



Methods Board Structure and Function Review Workshop

09:00 - 15:30 - 3rd October 2015

Lehar 1 Messe Congress Center Vienna

Organiser: **Jackie Chandler** - Methods Co-ordinator

Facilitator: **Ray Flux** - Independent Consultant

Ray has a long term background in development consultancy within the health sector, primarily in the UK, but also in Australia, New Zealand, the USA and with WHO.

Introduction

The Strategy to 2020 requires all Cochrane Groups to review their structures and functions to build and foster a sustainable, efficient and effective organisation for the future. The review for Methods Groups, Methods policy development and associated methods activities is underway. This year's Methods Board is dedicated to providing an opportunity for a workshop style discussion that engages members of the Methods community and representatives from other Cochrane Groups. An interim report with some emergent themes and considerations will provide a framework. The Methods Board workshop will provide an opportunity to deliberate potential draft recommendations and their implementation in our globally dispersed, volunteer organisation. A record of key points of consensus and agreement from this meeting will contribute to the final report and proposed recommendations.

Aim of Workshop

To engage participants in discussion about possible ways to improve support, interaction and collaboration between groups of methodologists, their Cochrane colleagues and in some cases their University or Institutional bases to optimise arrangements for working.

Workshop objectives

- Agree the prime objectives for methodological work and contribution to support the 'Cochrane Review', review authors and editorial bases.
- Identify critical and desirable components, which would benefit from change.
- Identify key resource issues and advise on possible solutions.
- Discuss realistic expectations of individual accountability, roles and responsibilities.
- Develop 'recommendations' for action.





Programme

- 09:00 - 09:15 Welcome, brief introductions and workshop approach - *Ray Flux*
- 09:15 - 09:30 **The Strategic Goals of Cochrane and the important contribution of methodologists**
David Tovey, Editor in Chief, Editorial Unit
Jackie Chandler, Methods Co-ordinator, Editorial Unit
- Addressing global health challenges, funders requirements and the competition.
 - The methods function in Cochrane and the important contribution of methodologists.

IDENTIFYING WHERE WE NEED TO IMPROVE

- 09:30 - 10:15 **What needs to change to meet future demands?** - *Facilitation: Ray Flux* Small group work
- What are the critical and desirable factors?
 - How does methodological development contribute effectively in Cochrane in the next 5-10 years
- 10:15 - 10:30 **Cochrane the whole organisation – the jigsaw** Presentation
- *Chris Champion, Senior Programme Manager, CEO's Office*
- How does the Methods Review 'fit' with other reviews underway or completed?
 - What are the challenges or options for Methods infrastructure and methods policy development?
- 10.30 - 11:00 Coffee Break**

INTEGRATION

- 11:00 - 11:45 **Putting the pieces together – an overview** Small group work
Facilitation: Ray Flux
- How does Cochrane as a whole change?
 - What are the connections between Groups?
 - How can Cochrane enable a sustainable organisation to meet the challenges and opportunities of the 2020's.



INVESTMENT FOR THE FUTURE

11:45 - 12:30	What do we need to achieve through this review and beyond? - Facilitation: Ray Flux Participants get an opportunity to outline how they believe 'Methods' structure and function could change and what is required to take change forward.	Discussion Group break outs with plenary feedback
12:30 - 13:30	Lunch	
13:30 - 14:30	Solutions and future models - Facilitation: Ray Flux Parallel sessions addressing key themes for the future of the Methods infrastructure. Three groups discussing one of the following topics: <ol style="list-style-type: none">1. Supporting our work: Investment, incentives and succession2. Directing our work: Future methods policy development, priorities and direction3. Profiling and implementing our work: Leading and collaborating on methodological excellence – safeguarding the brand and integrity of the Cochrane Review in an evolving field.	Each session will be facilitated
14:30 - 15:15	Bringing about change – realistic recommendations A significant challenge for any of the Cochrane structure and function reviews is how to bring about change in a global volunteer organisation.. What models for successfully introducing change might be helpful here?	Plenary discussion led by Ray Flux
15:15 - 15:30	Summary and close <i>Holger Schünemann and Jane Noyes Co-convenors of the Methods Executive</i>	



Cochrane Methods



Ray Flux - Independent Consultant

Ray has a long term background in development consultancy within the health sector, primarily in the UK, but also in Australia, New Zealand, the USA and with WHO. He has degrees from Nottingham University in Physiology and Psychology and a research degree from Brunel concerned with the use of management information in clinical practice and decision making. Ray's early work was with the Institute of Occupational Medicine working in the mining industries and then he worked for 10 years with the Kings Fund Management College, leaving as Deputy Director to establish his own practice. He has designed and facilitated programmes and events to bring about strategic change in organisations and associations at national and international level, including in the early days, the Australian Family Planning Association, subsequently WHO Public Health Epidemic and Pandemic Response (EPR), and most recently work with Specialist Commissioning for NHS Paediatric Neurosurgery and with the Cochrane Collaboration. Recent work has focussed upon bringing the experiences of people with long term health conditions into health service planning work. He specialises in combining analysis of emerging policy with stakeholders' views, performance data and customised information then bringing this to bear among groups of policy and decision makers.

