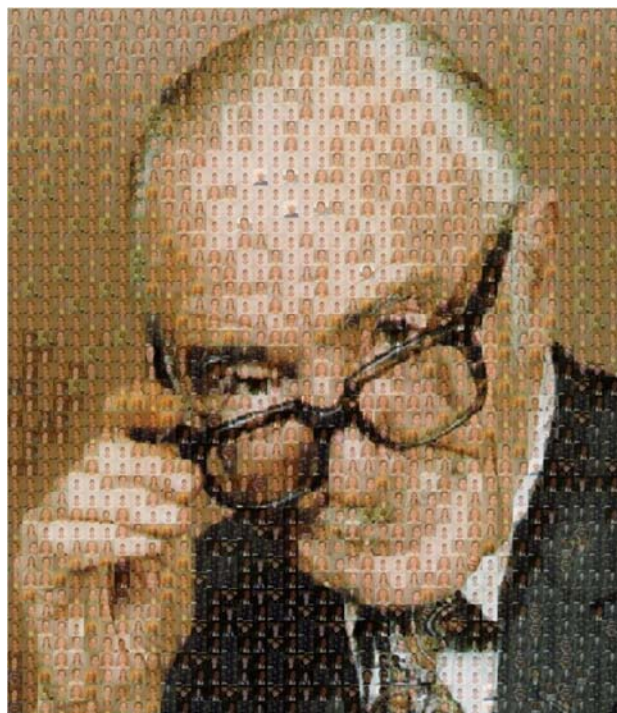


THE COCHRANE COLLABORATION: A STRATEGIC REVIEW



RECOMMENDATIONS REPORT

FEBRUARY 16, 2009



THE COCHRANE
COLLABORATION®

"I am a face of The Cochrane Collaboration"

"Jeg er en del af Cochrane-samarbejdet"

"كوكرن منظمة أعضاء أحد أنا"

"Saya adalah muka depan The Cochrane
Collaboration"

"Jestem twarzą Cochrane Collaboration"

"Eu sou a cara da Colaboração Cochrane"

„Ja sam jedno od lica Cochrane kolaboracije"

"Ndibubuso be Cochrane Collaboration"

"Ek is 'n gesig van die Cochrane Collaboration"

"Ich bin ein Gesicht der Cochrane
Collaboration"

"나는 코크란 연합의 얼굴입니다"

我是 Cochrane 协作网 一员。

« Io sono na faccia della Cochrane
Collaboration »

« Io sono una delle faccie della Cochrane
Collaboration »

« Jeg er et av ansiktene til Cochrane-
samarbeidet »

"Аз съм лицето на Кокрановското
сътрудничество"

« Soy la cara de la Colaboración Cochrane »

« Sóc la cara de la Col·laboració Cochrane »

« Ik ben één van de gezichten van The
Cochrane Collaboration »

« Je suis l'un des visages de la collaboration
Cochrane. »

« Olen eräs Cochrane-yhteistyön jäsen »

Executive Summary

The Cochrane Collaboration has been in existence since 1993 – just over 16 years. During that time it has grown organically and now involves over 22,000 people worldwide. Some elements of its structure were planned, while others were the result of a specific event, need or interest at a given time.

It is a good idea, from time to time, to review an organisation's purposes, activities, structures and governance. The Cochrane Collaboration has reviewed some parts of its organisation (e.g. periodic reviews of its governance) but never the organisation as a whole. The Cochrane Collaboration Steering Group decided that it was time to conduct the first ever formal review of the organisation with each of its elements considered in context. The Strategic Review of The Cochrane Collaboration was approved and then initiated in 2008.

The Strategic Review has been carried out in keeping with, and consistent to, the ten principles of The Cochrane Collaboration. It was conducted by Cochrane members (Jeremy Grimshaw, Mary Ellen Schaafsma, Lisa McGovern and Lucie Jones), with the guidance of a consulting firm that specialises in strategy engagement (Ashridge Consulting). It was constructed as a deliberate conversation with the Collaboration's members, contributors, partners and funders, and carried out in a series of surveys and interviews, probing questions on the topics of:

- Purpose;
- Brand and glue (external and internal coherence);
- Competition (external environment);
- Financial viability;
- Accountability and decision-making;
- Structures and processes; and,
- Communication, advocacy and engagement with external stakeholders.

The goal was to engage as many people as possible – both within and external to the Collaboration – in conversations on these topics to build a better understanding from our important stakeholders of how The Cochrane Collaboration is perceived, how it functions, and what may affect its success into the future.

Over the life of the Strategic Review we, the Review Team, interviewed 75 Collaboration members and external stakeholders, 185 people completed on-line surveys, an average of 850 unique visitors went to our website each month from July 2008 to January 2009, and many people engaged in the process at the Freiburg Colloquium in October 2008 (for example, we gave out 450 badges saying *"I am a face of The Cochrane Collaboration"* that people wore proudly during the Colloquium).

As we considered what emerged from each Dialogue, we identified five cross-cutting themes and twenty-six recommendations that we believe will strengthen The Cochrane Collaboration as it goes forward, ensuring its ongoing success.

This report gives details about the process of the Review. It outlines what we asked, what you told us and how we reflected on what we heard in order to arrive at these recommendations. Additional information for each Dialogue is available from the Review website: <http://ccreview.wikispaces.com/Final+Report+and+Background+Documents>.

We heard from you that The Cochrane Collaboration needs:

Clarity of purpose, and should:

- Reaffirm our primary purpose to be the production of systematic reviews (Dialogue 1)
- Formalise additional purposes including training, methods development and advocacy for evidence-based decision-making and identify responsibilities of entities for these purposes (Dialogue 1)
- Identify principles for developing new products or lines of activity (Dialogue 1)

Engagement of partners for mutual benefits, and should:

- Develop a Marketing and Communications Strategy to promote external and internal awareness of the value arguments for and achievements of The Cochrane Collaboration (Dialogue 2)
- Improve the usability of *The Cochrane Library* and other products for diverse stakeholders (Dialogue 2)
- Develop a partnership strategy to engage other systematic review producers and knowledge packagers (Dialogue 3)
- Establish formal membership for its contributors (Dialogue 2)
- Establish an External Advisory Board (Dialogue 7)

New resource options for supporting strategic objectives, and should:

- Invest in a development function for new products or lines of activities (Dialogue 1)
- Investigate the development of a broad-based educational program (*'Cochrane Education'*) (Dialogue 1)
- Investigate the development of a responsive review program (*'Cochrane Response'*) (Dialogue 1)
- Acknowledge the reality of our current infrastructure funding model and work to maintain it (Dialogue 4)
- Explore and pursue new funding opportunities (Dialogue 4)

Management, accountability and effective leadership, and should:

- Clarify the roles and responsibilities of its scientific/professional, managerial and editorial leadership (Dialogue 5)
- Develop and implement a formal succession planning mechanism for entity leadership (Dialogue 5)
- Develop and implement performance appraisal mechanisms for entity leaders (Dialogue 5)
- Enhance accountability mechanisms of entities to ensure core functions are met and Collaboration policies are implemented (Dialogue 5)
- Develop and implement policy for minimal competencies for review author teams (Dialogue 5)
- Develop and implement central decision-making processes that clearly identify communication, implementation and monitoring plans (Dialogue 5)
- Review the membership of the Cochrane Collaboration Steering Group (CCSG) and its alignment with the purposes of the Collaboration (Dialogue 6)
- Define required competencies for CCSG membership and induction and ongoing training for CCSG members (Dialogue 6)
- Review terms of reference and membership of CCSG Sub-Groups and Advisory Groups (Dialogue 6)

'Strategic Thinking' embedded at all levels, and at all times, in the Collaboration, and should:

- Undertake a formal environmental scan every two to three years (Dialogue 3)
- Use uncommitted income strategically to develop new products/lines of activity (Dialogue 4)
- Review terms of reference, and number and geographic spread of Cochrane entities to ensure efficient alignment with the purposes of the Collaboration (Dialogue 6)
- Develop an ongoing and participatory approach to strategy formation (Final Reflections)

Table of Contents

Introduction 1

Dialogue 1: Purpose 4

 Recommendations 5

Dialogue 2: Brand and Glue 6

 Recommendations 7

Dialogue 3: Competition..... 9

 Recommendations 10

Dialogue 4: Financial viability..... 11

 Recommendations 12

Dialogue 5: Accountability and Decision-making 14

 Recommendations 16

Dialogue 6: Structures and Processes 18

 Recommendations 20

Dialogue 7: Communication, advocacy and engagement with external stakeholders..... 22

 Recommendations 22

Final Reflections from the Strategic Review Team 23

 Recommendation 24

Additional Information:

Who We Talked To 25



Introduction

Context and Purpose of the Strategic Review

The proposal to conduct a strategic review of The Cochrane Collaboration was approved at the Steering Group's (CCSG) mid-year meeting in Khon Kaen, April 2006. Whilst periodic reviews had been undertaken of our business practices, Constitution and CCSG, there had never been an overarching review of the organisation as a whole to consider our mission, activities, structures and governance in context.

