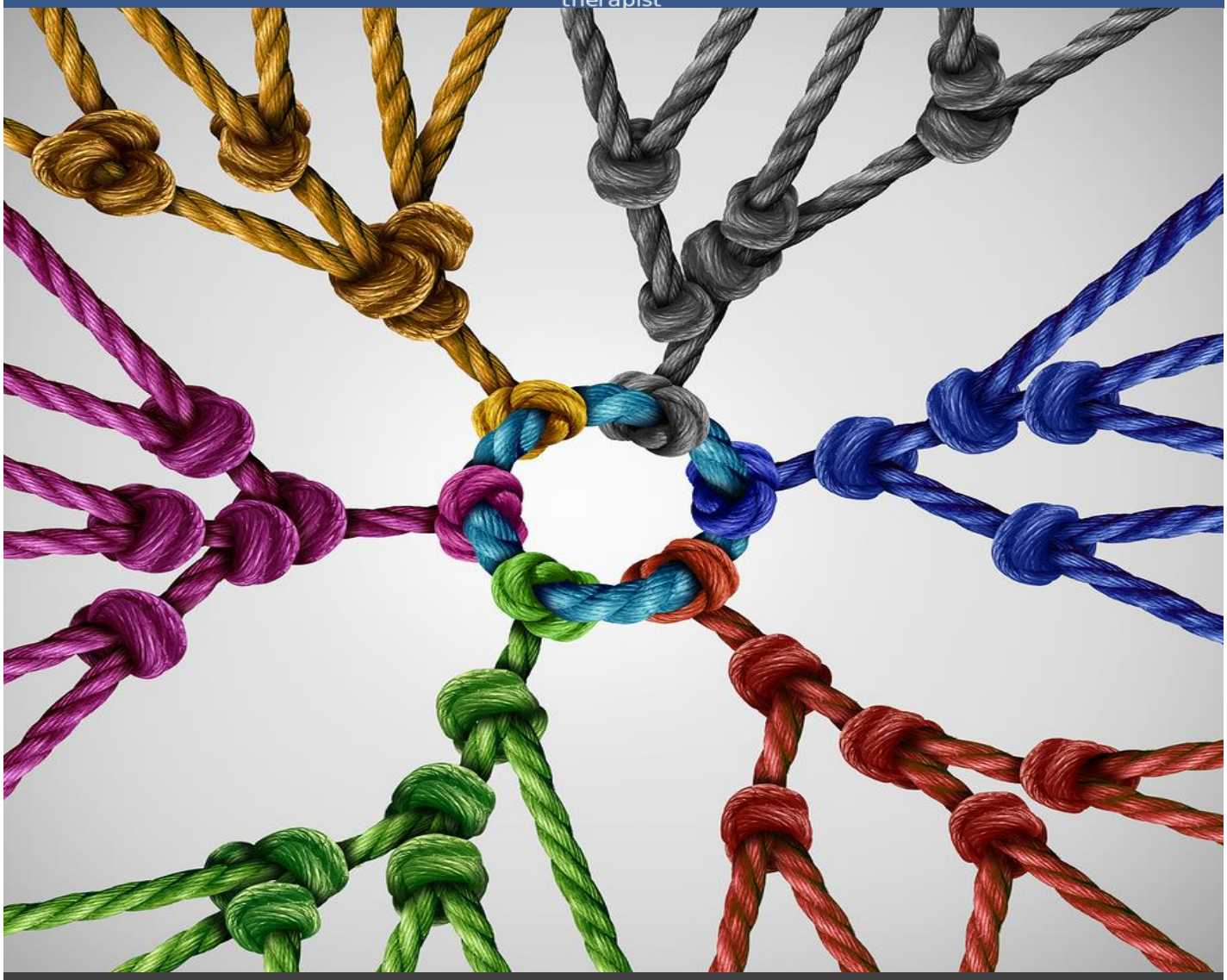


EBP NETWORK

Charter of good governance

TABLE OF CONTENTS

1. Development of this charter

The EBP Charter of Good Governance describes and explains the different roles, entities and processes in the Belgian Evidence-based Practice Network. The main aim of this document is to clarify for every stakeholder its place, role, added value and responsibilities regarding the overall functioning of the Network. This charter does not cover the financial aspects of the EBP Network, as these are already described in KCE report 291 regarding the governance of the EBP Network. This charter is based on multiple sources. As starting point, the previous reports and documents on the EBP Network were used.