CONTACT: Jackie Chandler, jchandler@cochrane.org

Methods Board 2015



Cochrane Methods Structure and Function Review

Methods Board Interim Report

25th September 2015

Jackie Chandler on behalf of the Methods Executive

Methods Structure and Function Review

Introduction

The Strategy to 2020 requires all Cochrane Groups to review their structures and functions to build and foster a sustainable, efficient and effective organisation for the future. The review for Methods Groups, Methods policy development and associated methods activities is underway. A number of discussions with Methods representatives, and review of the 2009 Strategic Review, particularly recommendations for methods infrastructure support, resulted in a plan to conduct this review. The framework that underpins the review considers the value of our members, and their workload pressures, capacity to commit and contribute. In addition, explore possible solutions to support members and Groups to address these challenges so can Cochrane meet its goals in the next 5 years.

We wanted to ensure that the process was inclusive and engaging, in order to deliver a review that carries support within the methods community and beyond. In order to benefit fully from this important opportunity we ask participants to spend a few minutes reading the following short Review Report, the and the 'Structure and function review status update' report. Everyone will then be aware of the questions we are considering and able to engage in the discussion to consider the optimal solutions for methodologists, and Cochrane as a whole.

Current structure and function

Our current structure has organically emerged over the years to the current sixteen (likely 17), international research methods-specific networks. These Groups constituted by 80+ Convenors coordinate methodological activity and collectively constitute the Methods Board from which the Methods Executive (eight elected members) is drawn. A primary objective is supporting the provision of timely methods input into the production of Cochrane content and related projects (e.g. Cochrane Tech projects, training). The Methods Application and Review Standards Advisory Committee facilitate dialogue and decision making on, the quality and implementation of methods between Methods, CRG and Central Executive representatives. The Methods Executive wish to highlight that 'methods' is under resourced to meet Cochrane's expectations and too much reliance is placed on the support of the individual's respective institutions.

The Review plan

The review process involves the following components and their status.

- Internal survey of Cochrane members underway – 186 responses to date
- External stakeholders survey and interviews Final Report – Completed
- 20 peer to peer Interviews – In progress.
- Facilitated Methods Board workshop at the Vienna Colloquium
- Methods Review Report with recommendations
- CSG review of all Review reports
- Integration of all Structure and Function reviews
- Consensus development
- Development of implementation plan based on agreed recommendations

- An open discussion meeting for those attending the Vienna Colloquium
- Analysis, synthesis of all available data and will include findings from the external survey

Rationale

Key themes focus on ‘*Being effective*’ – Methods need to operate alongside and in cooperation with Cochrane Review Groups (CRGs), Fields, Centres and consumers to provide funders and our stakeholders with readable, relevant and reliable evidence on effective health interventions. We need to address increasing competition from other research evidence producers and the expansion of evidence synthesis models and increasing sophistication of methods. *Being valued* – Structures and processes used within Cochrane should engage and enable people to contribute easily, effectively and flexibly alongside their other demands. Our structures and processes should not waste their time. *Being organised* – Cochrane needs to keep pace with emergent methodology and approaches including technological advances, synthesizing and accessing increasing amounts of research. The strategic challenges ahead also require Cochrane to become more global (in China, South America and the Indian sub-continent) and collaborative. It is an ambitious goal to provide reliable and relevant research on such an expanding scale and therefore how do we best organise and resource Cochrane for the forthcoming decade.

Interim Methods survey results

The survey sought to gain a broad spectrum of opinion on providing and supporting methodological expertise in Cochrane to provide timely methods input into the production of Cochrane reviews and related projects. The survey remains open. Methods Group convenors, other methodologists, Centre and Fields, CRG members and staff, Trainers and the Central Executive Team received the survey. The following are the brief headlines taken from an interim download of the survey on the 3rd September from 185 responders of which 152 reported below represent the views of Methods Group convenors (27), other methodologists (41), Centre and Fields (31), CRG members and staff (53).

We report a simple, high level, comparison of variations between methodologists and other Group members in these early preliminary findings to give a flavour of the output and emergent themes.

Responses to ‘*Being effective*’ and ‘*Being valued*’

Firstly, the majority of all respondents reported finding their engagement with Cochrane rewarding.