The Strategic Review (the Review) has been conducted at an interesting time for the Collaboration. The office of Editor in Chief of *The Cochrane Library* was established in January 2009, the *Cochrane Database of Systematic Reviews* was awarded its first impact factor in June 2008, and projects funded by the Opportunities and Prioritisation Funds have been geared towards topics identified as strategically important to the organisation for the past two years. Against this background of maturity and productivity, however, are ongoing issues such as the ability to secure sustainable infrastructure funding, variability between entities in quality and output, tension between inclusiveness and quality, and issues of succession planning and methodological development. So, although the Collaboration is not currently under direct threat, there has been, and continues to be, a need to assess ourselves strategically: to clarify the environment in which we operate, to ensure we understand the resources and competencies available to us, and to confirm or establish appropriate processes and organisational structures to reach our goals, now and in the long term.

What kind of review?

The approach of the Review was informed by Ashridge Consulting (www.ashridge.org). Their consulting philosophy is to ensure active participation at all levels of an organisation; 'top-down' approaches are rarely able to effect real change in practice in the long term. For the Collaboration this made sense: the Collaboration is collaboration in its truest sense and the process of our Strategic Review has both reflected and reinforced this concept. It has been conducted internally under the leadership of Jeremy Grimshaw, Director of the Canadian Cochrane Centre, Co-ordinating Editor of the Effective Practice and Organisation of Care Review Group and Cochrane review author with four review groups. The Review Team includes Mary Ellen Schaafsma and Lisa McGovern, Executive Director and Administrative Assistant respectively of the Canadian Cochrane Centre, and Lucie Jones, Project Support and Business Communications Officer in the Cochrane Collaboration Secretariat. Nick Royle, Chief Executive Officer of the Collaboration, has acted in a consultative capacity.

In addition, we established an Advisory and Feedback Committee for the Review comprising Rachel Churchill, UK (Co-ordinating Editor, Depression, Anxiety and Neurosis Group; author with two review groups), Sally Green, Australia (Director Australasian Cochrane Centre; author with four different review groups; member of various Cochrane Advisory Committees; former Steering Group member), Jordi Pardo, Spain (Administrator, IberoAmerican Cochrane Centre; Review Group Co-ordinator, Lung Cancer Group; Assistant Trials Search Co-ordinator; member on various Cochrane Committees) and Prathap Tharyan, India (Director of the South Asian Cochrane Centre; Editor with Schizophrenia Group; and author with five different review groups). This



approach allowed the Review to harness the “*authenticity and intuition*”¹ of those with an intimate knowledge of the organisation. Its success has been measured, in large part, against the number and range of the Collaboration’s contributors who have had the opportunity to engage in, and contribute to, the review process. Throughout this report, we refer to the Collaboration in possessive terms: it is ‘ours’ and ‘we’ belong to it.

Through a series of face-to-face meetings at their headquarters outside London, UK, and regular teleconferences, Philippa Hardman and Chris Nichols, joint leads of the strategy engagement practice at Ashridge Consulting, have guided the Team through the stages of the Review.

How did we conceptualise the Collaboration in the Strategic Review?

The Collaboration’s mission is “*to help people make well-informed decisions about health care by preparing, maintaining and promoting the accessibility of systematic reviews of the effects of healthcare interventions*”.² In order to achieve this mission we produce “the Cochrane Database of Systematic Reviews, which is published within *The Cochrane Library* (www.thecochranelibrary.com), which is published quarterly online and is available to those with national, institutional or individual licences. In parallel to this tangible product, however, we are an organisation of over 22,000 people spread across more than 100 countries worldwide who consider themselves to be members of, or contributors to, The Cochrane Collaboration. Through their affiliation with the Collaboration, they are the human capital by which our mission is achieved: by preparing and updating Cochrane systematic reviews (CSRs), running training programmes, advocating for evidence-based decision-making in health, developing systematic review methodology, and so on. The majority of contributors are not employed by the Collaboration, but often have multiple responsibilities to the Collaboration and to their academic or medical institutions, and funders.

This reality often means the Collaboration’s boundaries are blurred: it is not defined by walls or location; it is not a place but an association, a collaboration of people working in their own environment with the aim of achieving identified common goals. Our understanding of the Collaboration was informed by James Taylor’s work on ‘The Emergent Organization’: “*organization has in and of itself no materiality. We can only know organization by forming an image of it.*”³ When we conceptualised how to conduct a strategic review of The Cochrane Collaboration, our thinking was also informed by the theory of swarm intelligence, the rare but effective organisational structure that the Collaboration unconsciously adopted. Our image is aligned with this theory, which explains the behaviour of a decentralised and self-organised system like the Collaboration as the result of interaction of individuals acting on the basis of local information rather than ‘orders from the top.’⁴ The organisation’s ‘intelligence’ is not prescribed by the few, but is created collectively by the actions, decisions and ideas of the many. For the Collaboration, acting strategically will not be creating rigid, prescriptive rules that cannot be adapted to the varied local conditions in which it operates, but in acknowledging and communicating the effective practices that already exist, and ensuring that the new ideas that materialise from routine processes and discourse are appropriately developed and implemented.

¹ *Making Strategy Work*. www.reallylearning.com.

² <http://www.cochrane.org/admin/stratplan.htm>

³ Taylor, J. R, Van Every, E. J. *The Emergent Organization*, 2000.

⁴ Miller, P. *Swarm Theory*, www.nationalgeographic.com, 1997



What was wanted, and not wanted, from the Strategic Review: a 'lens' approach

A review that attempted to assess the minutiae of our practices would have been unworkable and ineffective. Instead, a 'meta-level', holistic approach was designed to improve what we "*know*"⁵ of our organisation. By taking a step back, the Review Team could view different aspects of the Collaboration through different 'lenses' and engage in an iterative process with our stakeholders. We started dialogues that would provide a framework for discussion, not only during the process of the Review, but also in the long term by giving the organisation "*materiality*"⁶: establishing an adaptable, strategic approach for addressing the Collaboration's needs and desires, now and in the future. The Strategic Review comprised seven Dialogues engaging internal and external stakeholders – a full explanation of who joined each Dialogue is provided at the end of the report.

The Dialogues covered:

Dialogue 1: Purpose: What do we do? What do we want to do?

Dialogue 2: Brand and glue (external and internal coherence): What is our 'offer', our 'brand'? What's the glue that holds the Collaboration together? What is our value?

Dialogue 3: Competition (external environment): Who else is doing systematic reviews? What is their brand space?

Dialogue 4: Financial viability: What do funders and potential partners understand that we do? How do we get more value out of what we already do/could do?

Dialogue 5: Accountability and decision-making: What are the responsibilities and decision-making spans of named positions? What are the rights and responsibilities of 'members'? How do we measure and manage performance?

Dialogue 6: Structures and processes: Do they match up with our purpose? How good is our governance?

Dialogue 7: Communication, advocacy and engagement with external stakeholders: How can we better link with external groups?

A Strategic Review website was created to provide public updates (www.cochrane.org/ccsg/review) and continues to generate hundreds of visits per month. The Review Team was a very visible presence at the Freiburg Colloquium in October 2008 (possibly because of our lime green t-shirts!), both at the 'Review Booth' at the main venue and at the various meetings held during the week, including the Annual General Meeting (AGM). We knew we were using the right approach when several participants said that it was the best AGM ever! The Collaboration's stakeholders have been asked to complete surveys, have been challenged on their views of controversial topics, and have been included as 'faces of the Collaboration' by adding their face to a photo mosaic of Archie Cochrane, the inspiration for The Cochrane Collaboration (see the cover of this report). There has been a continuous effort to construct the Strategic Review through an iterative and reflective conversation with The Cochrane Collaboration as a whole, and by measuring its success against this aim. This is *your* review.

