croatia, Serbia, China, The Netherlands, and others).

By involving CHBG editors with content clinical expertise in the work of the Group we ensure that the reviews we prepare are useful to clinicians. To have reviews with perfect methodology is not sufficient.

We are also happy with the work of our network associate editor, as fresh pair of eyes see what we might have missed, i.e. two-step control, before publication, benefits the quality of the reviews.

By sending our review drafts to peer reviewers with content expertise has often resulted that these people also show interest in working on a Cochrane review.

By being admissible and not rejective, by providing equal chance to all, has resulted in the good quality and output of CHBG since 1996.

So, we suggest that the above is taken into consideration, and though writing on our own behalf, we know that this is valid for other Groups as well.

We are content with our current structure; Co-Ed, ME, IS, editors, authors, consumers, peer reviewers, and other contributors. We are happy to collaborate across Cochrane entities.

We do not want to create another trivial journal or be part of another journal which allows publications with diverse quality. We wish that Cochrane stays unique.

Respectfully,

Dimitrinka Nikolova, ME, and Christian Gluud, Co-Ed

The Cochrane Hepato-Biliary

P.S. Members of Cochrane Council are copied for information.
Apologies for not copying all members.

From: [JONES, Katherine Louise \(OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST\)](#)
To: [Council Secretary](#)
Subject: Future of evidence synthesis in Cochrane
Date: 08 November 2021 14:41:41

Dear Council Secretary,

Thank you very much for allowing the opportunity to get in touch with you following on from the recent Cochrane community engagement workshops.

One particular aspect of the proposed models that i'd be keen to hear more about as a review author and also as a Network Support Fellow, is around 'expertise' and how review updates will be integrated into the proposed models.

I understand there is increasing emphasis on producing living systematic reviews, but I would be interested to learn more about how other review authors envisage their reviews with Cochrane being updated, if at all, in the future. Some CRGs have conducted prioritisation exercises that consider the updating process but I think often the prioritisation is topic-focused only. Could review authors be asked to share their perspective on this?

Connected to this point, I do find a distinction between my role in contributing to a review as a formally trained systematic reviewer versus leading or contributing to a review using both my clinical research and systematic reviewer experience. Both roles are important but they are different in my opinion. I think this difference in contributing expertise could influence my sense of intellectual ownership, and perspective on how a review is updated.

Clearer acknowledgement of authors' contributions must surely be an imperative?

Thank you,

Katherine

Katherine Jones
NIHR Network Support Fellow
Cochrane Acute and Emergency Care Network

This message may contain confidential information. If you are not the intended recipient please:
i) inform the sender that you have received the message in error before deleting it; and
ii) do not disclose, copy or distribute information in this e-mail or take any action in relation to its content (to do so is strictly prohibited and may be unlawful).
Thank you for your co-operation.

NHSmial is the secure email, collaboration and directory service available for all NHS staff in England. NHSmial is approved for exchanging patient data and other sensitive information with NHSmial and other accredited email services.

For more information and to find out how you can switch visit [Joining NHSmial - NHSmial Support](#)