- Convenors and Methodologists value Cochrane for the opportunities it provides to collaborate with and to access a global network of peers. Convenors mostly appreciate the potential impact their work can have through Cochrane. They also appreciate the learning opportunities membership affords. However,

“...for 10 yrs my organisation has paid for all my (Cochrane-related) time and travel with very little methods papers to show for it.”

“The methods groups are quite exclusive and difficult to join tends to be the same people - not clear how to break in to clique.”
- Both Convenor and other Methodologists report that pressure of other work (in particular from their main employer) is the greatest threat to their active engagement with Cochrane. In addition, lack of recognition/reward and lack of contact/support from Cochrane can also undermine their commitment.
- All groups report the *clear direction* provided by methodologists to CRGs about appropriate methods for Reviews is better than the *timely support* that they are able to offer.
- The Convenors of Methods Groups and the CRG recipients of their support seem least likely to rate the support and advice as adequate or efficiently delivered.

One Group said it “struggles to provide the support it probably should be providing to CRGs” ...another says, “I often cannot provide the level of detail needed in a timely fashion when requests are received.”

“There are currently insufficient safeguards to ensure that author teams include the expertise and skills they need to conduct high-quality reviews; and most methods advice is provided in the form of peer review and editorial feedback on draft protocols and reviews – which is too late.”

- Most respondents did not favour “No change”.

Responses to ‘Being organised’

- All Groups favour funding training programmes for CRG based methodologists as a basis for building up the support for editorial bases and authors. CRG based respondents favoured a centralised unit of funded methodologists.

“I think a UK-specific centre for methods (sorry to be so insular) might work quite well”

“I think it is now essential that we separate review support from editorial decisions, which means we need new support units. Methods experts may have an important role in these units - more so than in editorial bases.”

- There is some support for a number of Reviews of especially high complexity, priority or profile having funds set aside to pay for methodological support. However, views vary about how best to improve that support.

“I would like to see something where there is more interaction and debate between methods groups and with CRGs and authors”

“I would expect the collective ‘clout’ of the Methods groups would be enhanced if they were more closely aligned.”

“Institutions and keen individuals have driven the methods agenda up until now, but to remain competitive some further thinking around this approach is necessary.”

“It feels like we work in ‘methods silos’ whereas I expect that CRGs want a more holistic response?”

- Convenors and methodologists strongly support funding directed to clearly defined and specified projects. They also approve funding Methods Groups but mostly do not support geographical clustering as an approach to organisation.

“Needs more funding and sustainable structure to provide continuous support in a timely fashion.”

“Would be keen to ensure some of the lesser-known methods groups still have a voice in any re-structure.”

- More than twice as many Convenors think a single lead convenor might benefit than not, although a number of comments suggest this position requires financial support.
- On clustering of Methods Groups the convenor vote was split. Over 50% of other methodologists were in favour, others were neutral.

“The current structure works, but could be improved by having centralized support. However, lumping/clustering may do more harm than good.”

- Convenor votes for integration with Centres were more in favour than not. More methodologists voted in favour of this suggestion.
- The Convenors vote split on closer alignment with CRGs alliances, although methodologists were more in favour.

External Stakeholder Consultation- extract of key points from final report

(Technopolis group, August 2015 – full report online <https://methods.cochrane.org/methods-board-vienna-2015>)