⁵ Taylor, J. R, Van Every, E. J. *The Emergent Organization*, 2000

⁶ Taylor, J. R, Van Every, E. J. *The Emergent Organization*, 2000



Dialogue 1: Purpose

Summary of Dialogue 1 Recommendations

The Cochrane Collaboration should:

1. Reaffirm our primary purpose to be the production of systematic reviews
2. Formalise additional purposes including training, methods development and advocacy for evidence-based decision-making and identify responsibilities of entities for these purposes
3. Identify principles for developing new products or lines of activity
4. Invest in a development function for new products or lines of activities
5. Investigate the development of a broad-based educational program ('*Cochrane Education*')
6. Investigate the development of a responsive review program ('*Cochrane Response*')

What We Wanted to Know:

The first Dialogue in this Strategic Review was to set the stage and ensure we had the correct contextual understanding of what The Cochrane Collaboration was about as we worked through the rest of the Dialogues. We asked questions about: The Cochrane Collaboration's 'purpose in the world'; how we have heard others describe The Cochrane Collaboration's purpose; who else pursues a similar purpose; admirable aspects about our purpose; imagining a world without The Cochrane Collaboration and what would be lost if The Cochrane Collaboration ceased to exist now; the uniqueness of The Cochrane Collaboration; and what may impact on our purpose over the next ten years.

What We Heard (see Dialogue 1 Summary

<http://ccreview.wikispaces.com/Final+Report+and+Background+Documents>):

"The
audacity
of it!"

There was strong consensus by both internal and external stakeholders that the primary purpose of the Collaboration is to undertake systematic reviews of the effects of healthcare interventions. One interviewee said the reviews that The Cochrane Collaboration produces have "*changed the way that clinicians, policy-makers, and consumers think about their work and their decisions in health care*". Another respondent commented that "*The Cochrane Library is our extraordinary gift to society*". Respondents from lower and middle income countries highlighted the enormous benefits of The Cochrane Collaboration to inform evidence-based decision-making (EBDM) and promote appropriate, effective and efficient health care in resource-poor settings.

There was also recognition of the Collaboration's broader contribution to the promotion of EBDM in health care through a range of complementary activities and our impact globally. Respondents identified a number of additional activities that contribute to this global impact, including:

- Training for review authors;
- Training for review users;
- Development of systematic review methods;
- Advocating evidence-based health care; and
- Developing knowledge tools and knowledge services.



One external stakeholder noted that the Collaboration had been "*culturally transformative within their jurisdiction*". A number of respondents identified emergent opportunities for the Collaboration that could enhance its visibility and purpose and/or provide new revenue sources. Several funders commented on the lack of mechanisms within the Collaboration to undertake responsive funded reviews.

Reflections on What We Heard

Since the primary purpose(s) of an organisation should be reflected in their structures and processes, it is important for the Collaboration to reaffirm its primary purposes. In addition, the Collaboration should consider whether to expand its purpose formally to include the additional identified activities. In making this decision, the Collaboration needs to consider the benefits of doing so (increasing visibility of the Collaboration, attractiveness to funders) and potential harms/unanticipated consequences (mission drift, distraction from review production). In the view of the Review Team, the potential benefits probably outweigh the harms. If the Collaboration formally recognised the importance of these additional activities, it would need to clarify the structures and processes needed and the accountability of entities within the Collaboration for these. **We recommend that the Collaboration should reaffirm our primary purpose to be the production of systematic reviews and formalise additional purposes including training, methods development and advocacy for EBDM and identify responsibilities of entities for these purposes.**

Given the emergent nature of the Collaboration and new external opportunities, The Cochrane Collaboration has the opportunity to develop new products or lines of activity. However, it is currently unclear what decision-making framework and processes guide decisions about new product development. Frequently it appears that individual members of the Collaboration drive such developments, without certainty that such products address the purposes of the Collaboration and with potential unanticipated consequences if they distract individuals or entities within the Collaboration. It is also unclear how the Collaboration supports the development of new products to ensure their likely success. **We recommend that the Collaboration should identify principles for developing new products or lines of activity and invest in a development function for new products or lines of activity.**

Respondents identified several current opportunities for new products or lines of activity. **We recommend the Collaboration should investigate the development of:**

- **a broad based educational program** ('*Cochrane Education*') particularly focussing on dissemination and use of CSRs to various stakeholders; this could become income generating if it could capture even a small percentage of the professional educational activities in healthcare systems globally.
- **a rapid response review program** ('*Cochrane Response*') - this could enhance the visibility of the Collaboration globally, especially to policy-makers and funders, and could be income generating or income neutral.



Dialogue 2: Brand and Glue (External and Internal Coherence)

Summary of Dialogue 2 Recommendations

The Cochrane Collaboration should:

7. Develop a Marketing and Communications Strategy to promote external and internal awareness of the value arguments for and achievements of The Cochrane Collaboration
8. Establish formal membership for its contributors
9. Improve the usability of *The Cochrane Library* and other products by diverse stakeholders

What We Wanted to Know:

In this Dialogue, we asked questions to get at the heart of The Cochrane Collaboration: why are people loyal to this organisation? What is our 'brand' and what is the 'glue' that holds us together? To understand 'brand', we asked: What do you see when you look at The Cochrane Collaboration (what is our public face)? What do you get from The Cochrane Collaboration - the benefits and/or our outcomes? What lies at the heart of The Cochrane Collaboration? What values do you ascribe to it? To get a clearer picture of the 'glue', what do you think is the glue that holds The Cochrane Collaboration together? Why do you devote your time to The Cochrane Collaboration? What keeps you engaged with the Collaboration? What is most affirming about The Cochrane Collaboration's identity? Lastly, to understand any potential issues better regarding both brand and glue for the future, we questioned people about: What is the one thing you think The Cochrane Collaboration could do to improve our brand and glue? Are there any 'threats' to the Collaboration that we should be aware of?

What We Heard (see Dialogue 2 Summary

<http://ccreview.wikispaces.com/Final+Report+and+Background+Documents>):

"Denim,
t-shirts, beards,
back packs,
enthusiasm,
focus and
purpose."

The Cochrane Collaboration is a unique organisation that reflects our values, our financing, and our socio-cultural make-up. It is not a concrete organisation but is defined by our contributors, our ideals and our purpose. What has emerged from the consultations around this Dialogue is that while the Collaboration collects, produces and publishes systematic reviews and other related products, this process was not an end in itself: the Collaboration is regarded as a major initiative by which health care and health outcomes can be improved. The Cochrane Collaboration is as much an idea and philosophy as it is a tangible entity; in the words of a funder, "*The Cochrane Collaboration is culturally transformative*". People outside of the Collaboration have limited awareness of these qualities of The Cochrane Collaboration.

Our brand was generally seen positively in the internal and external environments, though the breadth of our activities and membership was not fully understood. CSRs are considered the "gold-standard" of systematic reviews, and The Cochrane Collaboration was widely understood to be independent – a unique aspect compared to other systematic review producers. When asked about the 'glue', members thought that it was the ethos of goodwill, of sharing versus competing, of inclusiveness and of being ethical that holds this diverse group together. Respondents recognised that the ten principles of The Cochrane Collaboration represented shared



values across the Collaboration. In fact, one person commented that they “... believe in the aims and objectives of *The Cochrane Collaboration* and appreciate the honesty, independence and altruism with which the people in *The Cochrane Collaboration* approach their work”.

Despite the fact that we see ourselves as very welcoming of all-comers, there was still an external perception of the Collaboration being exclusive. As well, people are not always aware that *The Cochrane Library* is a product of The Cochrane Collaboration. The Cochrane Collaboration and *The Cochrane Library* are not known in all places where they can have a positive impact. As one funder put it, “more people need to know about [the] Cochrane [Collaboration] and we need to communicate it out – especially to the next generation of practitioners and researchers.” Where we are known, there was feedback that the usability of the *Library* and CSRs could be significantly improved. In fact, we heard that “other organisations are not better at (producing) the raw material than we are, but they are better at packaging the information”.

The Cochrane Collaboration does not have a clear definition of membership beyond the legal membership of each entity. There is a lot occurring in the evidence-based decision-making environment that was seen as partially the Collaboration’s work and partially other things, and the boundaries between them are sometimes blurred. This is causing confusion, both internally and externally with our partners. In terms of our product, respondents raised concern about the lack of uniform quality control for reviews that could affect our brand’s reputation.