List of documents

- RIZIV Insurance Committee Note CGV 2018/051 from 26 February 2018
- KCE reports 291 EBP Plan (https://www.kce.fgov.be/en/publication/report/ebp-plan)
- Governance Plan Evidence-based Practice, Cabinet Minister of Social Affairs and Public Health, September 2017
- Vision Statement 2016 - 2020, vision on the development, distribution and implementation of multidisciplinary evidence-based information for delivering high-quality health care, on behalf of the Belgian organisations active in EBM

The second, maybe most important insights and information came out of a whole range of workshops with the network members, consisting of the EBP Actors, the professional end users, patient representatives and government stakeholders. During these workshops, these stakeholder groups were asked to provide their input and views on parts of the EBP Network.

These workshops were organised:

Date	Stakeholder group	Topic
15/05/2018	EBP Actors	Strategic and operational framework
7/6/2018	EBP Actors	Strategic framework
7/6/2018	Core Partners	Strategic framework
12/6/2018	Federal Steering Board	Legal design and framework
14/6/2018	Core partners and actors	Internal processes EBP Life Cycle
14/6/2018	Core partners and actors	Feedback processes
21/6/2018	Federal Steering Board	Strategic framework
21/6/2018	Federal Steering Board	Feedback processes
27/6/2018	Federal Steering Board	Internal processes
3/7/2018	EBP Actors	Network processes
12/07/2018	Federal Steering Board	Status charter & processes
06/11/2018	Core Partner	Charter Feedback processing
16/12/2018	EBP Network	Charter feedback processing

This way, all the important parts of the organisation network were discussed with all the important stakeholders. The workshop format guided the participants through the proposed organisation design, and gathered feedback and insights to improve the initial ideas.

This EBP Network Charter of good governance is the result of the reports and papers that preceded the current phase combined with the input gathered during these workshops. Further discussions took place during several other meetings (e.g. meetings between the Network coordinator and the Core Partners and Federal Steering Group (17/10/2018 and 20/11/2018), CEBAM and CDLH: 17/01/2019, Ebpracticenet and Werkgroep Ontwikkeling Richtlijnen Eerste Lijn: 21/01/2019, Minerva: 21/01/2019, KCE: 29/01/2019). Last but not least, this document has been finalized in two iterations, each of them allowing the authors to process feedback given by all stakeholders[1]. As such, the EBP Network Charter of good governance describes a balanced and carefully designed framework that takes all stakeholders into account and enables a well-functioning network.

The following organizations were involved in the feedback process for this Charter of good governance.

Acronym/Name	**Name/description of the organization**
APB	Association Pharmaceutique Belge – Algemene Pharmaceutische Bond
ASELF	Association Scientifique et Ethique des Logopèdes Francophones
ASFC	Association francophone des Sages-Femmes Catholiques
AXXON	Beroepsvereniging voor kinesitherapeuten / Association de défense professionnelle de la kinésithérapie
BAPCOC	Belgische commissie voor de coördinatie van het antibioticabeleid – Commission Belge de coordination de la politique antibiotique
BCFI / CBIP	Belgisch Centrum voor Farmacotherapeutische Informatie – Centre Belge d'Information Pharmacothérapeutique
BVP-ABP	Belgische Vereniging der Podologen – Association Belge des Podologues
CDLH	Cebam Digital Library for Health
CEBAM	Belgisch Centrum voor Evidence-Based Medicine – Centre Belge pour l'Evidence-Based Medicine
CEBAP	Centrum voor Evidence-Based Practice - Red Cross
Domus Medica	Wetenschappelijke en belangenvereniging van Huisartsen
EBPracticenet	Centraal disseminatieportaal voor EBP in België
E.V.	Ergotherapie Vlaanderen
EVV	Expertisecentrum Valpreventie Vlaanderen
FAGG – AFMPS	Federaal Agentschap voor Geneesmiddelen – Agence Fédérale des Medicaments et des Produits de Santé
FBP	Federatie van Belgische Podologen – Fédération Belge des Podologues
FBSP	Fédération Bruxelloise de Soins Palliatifs et Continus – Brusselse Federatie voor Palliatieve en Continue Zorg
FMM	Fédération des Maisons Médicales