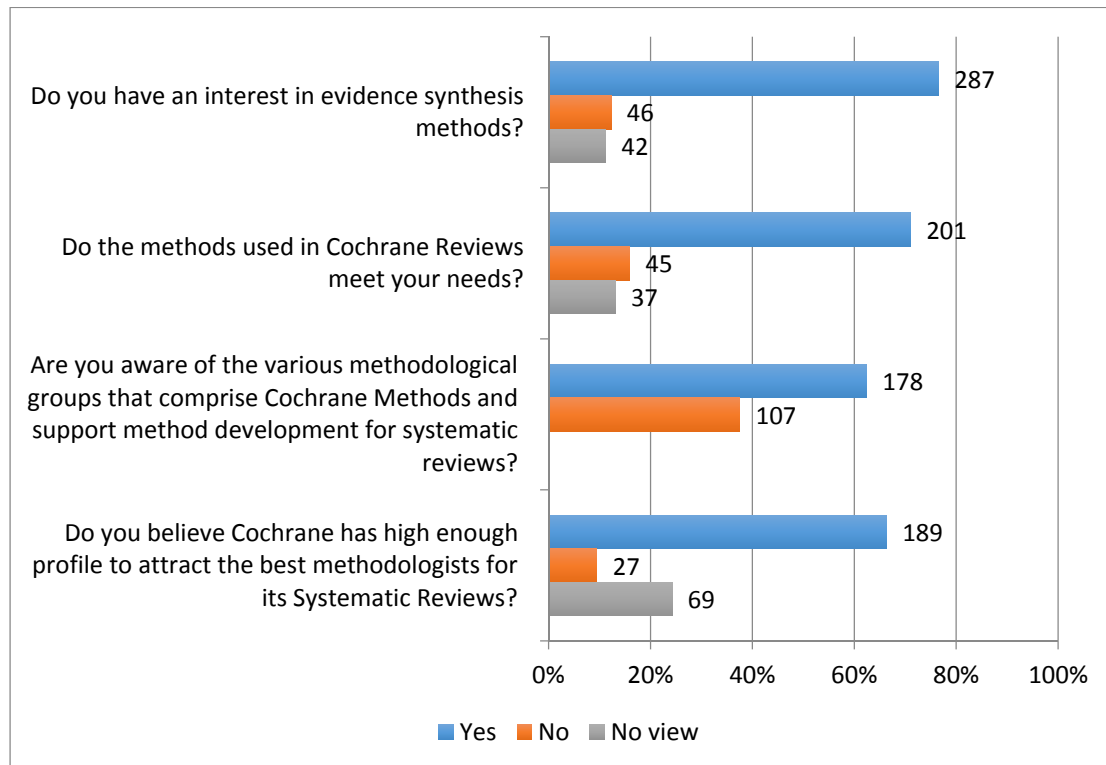
A survey and set of interviews inform the summary points reported here – see full report for further information. Respondents recognise that Cochrane has developed a rigorous methodology to collect, synthesise, and report primary data to provide authoritative evidence about the effectiveness of health interventions. However, to meet the diversity of research topics relevant to health professionals today respondents question if Cochrane’s methodology remains innovative and cutting edge. Several respondents see Cochrane as a ‘club of methodologists’ and questioned whether the evidence produced is suitable to clinicians and healthcare professionals. Over 25 survey respondents called for a broader methodological approach to be adopted by Cochrane regarding evidence synthesis beyond data from Randomized Controlled Trials, for example, *“we need a methodology that is robust for the synthesis of non-RCT data, that particularly enables the description of the context and presumed mechanisms for complex interventions.”*

Suitable methodological approaches for new types of study design requested are synthesise data from observational studies, health economics, cultural and ethical contexts and other qualitative data. Analyses of complex health issues (e.g. for public health interventions) often require systems approach and cannot adequately be captured by simple, focussed methodologies. The systematic use of GRADE to highlight the quality of evidence, risk of bias and the strength of the ensuing recommendations is considered essential

part of the methodology. However, it was also noted that methods requirements might at times be too complex and resource-intensive for new reviewers to join the study team, especially from developing countries.

Three quarters of survey respondents had an interest in evidence synthesis methods, and the vast majority of those felt that the methods used by Cochrane met their needs, (Figure 1). The awareness of Cochrane Methods groups was at 62% of those with interest in evidence synthesis methods.

Figure 1 Cochrane’s methods (n=375; n=283-285)



(Extracted from External Stakeholders Final Report)

Finally, Two thirds of survey respondents believe that Cochrane has the ability to attract the best methodologists based on its reputation. However, “*innovative methodologists*” who are not within the scope of Cochrane methods currently applied may not become involved. Respondents suggest attracting the best methodologists requires clarity on how to approach and participate; collaboration opportunities; innovative methodologies developed; faster review processes; demonstrated impact on health care or policy; and providing a salary or stipend. The need for both innovation within Cochrane as well as maintaining consistency across the review groups were highlighted by interviewees as necessary aspects to consider when changes are made to current practice.

Moving Forward – Methods Board workshop

Cochrane is a collaboration of people and their respective institutions. Collectively we need to evaluate our **investments** – financial, support services (Central Executive) and other resources as to whether they are utilised effectively. We need to identify important **incentives** that engage people and their commitments to continue to support Cochrane work. Finally, we need to consider how best Cochrane is re-organised to create a sustainable effective and efficient organisation. This is most likely to consider streamlining infrastructures, creating fluidity between functions and greater overall **integration** between structure and function of all Groups. Table below provides a high-level overview of core functions for ongoing methodological input.