Reflections on What We Heard

Whilst there was significant recognition of the brand of *The Cochrane Library*, there was less external recognition of The Cochrane Collaboration and its achievements. This represents a strategic threat to The Cochrane Collaboration and *The Cochrane Library* if external stakeholders fail to recognize the importance of funding the Collaboration's infrastructure and activities to facilitate production of CSRs. It also limits recognition (and marketing) of the additional purposes of The Cochrane Collaboration (see Dialogue 1). Ongoing promotion of *The Cochrane Library* by John Wiley and Sons and visible leadership of the Editor in Chief could exacerbate this. Internal stakeholders demonstrated strong commitment to The Cochrane Collaboration but found it difficult to appreciate its breadth and achievements. We fail to represent the scope and diversity of The Cochrane Collaboration and our far-reaching impact. Therefore, **we recommend that the Collaboration develop a Marketing and Communications Strategy to promote external and internal awareness of the value arguments for and achievements of The Cochrane Collaboration.**

The plan should: articulate the unique selling points of The Cochrane Collaboration, further develop internal and external communications (e.g. a redesign of ‘cochrane.org’ to be more user-friendly and engaging for external audiences), identify and provide resources for Cochrane Collaboration ambassadors. The plan should also capitalise on effective use of technology; as one respondent said: the Collaboration should “use the power of the web and technology to better connect people, especially the new, rich range of Web 2.0 tools”. The aim should be to make Cochrane activities and achievements more visible to the world. (During the Strategic Review discussions in Freiburg we attempted to model some of these ideas through the ‘face of Cochrane’ photomosaic



and translations of 'I am a face of The Cochrane Collaboration' to demonstrate diversity, with considerable enthusiasm by those present.)

The Cochrane Collaboration involves over 22,000 individuals globally. Respondents identified a variety of benefits of their involvement in the Collaboration. However, it is unclear who is formally a part of the organisation. This can be advantageous, allowing individuals to get involved on their own terms, but it also means that it is difficult to represent The Cochrane Collaboration to the outside world, and conversely, there is no official mechanism for recognising the diverse individuals who contribute to The Cochrane Collaboration in different ways. The majority of respondents (65%) supported the establishment of formal membership. They identified a number of expectations about the benefits of membership although some of these may depend on the model of membership (fee supported or unsupported). **We recommend that the Collaboration should establish formal membership for its contributors.**

Dialogue 1 recognised that the primary purpose of The Cochrane Collaboration was to facilitate the conduct of CSRs. *The Cochrane Library* is a unique resource with over 3,500 completed systematic reviews that are higher quality than non Cochrane reviews. Nevertheless, concerns were expressed about the tensions between methodological rigour and accessibility of our reviews to diverse stakeholder audiences. The long-term credibility of *The Cochrane Library* will likely be linked to both of these qualities. **We recommend that the Collaboration should improve the usability of *The Cochrane Library* and other products for diverse stakeholders.** This could entail different entry points for different stakeholder groups, better graded entry of CSRs, and development of partnerships with other knowledge packagers focusing on specific audiences (see also Dialogue 3, Recommendation 11).



Dialogue 3: Competition (External Environment)

Summary of Dialogue 3 Recommendations

The Cochrane Collaboration should:

10. Undertake a formal environmental scan every two to three years
11. Develop a partnership strategy to engage other systematic review producers and knowledge packagers

What We Wanted to Know:

In regards to competition, we asked the following questions: Is there competition to The Cochrane Collaboration at all, and if so, who and what do we compete for, in what 'market'? Is The Cochrane Collaboration so unique that there is no-one else doing what we do, or acting as a threat to what we do? Who are The Cochrane Collaboration's main competitors and how do we compare with each of them? What can be foreseen in the competitive environment? Which competitor would you draw The Cochrane Collaboration's attention to and why? We then examined questions about the identified competitors such as: What makes them a competitor? To what degree is The Cochrane Collaboration 'fighting for the same space' (for instance in activities, geographies, share of funding pies or 'share of mind' of key stakeholders)? What are the unique selling points (USPs) of each major competitor?

What We Heard (Dialogue 3: Competitor Analysis; Partner and Funder SWOT

<http://ccreview.wikispaces.com/Final+Report+and+Background+Documents>):

"We have a very strong reputation that is not easily shaken and that we can count on to carry us, as long as we maintain it".

When thinking about The Cochrane Collaboration, both members and external stakeholders thought that our USPs included: our independence from commercial funding; the scale and breadth of our review coverage; our global nature; our widespread credibility as the "gold-standard" of systematic reviews; our standardized and high quality methodology; that we keep our reviews up-to-date; and our consumer involvement.

The Cochrane Collaboration competes in the market of EBDM in several ways: directly and indirectly for hearts and minds, for infrastructure dollars and for market share. As EBDM has become more prominent (and a lot of credit has been attributed to the Collaboration for fostering it) it has become a crowded and rapidly evolving marketplace.

The Cochrane Collaboration pioneered the use of internet technology for publishing, but this too has become commonplace. The Cochrane Collaboration has been very generous, not protective of position in the least. This has helped advance the common good, but at the same time this could threaten our sustainability. As one member put it: *"There is a growing demand for our work, to fuel EBDM. We do not know how others will respond to this demand, but we should make sure we are at the front of it"*.

Our potential competitors included:

1. **other systematic review producing organisations** that might compete for systematic review authors and public funding. Several respondents commented that the increasing complexity of CSRs and variability in the amount of support provided to complete them might reduce our ability to attract new



systematic review authors. One review group co-ordinator mentioned “[t]here are more and more organisations doing what we do and people tend to go where they don’t need to struggle uphill”.

In terms of competition for research funding, we heard clearly that if other organisations are more responsive to the needs and priorities of funders, they may start concentrating funds on them and away from the Collaboration. *“If [our] competitors are responsive to end-user needs in both what they produce as well as how it is delivered – we could lose market share if we are not also responsive, even if our product is higher quality”*. Also, some of our competition is a result of the fact that people involved in The Cochrane Collaboration wear multiple hats and the boundary between what is Cochrane and what is not becomes blurred at times. Many of these organisations did not see themselves as ‘competitors’ to the Collaboration, and identified mutual benefits of the currently informal linkages with it. One organisation highlighted the lack of formal mechanisms for engaging with the Collaboration.

2. **other knowledge packagers/continuing professional education providers** that compete with *The Cochrane Library* for market share of EBDM products. They legally use CSRs within their products which they sell for a profit for their organisation. Beyond a citation, The Cochrane Collaboration may gain little from them in terms of value (both non financial and financial).

Reflections on What We Heard

In rapidly evolving marketplaces, it is important for organisations to understand their strengths and weaknesses compared to their competitors, to continue to ensure relevance in the marketplace and to identify new opportunities. Over the last 16 years, there has been a dramatic increase in the number of producers of systematic reviews and knowledge packagers who use systematic reviews in their products. The Cochrane Collaboration needs to understand its position in relation to these groups and to analyse the ‘marketplace’ and external environment periodically to respond to emerging issues including potential competitors and partners. This information should be used to inform the strategic development of new lines of activity (see Dialogue 1). In fact, our recommendation 6 “to investigate the development of a responsive review function” arose directly from discussions with funders that highlighted our lack of visibility in the responsive review marketplace and impacted on our visibility (and to some extent our credibility). **We recommend that the Collaboration should undertake a formal environmental scan every two to three years.** This could potentially be done in partnership with our publisher.

At present, many review producers interact with The Cochrane Collaboration and many knowledge packagers use CSRs in their products. The Cochrane Collaboration does not have a formal policy about establishing partnerships with them. As a result, the Collaboration does not maximize the benefits from these relationships. In fact, the business case for The Cochrane Collaboration and *The Cochrane Library* may be undermined by knowledge packagers using CSRs without due recognition. **We recommend that the Collaboration should develop a formal partnership strategy to engage other systematic review producers and knowledge packagers.** Such partnerships may allow for increased visibility for The Cochrane Collaboration, shared product development, and synergistic use of ‘Cochrane Inside’ branding.



Dialogue 4: Financial viability

Summary of Dialogue 4 Recommendations

The Cochrane Collaboration should:

12. Acknowledge the reality of our current infrastructure funding model and work to maintain it
13. Explore and pursue new funding opportunities
14. Use uncommitted income strategically to develop new products/lines of activity

What We Wanted to Know:

To understand the financial viability of The Cochrane Collaboration better, we asked the following questions: What do funders get from The Cochrane Collaboration? Through what mechanisms is the Collaboration funded? What criteria do funders use for assessing our performance? Are there any direct competitors to The Cochrane Collaboration for these funding mechanisms? If yes, who are they and how do they compare to the Collaboration? How secure is our current funding mechanism for us? Are there additional funding mechanisms available? What could The Cochrane Collaboration do that would make funders feel they are getting more value for money than currently? What trends are there in research funding that need to be on our radar? What issues around financial wellbeing are important to know?