[1] See methodological section of this report

FPZV	Federatie Palliatieve Zorg Vlaanderen
FWSP	Fédération Wallonne des Soins Palliatifs
FNIB Bruxelles Brabant	Fédération Nationale des Infirmières de Belgique – Nationale Federatie van Belgische Verpleegkundigien
FOD VVVL – SPS SPSCAE	Federale Overheidsdienst Volksgezondheid, Veiligheid van de Voedselketen en Leefmilieu – Service Public Fédéral Santé Publique, Sécurité de la Chaine Alimentaire et Environnement
G & W	Gezondheid en Wetenschap
ICHO	Inter-universitair Centrum Huisarts Opleiding
Cabinet	Kabinet Minister van Sociale Zaken en Volksgezondheid M. De Block
LUSS	Ligue des Usagers des Services de Santé
Minerva	Belgische multidisciplinaire vereniging voor Evidence-Based Medicine
NRKP/CNPQ	Nationale Raad voor Kwaliteitspromotie – Conseil National de Promotion de la Qualité
PW&P	Platform Wetenschap en Praktijk
RIZIV – INAMI	Rijksinstituut voor Ziekte en Invaliditeitsverzekering – Institut National d'Assurance Maladie-Invalidité
SMD	Société de Médecine Dentaire
SSMG	Société Scientifique de Médecine Générale
SSPF	Société Scientifique des Pharmaciens Francophones
UKB	Union des Kinésithérapeutes de Belgique
UPLF	Union Professionnelle des Logopèdes Francophones
UPDLF	Union Professionnelle des Diététiciens de Langue Française
UPSfB	Union Professionnelle des Sages-Femmes Belges
VBOV	Vlaamse Beroepsorganisatie van Vroedvrouwen
VBVD	Vlaamse Beroepsvereniging van Diëtisten
VVT	Verbond Vlaamse Tandartsen
VPP	Vlaams Patiëntenplatform
VVL	Vlaamse Vereniging voor Logopedisten
WOREL	Werkgroep Ontwikkeling Richtlijnen Eerste Lijn
WVVK	Wetenschappelijke Vereniging voor Vlaamse Kinesitherapeuten
KCE	Federaal Kenniscentrum voor de Gezondheidszorg
AMS / Noventus	Antwerp Management School / Noventus

This charter concerns the Belgian primary healthcare field, as decided by the Minister of Public Health. A definition of **primary care** in Dutch and French is given here:

Dutch

Onder eerstelijnsgezondheidszorg verstaan we een algemene, geïntegreerde en persoonsgerichte zorg*, die voor iedereen toegankelijk is. De zorg wordt verleend door een team van professionelen, die de overgrote meerderheid van de gezondheidsproblemen aanpakken. Eerstelijnsgezondheidszorg wordt verstrekt binnen een duurzaam “partnership” met patiënten en mantelzorgers, binnen de context van het gezin en de lokale gemeenschap en speelt een centrale rol bij de coördinatie en de continuïteit van de zorg voor een bevolking.