CORE METHODS FUNCTIONS

Methods policy development	Establishing the quality of methods	Dissemination and implementation of methods in reviews
<p>Cochrane needs to define and refine the scope of the Cochrane model, by</p> <ul style="list-style-type: none"> ➤ making (coherent/joined up) decisions on what methods should be employed or not, and which research questions should be addressed or not and set methods priorities – <i>strategic methods policy development.</i> ➤ discerning the ‘best’ methods for its systematic review methodology – <i>the evidence base for those methods.</i> ➤ testing and evaluating developments before deploying them in its reviews – <i>research and development.</i> 	<p>Cochrane needs to set the quality standards for the agreed methodology and set of methods to be employed, by</p> <ul style="list-style-type: none"> ➤ providing explicit quality criteria (standards) to maintain the Cochrane guarantee (trusted evidence) and consistency across Cochrane Reviews. ➤ managing review priorities (questions). ➤ employing quality controls through screening and audits. ➤ monitoring and supporting with relevant expertise complex reviews and complex methods. 	<p>Cochrane needs to provide support services and infrastructure to ensure,</p> <ul style="list-style-type: none"> ➤ access to methodological expertise at strategic and editorial base levels. ➤ training and support of Cochrane training activities, and the development of guidance and training materials. ➤ advise, when relevant, on software development to implement methods. ➤ development of tools to facilitate methods. ➤ manage and co-ordinate implementation of developments across all relevant Groups and central departments.

Cochrane's structure and function reviews – a status overview

Introduction

The organization-wide review of the structure and function of Cochrane Groups is an objective in our *Strategy to 2020*. This review is intended to prepare Cochrane for the future by ensuring that the Cochrane Groups are performing the functions required and structured adequately to deliver the *Strategy*.

The structure and function reviews of Cochrane Groups began by looking at Cochrane Review Groups (CRGs) in 2013; with recommendations for change tabled at the 2014 mid-year meeting in Panama. That meeting agreed a programme of CRG reforms and recommendations around six key themes:

1. Groups working together;
2. Governance and mutual accountability;
3. Support for CRGs and contributors;
4. Centralization of some functions;
5. Extending geographical diversity and equity;
6. Quality assurance and the editorial process.

These are all being taken forward, with more reforms being identified in the mid-year business meeting in Athens in May 2015.

The structure and function reviews of other Groups (Fields, Centres and Branches, Consumer Network, and Methods Groups) started in late 2014 and have all developed papers for consideration by their respective Groups in Vienna. The reviews were all based on extensive internal consultation within Cochrane and an independent external stakeholders' quantitative and qualitative survey conducted in 2015.

The reviews have been led by the respective Executive committees, focusing overwhelmingly on their own activities. To a large extent they represent variations on the status quo, but this may partly be because in the individual Reviews' Terms of Reference no Group was encouraged to look more holistically at the organizational level. In this report we summarize the draft findings of the individual draft structure & function reviews as they are being submitted to their respective Groups for consultation in Vienna.

The proposals as they stand

Centres and Branches

Proposed functional changes

The functional changes proposed put greater emphasis on external engagement, with the role of Centres firmly focussed on representing Cochrane in their area, building bridges with stakeholders,

and undertaking dissemination and knowledge translation activities that increase the uptake of Cochrane evidence in their geographic area. The review also stresses the key role Centres play in building the Cochrane community locally, so that we continue to develop a vibrant community of Cochrane contributors around the world.

These clear functional priorities do not, however, mean that Centres are limited in their role, as the review recognizes the distinct background, expertise and areas of interest of existing and future Centres. The review sets out a tiered set of functions and additionally includes desirable functions that may be prioritized by Centres, e.g., translation, supporting consumer involvement, advocacy, expanded KT, and methodology research. This tiered list of functions requires Groups to deliver a small list of core functions, but gives them the flexibility to focus on areas of particular interest to them or to their location. This should lead to a situation where we have much closer adherence to essential functions than exists now, but we will also be providing a functional structure that meets the needs of Centres and their funders.

Structural changes

Changes to structure are already happening following the introduction of the new Cochrane branding which allows the organization to present a different external face to the internal accountability and support structure within which a Group works (i.e., the terminology 'Branch of ...' is no longer used externally, with branches instead being referred to simply by their country name, e.g., Cochrane Austria).

The review proposes that small Groups, called *Affiliates*, can be set up to deliver a basic level of functions. These *Affiliates* could remain as they are; concentrate and expand their activities on a single function (e.g., translation) to become a specialist *Hub*; or they can follow a developmental pathway to become a larger *Associate Centre* (formerly Branch) conducting more functions and then later potentially becoming a Centre. It is hoped that this more graduated range of group types will allow for a developmental pathway but also provide for more flexible country and regional presence: e.g., a Centre with several *Affiliates* and *Hubs* in the same country (or different countries) reporting to it; or a Centre made up of collaborating *Associate Centres* in different locations. In large countries (such as the US, China and Brazil) and across some regions we may also establish Networks of Cochrane Groups, that could link a Centre(s), *Associated Centres*, *Hubs* and *Affiliates* as developed by the Iberoamerican Cochrane Centre. This provides a way to create a coordinated Cochrane presence across a region, or across a country where it is large and diverse.