We also investigated: How does The Cochrane Collaboration 'work' financially end-to-end? How do major competitors work financially? How does The Cochrane Collaboration's financial model support our competitive position? How does this model get in the way of The Cochrane Collaboration being better funded? What alternative financial models exist?

What We Heard (Dialogue 4: Review of Financial Viability; Partner and Funder SWOT Analysis

<http://ccreview.wikispaces.com/Final+Report+and+Background+Documents>):

"Everyone connects with Cochrane".

Funders share an interest in ensuring good value for their investment and their support has been growing. Total income for The Cochrane Collaboration has increased from around £8 million in the financial year 2002-2003 to £12.7 million in 2007-2008, an increase of 59%. Income from public funding (other than publishing income) rose for the same period from around £7.6 million to £11.5 million, an increase of 51%. The main sources of income are: National and transnational government funding, typically from health and related ministries (79%); national and international charitable body funding (6%); sale of products (including *The Cochrane Library*, derivatives, books, etc.) (6%). The Cochrane Collaboration, by using a volunteer model with paid staff to support and facilitate the process, leverages this £11.5 million income to produce outputs that would otherwise cost perhaps more than £110 million, an enormous saving to health service providers worldwide.

Funders were interested in maximising the benefits of CSRs by: ensuring relevance to decision-makers; ensuring accessibility of Cochrane products; and maintaining productivity. In addition, most funders recognised the value of the additional purposes of the Collaboration such as training, capacity building, promoting better use of evidence in decisions about health care, and raising global healthcare standards. One funder commented that "*The Cochrane Library is a 'living archive' and great value for money*".



There are other pressures on infrastructure funding sustainability. People (decision-makers) and politics change and we have been fortunate that we continue to be recognized around the world as an important organisation to support. We are grateful for the level of support we receive and for the near future, funders told us that existing funding is stable. There are new ‘competitors’ in the marketplace doing similar things that may become more attractive to funders. One funder told us that we *“need to demonstrate our impact more and show funders how they have benefitted – prove value, put in indicators and show the advantages to supporting Cochrane”*.

Our publishing revenues are a very important long-term asset, would be difficult to replace and are completely deployable by The Cochrane Collaboration. As Open Access Publishing (OAP) becomes increasingly the norm, it could create a challenge to maintaining our publishing revenues, especially if OAP becomes a requirement of funding.

When we look at the financial structure of our ‘competitors’, we see they have a range of different revenue streams. They, too, have some reliance on government grants, but they also diversify their approach and sources to include funds from charitable foundations or income from selling derivative products.

Reflections on What We Heard

The Cochrane Collaboration is funded by a variety of public funds and publishing revenue in different jurisdictions. This funding model has not substantially changed over the last 16 years and has proved remarkably robust, providing infrastructure support for the Collaboration. We noted that the Collaboration has managed to increase its funding from public and publishing sources over the last five years. However, the increased workload associated with the success of The Cochrane Collaboration will likely require additional resources.

At present the majority of public funding comes through a small number of key funders; during discussions with these funders, it was clear that they remain committed to The Cochrane Collaboration. It is important for the Collaboration to maintain international confidence with our key funders. **We recommend that the Collaboration should acknowledge the reality of our current infrastructure funding model and work to maintain it.** It is essential that we focus on addressing the requirements of these funders to ensure long-term financial stability.

From our discussions with current key funders, there appeared to be limited opportunities to increase infrastructure funding from them significantly. As a result, The Cochrane Collaboration needs to pursue new funding opportunities to increase the overall funding available. **We recommend that The Cochrane Collaboration should explore and pursue new funding opportunities.** This should be seen as a shared responsibility between the CCSG, Secretariat and local entities.



We identified a number of possible of new revenues including:

- a. ***Increasing operating funding from public sources*** – In general, The Cochrane Collaboration has received public funding for its infrastructure. One funder highlighted the failure of Cochrane entities to seek additional operating grants through open competitions.
- b. ***Increasing the number of jurisdictions funding Cochrane activities*** – The majority (>70%) of Cochrane entities are based in and funded by three jurisdictions. One current funder commented that increasing the number of jurisdictions funding the Collaboration's activities would help reinforce the arguments for funding those activities in that jurisdiction, as well as potentially affect an increase in global funding. There could be a number of types of funding – for example, funding for undertaking Cochrane reviews, funding for satellite/node entities, funding for training and knowledge translation activities. A broader articulation of the value argument for The Cochrane Collaboration and communication of its benefits would support this (see Dialogue 2).
- c. ***Exploring global public and private funders*** - We should explore possibilities for global funding sources especially to develop capacity and products relevant to global health priorities.
- d. ***Developing income generating products*** (see Dialogue 1) - The Cochrane Collaboration has received significant revenues through our relationship with our publisher. In general these have been used for centralised infrastructure that supports the Collaboration globally (for example, the Information Management System, the establishment of the Editor in Chief office). There has also been some discretionary funding for a number of projects and activities. Some concerns were expressed that this funding had not been used strategically to enhance the financial viability of The Cochrane Collaboration. **We recommend that the Collaboration should use uncommitted income strategically to develop new products/lines of activity.** A key consideration in future use of discretionary funds should relate to the likelihood that projects will directly support the primary purpose of the Collaboration and its financial viability.



Dialogue 5: Leadership, Accountability and Decision-making

Summary of Dialogue 5 Recommendations

The Cochrane Collaboration should:

15. Clarify the roles and responsibilities of its scientific/professional, managerial and editorial leadership
16. Develop and implement formal succession planning mechanism for entity leadership
17. Develop and implement performance appraisal mechanisms for entity leaders
18. Enhance accountability mechanisms of entities to ensure core functions are met and Collaboration policies are implemented
19. Develop and implement policy for minimal competencies for review author teams
20. Develop and implement central decision-making processes that clearly identify communication, implementation and monitoring plans

What We Wanted to Know:

In trying to understand accountability in The Cochrane Collaboration better, we asked: Are the essential attributes for our leaders clearly identified? Do the appointment processes for leadership positions ensure that the right people are appointed? Should The Cochrane Collaboration appraise entity leaders and consider introducing fixed length but renewable terms of office? Is it clear to whom your entity is accountable and do you feel it is adequately held accountable? Does your entity have a regular performance assessment? At the author level, should there be an expectation of minimal level of content, methodological and linguistic expertise? Do you consider yourself a 'member' of The Cochrane Collaboration? What are the benefits of participating in The Cochrane Collaboration? Would it be of interest if The Cochrane Collaboration introduced formal membership and if so why?

We asked many questions about decision-making at various levels in The Cochrane Collaboration. We wanted to know how well decision-making was done both within Cochrane entities themselves and at the governing level. For both levels, our questions focused on: Are the underlying principles and values on which to base decisions clear, how transparent is the process and how inclusive is it? How adequately are decisions communicated to the relevant people? Once made, how well are decisions implemented? How important is 'enabling wide participation' in making decisions that help fulfil the purposes of The Cochrane Collaboration and how seriously does The Cochrane Collaboration take this? What are the positive aspects of the processes of decision-making when they work really well, and conversely really poorly, in The Cochrane Collaboration?

What We Heard (Dialogue 5 and 6 Interview Summary; Entity Leads Survey results; Members' Survey results <http://ccreview.wikispaces.com/Final+Report+and+Background+Documents>):

"People find it daunting, not knowing who to talk to about what"

Leadership: The roles and responsibilities of governing (the Co-Chairs of the CCSG) and executive leadership (Chief Executive Officer) appeared unclear, especially relating to external representation of The Cochrane Collaboration. A partner with an international health organisation commented that *"the lines of communication are not clear: who does one talk to if there is an issue to discuss?"* Internally, one person commented that *"part*



of the problem is that we still haven't sorted out organisation leadership (i.e. chairing meetings, managing staff, implementing policy) from scientific leadership (advocacy, promotion, setting direction)". Less than half of respondents thought that the essential attributes of entity leaders, CCSG members and Co-Chairs were clearly identified or that the current processes led to the appointment of leaders with essential attributes. One survey respondent commented that *"the skills needed for the positions should be defined and should be appropriate for the respective remits of the different groups"*. Respondents also identified problems with succession planning for leadership; 62% of respondents said that their entity did not have a plan for leadership succession, and 84% felt that the Collaboration did not manage leadership succession well. One respondent thought the Collaboration could improve its management of leadership succession by *"developing guidelines for leadership succession for each entity within The Cochrane Collaboration"*. Another had some specific ideas of how to do this, suggesting *"an explicit process for grooming leaders from existing group membership"*.