**een algemene, geïntegreerde en persoonsgerichte zorg* = zorg die rekening houdt met de vroegere en huidige medische geschiedenis van de patiënt en waarin fysieke, psychologische, sociale, culturele en existentiële factoren worden geïntegreerd. De zorg is gebaseerd op kennis en een vertrouwensband die door herhaalde contacten tot stand zijn gekomen.*

French

Par soins de santé de première ligne, on entend des soins globaux, intégrés et axés sur la personne*, accessibles à tous, délivrés par une équipe de professionnels chargés de traiter la grande majorité des problèmes de santé. Les services de soins de première ligne s’inscrivent dans un "partenariat" durable avec les patients et les aidants informels, dans le contexte de la famille et de la communauté locale, et jouent un rôle central dans la coordination et la continuité des soins d'une population.

** soins globaux, intégrés et axés sur la personne = des soins qui englobent l’histoire médicale passée et actuelle du patient et qui intègrent les facteurs physiques, psychologiques, sociaux, culturels et existentiels, se basant sur une connaissance et une confiance tissées au fil de contacts répétés.*

2. The EBP network strategic framework

The strategic framework of the EBP Network draws the outlines and the building blocks of the organisation design. Starting with the identification of the different stakeholder groups. The mission, describing the core reason of existence of the EBP Network, is split up in the overarching mission, and a refined mission for each stakeholder group. The vision explains what the EBP Network aims for in the coming years. That vision is converted into strategic goals. The framing of the strategy is prepared for the EBP Coordinator team (explained in paragraph 5.4 EBP Network coordinator).

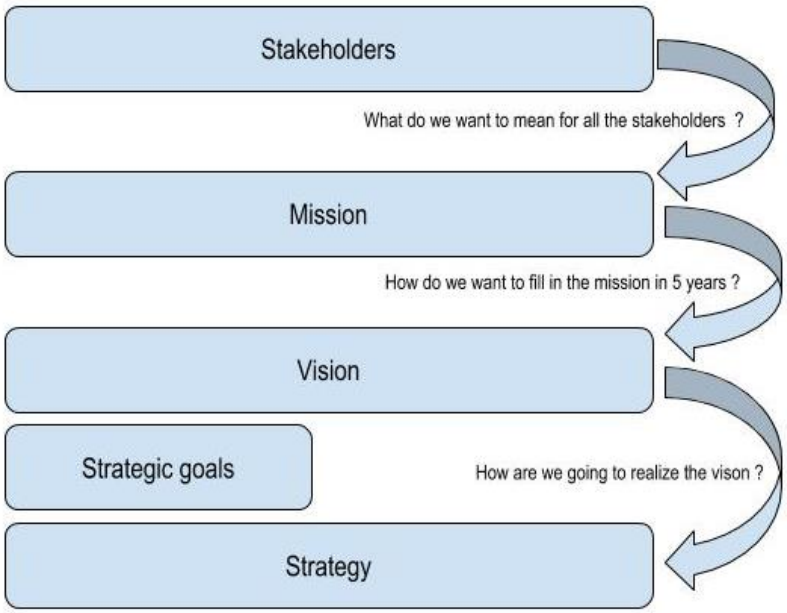


FIGURE 1: EBP NETWORK - STRATEGIC FRAMEWORK

The strategic framework forms the foundation for the internal, feedback and network processes of the EBP Network. In the following paragraphs, the strategic framework is explained in detail.

2.1. Stakeholders

Stakeholders are representatives of groups or of individuals who are affected by the EBP Network, have an interest in it and/or can potentially influence it. They are getting value or losses out of the existence of the organisation. Any group that is impacted by the existence of the organisation is a stakeholder.

For practical reasons, a certain threshold of direct impact is required to be identified as an actual stakeholder of the EBP Network. Stakeholder groups can be divided into a number of subgroups, based on the nature of involvement and the way the stakeholders are impacted by the network. **The stakeholders that are considered 'member' of the EBP Network are the ones that are actively involved in the activities of the network.**

In order to come up with an overview of the stakeholders of an organisation, groups are created to cluster stakeholders that are impacted in the same way. Some stakeholders can also be a member of more than one group at the same time, depending on the different roles they have in the network.

Based on the organisation design[2], six groups of stakeholders are identified in the EBP Network:

- The Governance entities
- The Core Partners
- The EBP Actors
- The Professional end users
- The Patient end users
- Related initiatives

These different groups are described in the following paragraphs.