Accountability

All of these new structures will be incorporated within a clear accountability framework; though the review recommends discontinuing the 'reference Centre' concept to allow for support relationships based on common features such as language, culture, expertise, etc. rather than the previously inflexible geographic divisions and fixed associations. MoUs will be established between the Central Executive and Directors of Networks and Centres; but the precise accountability mechanisms between Centres and the smaller Groups (*Associated Centres*, *Hubs* and *Affiliates*) which report to them left to those Directors to establish.

Fields

Cochrane's *Strategy to 2020* reiterates the critical need for external facing and cross-cutting Groups to engage more coherently, consistently and comprehensively with clinical communities, professional bodies and other external stakeholders. Fields serve a variety of purposes in Cochrane relating to this

kind of external engagement, knowledge translation (KT), advocacy and dissemination. Several key issues have been raised by the Fields review, including poor integration with other Cochrane Groups, lack of consistently applied and measurable outputs, and a poor funding outlook. However, the review has also highlighted the lack of a coherent KT approach within Cochrane within which this work can be carried out.

Functional changes

The functional changes proposed for Fields involve focusing their work more specifically around knowledge translation. However, the revised functions for Fields continue to include functions (both optional and mandatory) around external stakeholder engagement, supporting review production, advocacy and other elements that are not KT.

The proposal establishes KT outputs as the primary focus of the Fields' measurable outputs. However, many other parts of Cochrane also engage in KT, advocacy and external stakeholder engagement; and the review recognizes that the principal challenge in this area is co-ordinating and integrating these activities into more powerful and effective ways. The review acknowledges Cochrane needs to define what it means by KT and therefore recommends that the organization establishes a Cochrane-wide 'KT strategy' that sets out the priorities and approaches we should adopt. This KT Strategy needs to be in place before we can finalise the precise KT role of Fields and their relationship with other parts of the organization, particularly Review Groups and Centres/Branches but also the Communication and External Affairs Department and the wider Central Executive.

Structural Changes

To begin this process of establishing more effective integration of KT in Cochrane the review proposes setting up topic based fora for regular interaction between Fields with related CRGs to discuss much earlier and more systematically than now future publication pipelines and post publication KT plans for individual Cochrane Reviews. This would also lead to more integrated priority setting between external needs and CRG capacities and choices.

The review also proposes to establish 'KT centres' in different areas of health and healthcare and for Fields to transition into these KT centres, which would be supported and managed by a KT co-ordinator responsible for delivery of the overall KT Strategy and for ensuring that the associated mechanisms for integration between Cochrane Groups are working effectively.

The Fields review suggests some structural changes to integrate Fields more with the country Centre structure. Given that a lot of KT, advocacy and key stakeholder engagement happens on a national level it seems sensible for Fields (KT Centres) to establish small groups within countries where appetite exists so that the KT, dissemination, and stakeholder engagement work that they undertake can be performed in conjunction with country/regional Centres for greater reach and impact. This would lead to a more dispersed Field structure.

Accountability

As with all groups a structured accountability framework will be established for Fields that involves MOUs between Fields/KT Centre Directors and the CEO.

Initial feedback

The feedback from the Fields Exec has been positive on establishing a KT strategy and framework for Cochrane, and providing a more integrated and centralised infrastructure around that, but there are concerns that the focus on delivering KT outputs is not necessarily a role some Fields feel ready for or equipped to do. We need to establish what our KT strategy and priorities are first, but in establishing them we will need to think carefully about how Fields 'fit' within this KT remit. KT activities take place widely throughout Cochrane but are often poorly co-ordinated, *ad hoc* and variable in their quality. We need to build a co-ordinated and coherent framework and Fields are well placed to play an important role, working closely with colleagues elsewhere within Cochrane in support of this.

Consumer Network

The purpose of this review was to evaluate how well the current functions and structures of the Consumer Network support the strategic goals of Cochrane and to consider what changes are needed to ensure the organisation has the right structures and processes in place.

A working group oversaw the process, drawn from both the Consumer Network Executive and across the organization. The review's methodology was extensive, involving:

- A survey of the 53 CRGs on the nature and extent of consumer involvement in their work;
- A survey of members of the Cochrane Consumer Network explored their experience of volunteering for Cochrane and future aspirations and needs;
- An analysis of the information held by the organisation about its consumer volunteers;
- A literature review of published papers about consumer involvement in Cochrane and in systematic reviews more broadly;
- Questions about consumer involvement in the survey of the views of external partners; and
- Wide-ranging internal consultation.