Accountability: The majority of respondents argued for greater accountability of the entities and leadership in The Cochrane Collaboration. One respondent commented, *"It's bizarre that the Collaboration does not hold its entity leaders to account – this has led to unacceptable variation in the outputs of different groups"*. To try to improve accountability, there was overwhelming support for a performance assessment system for entity leaders as well as a renewable fixed term of office for leaders so that their continuation in the role can be reassessed and succession planning built into this process. However, one respondent noted that any changes would need to be accompanied by the development of a culture of accountability within the Collaboration. *"There's a tendency to excuse under-performance because people are 'volunteers'. Unless this can be changed, having formal appraisal mechanisms or fixed appointments won't change much"*. Other respondents cautioned about an overly bureaucratic or heavy-handed approach. *"The only problem is that most people, also leaders within The Cochrane Collaboration, are 'volunteers' without specific funding for their Cochrane activities. Therefore, we should be happy with anyone willing to invest time and energy on Cochrane activities. However, there should be some type of quality control"*. One entity leader responded that, *"I do think that the Collaboration should have the power to challenge a person's appointment if that person is not providing leadership appropriately or effectively"*; however, *"it could be that the leader isn't getting enough support and simply needs mentoring to improve their knowledge/skill base"*.

Respondents also felt that accountability measures of entities to the Collaboration as a whole could be improved. They were concerned about how to deal with under-performance relating to core activities and thought that variability of performance reflected poorly on the whole Collaboration. Respondents thought that the current monitoring system lacks real 'teeth'. One respondent commented, *"We are 'accountable' through the monitoring process, but I am not convinced that this is effective. To be frank, we rarely bother reading the report that comes back as it rarely says anything that is useful"*. Another respondent noted, *"It is unclear on what our performance is being assessed, therefore we do not know how to meet our performance targets - so we just get on with doing what we think is a good job and doing it as it should be done"*. It is also clear that there are issues for the Cochrane entities stemming from the financial models of The Cochrane Collaboration and the tensions between accountabilities to funders versus accountability to the Collaboration. As a partner



said to us, *“We need to square the circle of maintaining enthusiasm, freedom and flexibility with the realities of a business plan and responsiveness to clients”*.

The majority of respondents to both the entity leaders' and members' surveys agreed that the Collaboration should develop a policy identifying minimal content, methodological and linguistic competencies for review authors/teams. However, respondents also suggested that the Collaboration needed to explore mechanisms to support review authors/teams that may need assistance with these competencies. A respondent to the members' survey argued that, *“We need to reinforce the training process instead of limiting access to working on systematic reviews ... Cochrane should provide more assistance on this in order to avoid the language bias or barriers instead of limiting the production of SRs because of language skill of the potential authors”*.

Decision-making: For Collaboration-wide policy-making, the majority of respondents thought that the underlying principles and values were clear (69%) and that the process was reasonably transparent (55%) and inclusive (50%). However, fewer respondents felt that decisions were adequately communicated to relevant people (44%), had clear implementation plans (30%) or clear accountability expectations (31%). During the interviews, respondents identified a number of decision-making processes that they thought had gone well (for example, the establishment of the Editor in Chief position) and the key characteristics of these processes including: consulting with the *right* people; communicating, communicating, communicating; identifying future implications and planning ahead to provide support; ensuring quieter voices are heard; and ensuring all perspectives on an issue are understood. Interviewees also identified cases where they did not necessarily agree with a decision but were prepared to accept it because the process was done well (for example, changing our publisher).

There was some scepticism that The Cochrane Collaboration was good at making the hard decisions. Perhaps this was a reflection on our current size; as one member said, *“[w]ith the size we are now, democracy slows down important decisions that should be made in a business like fashion”*.

Respondents were cautious when asked to make recommendations for improvement on both of these issues. They felt that all of the above needs to be thought through carefully, with an understanding of the ethos of The Cochrane Collaboration, its volunteer nature, and the unique funding aspects that could be affected. Whatever the process, it should be carefully developed and rolled out gradually.

Reflections on What We Heard

There is a lack of externally visible leadership of the Collaboration and confusion about the responsibilities of the governing and executive leadership for this. To some extent this represents the complexity of the organisation. We identified three different high-level leadership roles needed for the Collaboration – scientific/professional leadership (Co-Chairs of the CCSG), managerial leadership (Chief Executive Officer) and editorial leadership (Editor in Chief), all of whom should be expected to represent The Cochrane Collaboration and *The Cochrane Library* externally. **We recommend that the Collaboration should clarify the roles and responsibilities of its scientific/professional, managerial and editorial leadership.**



We argue that all these leaders should be prepared to represent the Collaboration to the external world and that their roles and responsibilities should reflect this.

If The Cochrane Collaboration is to remain a vital organisation, especially given its volunteer nature, it is essential that it develops succession plans for entity leadership. **We recommend that the Collaboration should develop and implement a formal succession planning mechanism for entity leadership.**

Perceived variability of performance of entities remains a major concern for many within the Collaboration. There was a clear consensus about needing to improve the accountability of entity leaders and entities. **We recommend that the Collaboration should develop and implement performance appraisal mechanisms for entity leaders.** This could be based on a mixture of both peer appraisal (say, every two to three years) and a formal appraisal (every five years). This could be accompanied by continuing professional training and a voluntary mentorship and support process for entity leaders.

The current monitoring system of entities is widely perceived as being ineffective and in need of an overhaul. In particular there was an emphasis on developing a more pointed process that would highlight concerns about performance against core activities. **We recommend that the Collaboration should enhance accountability mechanisms of entities to ensure core functions are met and Collaboration policies are implemented.** Entities should be required to identify key outcome indicators for their entity, informed by Collaboration-wide benchmarks, and should be monitored against these key indicators annually.

In addition to ensuring the quality of Cochrane reviews, there was widespread acceptance of the need to identify minimum competencies of review author teams. **We recommend that the Collaboration should develop and implement a policy for minimal competencies for review author teams.** This should consider how to support review author teams that may need assistance to meet these competencies.

The Collaboration-wide decision-making processes appear to be reasonably understood and transparent. We recognise that the Collaboration has been working on improving communication around major decisions but our Dialogue identified the need to address more clearly the proposed methods of implementation for decisions, i.e. who in the Collaboration should be held accountable for implementation and the process of monitoring implementation (linking to the accountability issues above). **We recommend that the Collaboration should develop and implement central decision-making processes that clearly identify communication, implementation and monitoring plans.**



Dialogue 6: Structures and Processes

Summary of Dialogue 6 Recommendations

The Cochrane Collaboration should:

21. Review the membership of the CCSG and its alignment with the purposes of the Collaboration
22. Define required competencies for CCSG membership and induction and ongoing training for CCSG members
23. Review terms of reference and membership of CCSG Sub-Groups and Advisory Groups
24. Review terms of reference, and number and geographic spread of Cochrane entities to ensure efficient alignment with the purposes of the Collaboration

What We Wanted to Know:

To understand the functional structures of The Cochrane Collaboration, we asked: How central to the work of your group are the purposes of The Cochrane Collaboration? How confident are you that you can describe the purpose and roles of each group within The Cochrane Collaboration? Do the current structure(s) of the entities support its role within the Collaboration? Are there too few, too many or just enough of the different entities within The Cochrane Collaboration? Is the current structure of The Cochrane Collaboration appropriate and efficient given our purposes?

To understand the structure of The Cochrane Collaboration's governance and people's perception of it, we asked: What is the role of the CCSG? What do you see the role of the CCSG Co-Chairs to be? What are the *essential* and the *desired* attributes for the job description of the CCSG Co-Chairs? Of either representative, mixed model, or fit-for-purpose models of governing groups, which do you think is the most appropriate for the CCSG and for its Sub- and Advisory Groups?

To create a clear picture of the processes within The Cochrane Collaboration we investigated questions like: What are the key processes of your entity's role? What are some of the things that get in the way of this working really well? What do you think your entity could do differently in order to improve the function of The Cochrane Collaboration? Do the appointment processes for leadership positions ensure that leaders with essential attributes are appointed? How well does The Cochrane Collaboration manage leadership succession? How important is 'enabling wide participation' for fulfilling our purposes? Does The Cochrane Collaboration take this principle seriously and do enough to enable this better? What do you believe should be the 'simple rules' of The Cochrane Collaboration?