There were consistent messages from all the information gathered. Consumer involvement is seen as an important part of the production and dissemination of Cochrane evidence. There are examples across the network of high quality involvement that is widely regarded as adding value to what Cochrane produces. However, consumer involvement was also found to be inconsistent: with Review Groups often uncertain about how best to engage with consumers, and consumers frustrated about the lack of opportunities for involvement. Consumer involvement generally is limited in scope and most active consumers (between 300 and 500) come from the developed and English-speaking world. Support for involvement (recruitment, training, communication and other resources) need to be better targeted and there is uncertainty about the numbers and activity of our consumer volunteers. The enthusiastic Consumer Network Executive struggles to engage effectively with the wider Cochrane network to address these issues. Satisfaction amongst consumers is low.

The review identifies priorities for the future including:

- re-affirming the principle of consumer involvement in Cochrane;
- better integrating consumer involvement throughout Cochrane structures including restructuring the Consumer Executive so that it can engage geographically, in partnership with Centres;
- supporting consumer involvement throughout the research cycle, strengthening particularly their involvement in the prioritisation and dissemination phases;
- integrating consumers with the new Cochrane Membership scheme for the full benefit of consumer involvement;

- building on and developing programmes of support for Cochrane consumers and Review Groups; improving communication with consumers and building effective external partnerships.

Methods Groups

The review process involves the following components.

- Internal survey of Cochrane members underway – 186 responses to date
- External stakeholders survey – Completed
- 17 peer to peer Interviews – In progress.
- Facilitated Methods Board workshop at the Vienna Colloquium
- An open meeting for Vienna Colloquium attendees will inform a wider audience.
- Analysis, synthesis of all available data and will include findings from the external survey.
- Methods Review Report with recommendations
- CSG review of all Review reports
- Integration of all Structure and Function reviews
- Consensus development
- Development of implementation plan based on agreed recommendations

Rationale: The review established key themes, focussing on ‘*Being effective*’, ‘*Being valued*’ and ‘*Being organised*’ Cochrane needs to keep pace with emergent methodology and approaches including technological advances, synthesizing, and accessing increasing amounts of research. The strategic challenges ahead also require Cochrane to become more global (in China, South America and the Indian sub-continent) and collaborative. It is an ambitious goal to provide reliable and relevant research on such an expanding scale and therefore how best to organise and resource Cochrane for the forthcoming decade.

Interim survey results: The survey sought to gain a broad spectrum of opinion on providing and supporting methodological expertise in Cochrane to provide timely methods input into the production of Cochrane reviews and related projects. The survey remains open. Methods Group convenors, other methodologists, Centre and Fields, CRG members and staff, Trainers and the Central Executive Team received the survey. The following are the brief headlines taken from an interim download of the survey on the 3rd September from 185 responders of which 152 reported below represent the views of Methods Group convenors (27), other methodologists (41), Centre and Fields (31), CRG members and staff (53).

We report a simple, high level, comparison of variations between methodologists and other Group members in these early preliminary findings to give a flavour of the output and emergent themes.

- Convenors and Methodologists value Cochrane for the opportunities it provides to collaborate with and access to a global network of peers. Convenors mostly appreciate the potential impact their work can have through Cochrane. They also appreciate the learning opportunities membership affords. Both Convenor and other Methodologists report that pressure of other work (in particular from their main employer) is the greatest threat to their active engagement with Cochrane. In addition, lack of recognition/reward and lack or contact/support from Cochrane can also undermine their commitment.
- All Groups of respondents, of which, the largest proportion have been Cochrane members for >10 years and, amongst Methodologists, most expected their engagement to continue at the same level for the next two years (at least).
- In all Groups, a majority reported finding their engagement with Cochrane rewarding.

- All groups report the *clear direction* provided by methodologists to CRGs about appropriate methods for Reviews is better than the timely *support* that they are able to offer. Convenors of Methods Groups and the CRG recipients of their support seem least likely to rate the support and advice as adequate or efficiently delivered.
- All Groups favour funding training programmes for CRG based methodologists as a basis for building up the support for editorial bases and authors. CRG based respondents did rate this approach but more of them favoured a centralised unit of funded methodologists.
- There is some support for a number of Reviews of especially high complexity, priority or profile having funds set aside to pay for methodological support. However, views vary about how best to improve that support. Very few respondents favoured “no change” as the best way forward.
- Convenors and methodologists strongly support funding directed to clearly defined and specified projects. They also approve funding Methods Groups but mostly do not support geographical clustering as an approach to organisation. More than twice as many Convenors think a single lead convenor might be of benefit than not, although comments suggest the caveat of financial support for this position.
- On clustering of Groups the Convenors was split.
- There is no one way that is strongly favoured to re-organise methodologists to maximise their contribution to Cochrane’s work.