What We Heard (Dialogue 5 and 6 Interview Summary; Entity Leads Survey results; Members' Survey results <http://ccreview.wikispaces.com/Final+Report+and+Background+Documents>):

"Think carefully about forming new, permanent groups of all types"

Structures:

Governance Structures: Leadership of The Cochrane Collaboration comes from the CCSG and its Co-Chairs. There was a general appreciation for the hard work done by the CCSG and the Co-Chairs. Co-Chairs are currently selected from and elected by the CCSG. Co-Chairs are expected *"to have leadership skills and to be fully consultative, to have vision, to be adept at dealing with people, to be able to solve problems and resolve conflicts"*



effectively, to communicate well, and to have the self-confidence to represent The Cochrane Collaboration in a variety of different settings” (from The Cochrane Policy Manual). A recent proposal would allow anyone from an entity leadership position within the Collaboration to stand for Co-Chair. This proposal was generally thought to be a good one; most felt this would improve decision-making at the CCSG level by widening the pool of potential candidates for this position. According to the Cochrane Policy Manual, the CCSG comprises individuals elected to represent a type of Cochrane entity or a type of role and there are no specific qualifications for being a member of the CCSG “other than being an active member of the relevant constituency”. We were unable to find a written statement about the justification for the composition of the CCSG. 38% of respondents supported the CCSG composition to be based on a representative model, whereas 33% suggested it should be a mixed representative/fit for purpose model. Respondents also raised issues about training and support for CCSG members. An interviewee stated that, “if you only have representatives, you might not have the right skills. It is a matter of having both and ensuring good induction and training”. The CCSG also receives support and advice from three sub-groups, several advisory groups, a number of working groups, the Funding Arbiters, Publication Arbiters and Ombudsmen. These groups are poorly understood and concerns were expressed about the productivity and ongoing relevance of some of them.. The majority of respondents thought that such groups should be fit for purpose.

Functional structures: The Secretariat (a functional group) exists to support the work of the CCSG by providing relevant information and support and ensuring that decisions made are implemented, in close conjunction with the Co-Chairs. In general, the roles and responsibilities of the Secretariat were fairly well understood.

There are currently 52 Cochrane Review Groups (CRGs); 13 Methods Groups; 15 Fields/Networks including the Consumer Network; 13 Centres, with 13 associated Branches. In general, the roles and responsibilities of CRGs, Methods Groups, and Centres are fairly well understood, and the processes and accountabilities **within** these entities are working well. The scope of CRGs varies considerably; for example, there is more than a tenfold variation in the number of trials in specialist registers across them. Whilst Review Groups cover all areas of health care, the rationale for CRG scopes was not always clear and at times confusing. One respondent commented, *“The groups are largely based on people’s research interests, rather than being based on a logical/planned division of scope, which must make it confusing for people outside the organisation to understand where their topic might appear”.*

Another commented, *“There is some scope for reduction in the number of Review Groups or at least in a more rational approach to the remit of these Groups”.* However, other respondents were cautious about changing current structures: *“Structure is a function of purpose, context, resources, etc. The one we have reflects our overall context. Whilst it probably isn’t perfect, changing it would have to be a very balanced exercise”.* Respondents also commented on the geographical coverage of Centres: *“We definitely need more Centres and Branches all over the world to cover all countries to spread the idea of evidence-based health care, be able to train more people in all countries”.*

The Fields/Networks are not as well understood and there was confusion about their specific role. There seems to be quite a range of activities determined by each Field or Network, with a lack of consistency between



them and in how they work with other types of entities in the Collaboration.

It was evident that there is considerable variation in the roles and functions across all of the entity types; entities individually seem to do slightly different things or the same thing in a slightly different way. Undoubtedly, this is a result of the organic growth of the Collaboration, the differences in regional priorities and the resource disparities among the groups – and therefore this may be appropriate, to a certain degree. However, a number of respondents suggested that it was important to improve consistency of function across different entities and that there might be opportunities to streamline processes and ensure greater efficiency and optimal distribution of key responsibilities among the entities based on skills and resources. As one respondent stated, *“Perhaps streamline some of the groups ... reduce duplication”* and another: *“Reduce structural complexity by drawing functions/entities together, i.e., rationalising”*. There was also a suggestion that responsibility for some of the identified additional purposes of The Cochrane Collaboration was unclear; 64% of entity lead respondents did not think that training for review users was an important part of their role, and 52% did not think that developing knowledge tools and services was central to their work.

Processes:

The Cochrane Policy Manual has very clear guidance about the structures and processes of The Cochrane Collaboration, but it appears from the responses that many people do not know about or use the Policy Manual.

Entities had a good understanding of the processes required to complete their work. Apart from shared concerns around resource issues, the groups appear to be generally satisfied with how their processes are helping them achieve their purposes. There are ideas for ways to streamline or automate certain common processes, especially in the systematic review process and in training, given the increasing complexity of review completion.

There was an expressed need to address the tension between supporting inclusiveness (enabling wide participation) and quality issues (and the impact on resources) actively. 83% of member respondents said that The Cochrane Collaboration does better than other organisations to ensure wide participation; however, there was a discrepancy in the answers about the importance of enabling wide participation to the organisation and how seriously the Collaboration takes it. 88% thought it was important, while only 69% thought the Collaboration took it seriously. As one respondent said, *“CRGs need to be better resourced to allow them to support a wider range of authors”*.

Reflections on What We Heard

Respondents supported a representative model for the CCSG. The CCSG appears to have evolved over time and the number of each type of representative appears somewhat arbitrary. For example, it was not clear what type of Cochrane entity or type of role the CRG representatives 'at large' represented or the justification for there to be four Centre representatives on the Steering Group. The optimal number of CCSG members was also not clear. We believe that this needs review and adjustment to align with the purposes of the Collaboration. **We recommend that the Collaboration should review the membership of the CCSG and its alignment with purposes of the Collaboration.**



We were surprised that the Collaboration had no expectations about the attributes and qualifications of CCSG members, and this was also reflected in concerns about ensuring the CCSG has the correct skill sets for its purpose. We also thought that the CCSG should consider whether its current induction and ongoing training provided sufficient support for CCSG members. **We recommend that the Collaboration should define required competencies for CCSG membership and induction and ongoing training for CCSG members.**

The Cochrane Collaboration is driven by volunteer effort, and so it is very important to make sure we are using the time of our volunteers wisely. We must ensure we direct our energies where they are best used, and not misdirect them to activities that serve little purpose. In order to ensure that all CCSG Working Groups continue to be relevant and make good use of group members' time and effort now and going forward, **we recommend that the Collaboration should review the terms of reference and membership of CCSG Sub- and Advisory Groups.** This should be done periodically and terms of reference should include a plan for disbanding them when the respective outcomes and aims of each group have been achieved.

The Collaboration now has 106 entities in total, but we heard that people felt there was opportunity to step back and examine the structure, and distribution of Cochrane entities throughout the world. **We recommend that the Collaboration should review the terms of reference, and number and geographic spread of Cochrane entities to ensure efficient alignment with the purposes of the Collaboration.** This review should consider: the entities and their contributions to the purposes of the Collaboration (for example, if the Collaboration adopts advocating for evidence-based health care as a purpose, which entities should take the lead on and be responsible for this?); efficiencies that could be achieved; and opportunities that could be capitalised on in different regions if the presence and profile of the Collaboration were raised there. It should ensure any functional gaps are addressed and that external stakeholders could more easily decipher what entity to approach with their concern or topic.

In our view, it is unlikely that we need a significant increase in the number of Review Groups (that currently cover all areas of health care – although not necessarily in a very logical way) or core intervention Methods Groups (although there might be an increase in Methods Groups focussing on special application areas of core methods or different types of research). However, it is unclear what the optimal configuration of Centres/Branches is to ensure geographic, cultural and linguistic coverage and support globally. It seems likely that The Cochrane Collaboration needs to explore expanding the number of Centres/Branches especially outside highly developed countries if it truly wants to be a global organisation. Likewise, it is unclear what sort and how many Fields/Networks are needed; current Fields seem to represent specific patient populations, healthcare sectors and/or professional groups. Every time a new entity is created it adds to organisational complexity and the communication challenges and transaction costs for the Collaboration and its other entities. It is therefore important for the Collaboration to consider the strategic principles that should guide the establishment of new entities (especially Centres and Fields/Networks).



Dialogue 7: Communication, advocacy and engagement with external stakeholders

Summary of Dialogue 7 Recommendations

The Cochrane Collaboration should:

25. Establish an External Advisory Board

What We Wanted to Know:

What sort of involvement or input should there be of external stakeholders into the governance of The Cochrane Collaboration?