Moving Forward – Methods Board workshop: Cochrane is a collaboration of people and their respective institutions. Collectively we need to evaluate our *investments* – financial, support services (Central Executive) and other resources as to whether they are utilised effectively. We need to identify important *incentives* that engage people and their commitments to continue to support Cochrane work. Finally, we need to consider how best Cochrane is re-organised to create a sustainable effective and efficient organisation. This is most likely to consider streamlining infrastructures, creating fluidity between functions and greater overall *integration* between structure and function of all Groups. The table below provides a high-level overview of Cochrane functions for methodological input.

CORE METHODS FUNCTIONS		
Methods policy development	Establishing the quality of methods	Dissemination and implementation of methods in reviews
<p>Cochrane needs to define and refine the scope of the Cochrane model, by</p> <ul style="list-style-type: none"> ➤ making (coherent/joined up) decisions on what methods should be employed or not, and which research questions should be addressed or not and set methods priorities – <i>strategic methods policy development</i>. 	<p>Cochrane needs to set the quality standards for the agreed methodology and set of methods to be employed, by</p> <ul style="list-style-type: none"> ➤ providing explicit quality criteria (standards) to maintain the Cochrane guarantee (trusted evidence) consistency across Cochrane Reviews. ➤ managing review priorities 	<p>Cochrane needs to provide support services and infrastructure to ensure,</p> <ul style="list-style-type: none"> ➤ access to methodological expertise at strategic and editorial base levels. ➤ training and support of Cochrane training activities, and the development of guidance and training materials.

<ul style="list-style-type: none"> ➤ discerning the ‘best’ methods for its systematic review methodology – <i>the evidence base for those methods</i>. ➤ testing and evaluating developments before deploying them in its reviews – <i>research and development</i>. 	<p>(questions).</p> <ul style="list-style-type: none"> ➤ employing quality controls through screening and audits. ➤ monitoring and supporting with relevant expertise complex reviews and complex methods. 	<ul style="list-style-type: none"> ➤ advise, when relevant, on software development to implement methods. ➤ development of tools to facilitate methods. ➤ manage and co-ordinate implementation of developments across all relevant Groups and central departments.
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CRGs

There has been steady progress in relation to three separate strands of this programme. These were:

1. Increasing the formality of the relationship and the mutual expectations between Cochrane and CRGs;
2. Developing strategic alliances and geographical clusters;
3. Centralising core tasks as appropriate, where efficiency is improved.

In relation to the first of these, a decision was made at the Athens mid-year meeting to proceed towards establishing Memorandums of Understanding between Cochrane, CRGs (via their Co-ordinating Editors) and where appropriate, the host institutions. In preparing the MOU we have sought to clarify the mutual expectations of Cochrane and CRGs, so that the MOU is balanced between the responsibilities of Cochrane via its Central Executive Team and the Groups. We hope to have the MOU in place by January 2017.

At the Hyderabad meeting, the Co-ordinating Editors made clear their strong preference for alliances of groups to build from the ground up where there were sound strategic reasons to do so. Encouragingly, we have seen progress on both neighbourhood clusters and strategic alliances. There are now several examples of CRGs located close to one another sharing staff, in order to build capacity and use resources efficiently. These are informal relationships arranged locally. In addition, we now have proposals at different stages for a number of strategic alliances of groups covering cancer, antimicrobial resistance, neurology, pain and patient reported outcomes, and patient safety. The emergence of a proposed Nutrition Field has led to an integration of plans for a nutrition alliance and a symposium on nutrition will take place at the Vienna pre-Colloquium.

In relation to centralising services, there was enthusiasm for Cochrane developing a centralised study identification process, based on the highly successful Embase project. The Centralised Search Service (CSS) pilot has just begun. The CSS will be developed in conjunction with the ‘Pipeline’ and ‘Getting Involved’ streams of Project Transform. We expect the first data feeds to occur by the end of 2016, and we anticipate that further data sets will be added progressively in 2017. We anticipate that this service will be widely welcomed by the TSC community.

In addition, initiatives based on the Strategic Session in Athens relating to a re-evaluation of the Cochrane editorial process will address parts of the three remaining elements of the original Structure and Function plan. We propose to look at how we could introduce a partly centralised title registration process as part of the separation of the “editorial” and “developmental” functions. This and other projects based on the re-evaluation of the editorial process could ultimately result in further proposals for change aimed at improving the experience for authors and editors and the quality, validity and efficiency of the production process.

Next steps

As we have been working on the emerging ideas we realized that to maximise the potential opportunities in making changes to our structures and ways of working in order to achieve *Strategy to 2020* goals, we may need to go further. In particular, it is obvious that each of these reviews continues to see the various Cochrane Groups as acting within their own defined remit.

The next stage of the process will see us looking at the organisation as a whole to see how these different group-level reviews fit together to understand whether these proposals go far enough to allow us to collectively deliver the Strategy to 2020.