What We Heard (Partner and Funder SWOT Analysis; Dialogue 5 and 6 Interview Summary; Entity Leads Survey results; Member's Survey results

<http://ccreview.wikispaces.com/Final+Report+and+Background+Documents>):

"We need to build better links to the users of Cochrane reviews"

Entity Leader interviewees unanimously said that The Cochrane Collaboration needs to consult more with key stakeholders; however, most respondents said they should not be involved in the internal governance of The Cochrane Collaboration, but rather have a formalised advisory role. As one interviewee put it, *"We need to listen to our external stakeholders in a more structured and formalised way"*. We were cautioned by most of the respondents that any external advisory group should not have decision-making authority, but should exist to advise us and to help us build relationships and improve linkages with our stakeholders to understand better how we can meet their needs and how we can work in partnership with them. One person said that, *"We need to understand where we fit in the overall picture of health research and how decisions are made"*. As one partner put it, *"Cochrane can play a leading role in the new global health reality; we need to work with our partners"*. A funder told us there is an opportunity for us to "get the policymakers in a room and ask them what they need".

Reflections on What We Heard

There are compelling reasons for the Collaboration to create an external group of key stakeholders to inform our activities and decisions; therefore, **we recommend that the Collaboration should establish an External Advisory Board**. The membership should include the various high level stakeholders including guideline developers, HTA, other knowledge packagers, global health organisations, key funders, international health professional associations, and international patient organisations.



Final Reflections from the Strategic Review Team

Recommendation

The Cochrane Collaboration should:

26. Develop an ongoing and participatory approach to strategy formation

Reflections on What We Heard

During the Review, we were struck by the commitment of respondents to the principles of the Collaboration. These appear to represent fundamental values of the members of the Collaboration. However, there are tensions inherent in the principles, for example, relating to inclusiveness and promoting quality. This was represented in the responses about establishing minimal competencies for review author teams and the need to develop appropriate training and support to enable wide participation. As The Cochrane Collaboration responds to this Strategic Review and future strategy formation activities, it is important that we reflect on new policies and initiatives through the lens of our principles.

We have identified a number of overarching themes throughout the Review that we believe the Collaboration needs to address for its future success, including:

- i. **Clarity of purpose** – We have a strong sense of purpose but need to ensure that we constantly judge our activities, decisions and future developments against these to ensure that we maintain this clarity of purpose (see Dialogues 1 and 2).
- ii. **Engagement of partners for mutual benefits** – There are many potential partners (and competitors) in the marketplace. We need to develop relationships with these external partners more effectively and explore the mutual benefits of such relationships. In addition, we need to develop to ensure that there are ongoing fora for engagement with our external stakeholders to ensure our continued relevance (see Dialogues 2 and 7).
- iii. **New resource options for supporting strategic objectives** – Whilst The Cochrane Collaboration has been remarkably successful at securing funds over the last 16 years our resource needs have also expanded with our level of activity. We need to continue to explore new resource options to support our purposes (see Dialogues 3 and 4).
- iv. **Management, accountability and effective leadership** – Perceived variations in the quality of our product and processes and failure of accountability within the Collaboration were common concerns raised throughout the review process that were considered a potential threat. The Collaboration appears ready to improve its management structures, promote and support effective leadership and enhance the accountability of entity leaders and members (see Dialogues 5 and 6).
- v. **'Strategic thinking' embedded at all levels, and at all times, in the Collaboration** – Throughout the Review, we repeatedly heard from both internal and external respondents that we need to take our strategic thinking to a new level and make it part of our culture. The CCSG has improved its strategic decision-making; however, there is less evidence of strategic thinking permeating the whole Collaboration. The external environment continues to change, and in order for us to keep pace we need to maintain our core principles



while infusing strategy into what we do at all levels to contribute to the overall success of the Collaboration. **We recommend that the Collaboration should develop an ongoing and participatory approach to strategy formation.** Engagement and communication of strategy formation processes are highly valued by our members. We commend the Strategy Sessions recently introduced at the CCSG's and Centre Directors' mid-year meetings and the development of internal structures within entity groups (for example, the Co-ordinating Editors' Executive) to ensure active engagement and participation in strategy formation. We also believe that there are greater opportunities to use the Colloquia as a mechanism for engaging with our membership on key issues.

It must also be acknowledged with some pride that another predominant message of the Review is the overwhelming and hugely positive recognition of the value of The Cochrane Collaboration, both internally and externally. We are not a self-satisfied organisation; in fact, our humility is one of the qualities people admire about us, but there is a lot of internal recognition of our achievements and value that is echoed by our external stakeholders. This is something to celebrate and recognize for the accomplishment that it is.

It is important to remember that the results of this review have come from you, contributors to The Cochrane Collaboration. We asked, you answered, we listened and we crafted what you said into recommendations of how you think we need to move forward. From here, you need to think about three things: Are we able to do it, do we know how to do it, and do we want to do it? As The Cochrane Collaboration goes forward to make the recommendations from this Review 'live', it will require all of us, in whatever role we have or whatever entity we belong to, to think about how we should implement these recommendations at our level. In his article *Swarm Theory: the Genius of Swarms*, Peter Miller said, *"When a group is being intelligent, whether it's made up of ants or attorneys, it relies on its members to do their own part. For those of us who sometimes wonder if it's really worth recycling that extra bottle to lighten our impact on the planet, the bottom line is that our actions matter, even if we don't see how"*⁷.

⁷ Miller, P. *Swarm Theory*, www.nationalgeographic.com, 1997

Who We Talked To (the methodology we used to gather information for each Dialogue)

For the consultation and information gathering for each of the seven Dialogues, the table below outlines who we talked to, what other sources we used to answer our questions, and what mode we used to gather the information. We also list the document name in which you can find the summary reports for each of these consultations – all of which are found at: <http://ccreview.wikispaces.com/Final+Report+and+Background+Document>

	Who we asked	How we consulted	Where you can find more information
General consultation about the Review and preliminary Dialogue questions	Centre Directors; Co-ordinating Editors; CCSG; attendees at the 2008 Continental European Contributors' Meeting	Jeremy presented aims of the review and plenary or small table discussions occurred.	CECM Dialogue Results Remit for the review
Dialogue 1: Purpose	27 internal stakeholders ⁸ ; 25 external partners and funders (all external interviewees were the same for Dialogues 1- 4); attendees of the Freiburg Cochrane Colloquium in October 2008	Interviews; information gathering through an interactive booth, attending nine meetings, presenting at the Annual General Meeting (AGM) and asking attendees to fill out question cards.	Dialogue 1 Summary
Dialogue 2: Brand and Glue	53 Collaboration members; 25 external partners and funders; attendees of the Freiburg Cochrane Colloquium	On-line survey; information gathering through an interactive booth, attending nine meetings, presenting at the Annual General Meeting (AGM) and asking attendees to fill out question cards.	Dialogue 2 Summary
Dialogue 3: Competition	25 external partners and funders; attendees of the Freiburg Cochrane Colloquium	Interviews; desk research	Dialogue 3: Competitor Analysis; Partner and Funder SWOT analysis
Dialogue 4: Financial Viability	Eight major funders; Secretariat	Interviews; discussions; desk research	Dialogue 4: Review of Financial Viability; Partner and Funder SWOT analysis
Dialogue 5: Accountability and Decision-making	43 Collaboration members; 83 entity leaders; 23 additional entity leaders; The Cochrane Policy Manual; minutes and reports from governing groups	2 on-line surveys; telephone interviews; desk research	Dialogue 5 and 6 Interview Summary; Dialogue 5 and 5 Entity Leads Survey results; Dialogue 5 and 6 Members' Survey results
Dialogue 6: Structures and Processes ; and Dialogue 7: Engagement with external partners	43 Collaboration members; 83 entity leaders; 23 additional entity leaders; The Cochrane Policy Manual	2 on-line surveys; telephone interviews; desk research	Dialogue 5 and 6 Interview Summary; Dialogue 5 and 6 Entity Leads Survey results; Dialogue 5 and 6 Members' Survey

⁸ Whenever we interviewed or selected internal stakeholders/members, we included members of each of: CCSG (including Co-Chairs and Advisory Groups), Secretariat, Authors, Co-ordinating Editors, Centre and Branch Directors and Staff, Review Group Co-ordinators, Trials Search Co-ordinators, Fields, Consumers, and Methods Groups. For more about who we consulted with see additional information for all Dialogues.