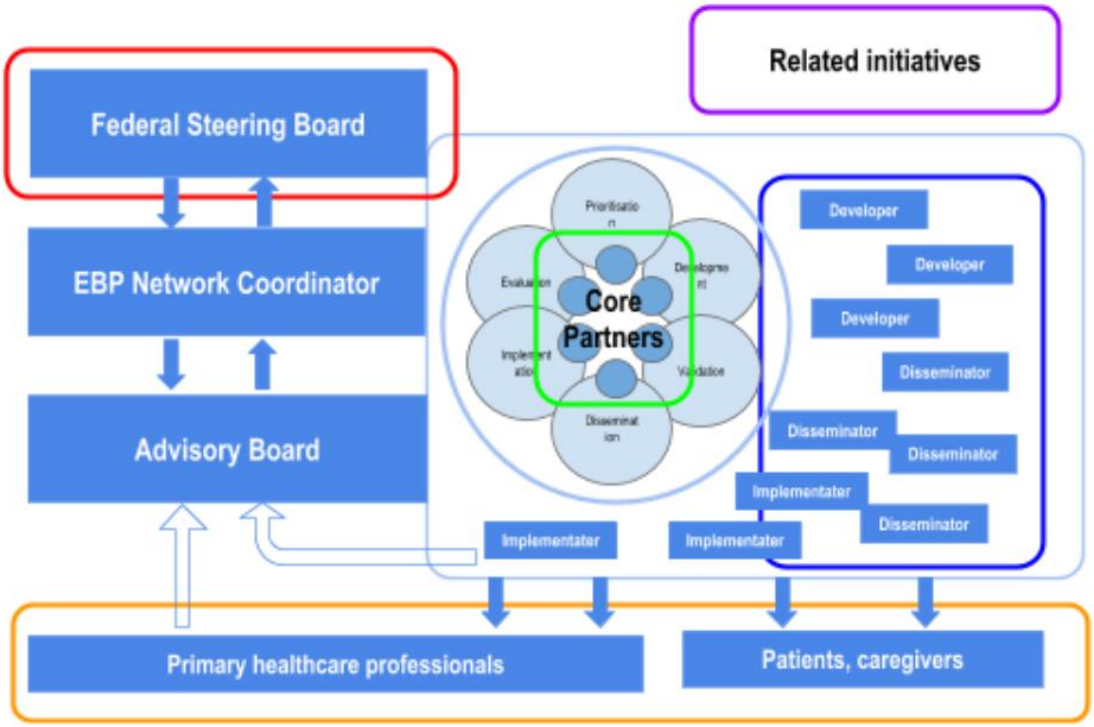


FIGURE 2: THE EBP NETWORK ORGANISATION STAKEHOLDER GROUPS

Two entities do not fit in the definition of stakeholders as described above: (1) the EBP Network Coordinator as it has a coordinating and facilitating role and is an independent party; and (2) the Advisory Board since it is a representation of a number of stakeholder groups, and not a stakeholder group on its own.

2 Governance Plan Evidence-Based Practice, Cabinet Minister of Social Affairs and Public Health, Sept 2017

2.1.1. Stakeholder group 1: The governance entities

The Governance entities are the mandating authorities in the EBP Network. The Governance stakeholders are members of the EBP Network as sponsor and they represent the policy level. They are represented in the Network by the Federal Steering Board.

Within the EBP Network, the Federal Steering Board offers the mandate to organise the activities in the domain of Evidence-Based Practice in Belgium. **To allow the network to use this mandate through the execution of a strategic plan, the governance stakeholders provide funding and/or guide policy directions.**

The role, responsibilities and composition of the Federal Steering Board will be elaborated in section 5.1 of this document.

2.1.2. Stakeholder group 2: the EBP-Core Partners

The EBP Core Partners (dark blue) are the organisations that represent and coordinate the EBP Life Cycle cells (light blue) from a scientific perspective (for more information on the EBP Life cycle, see KCE report 291). Several EBP actors are involved in the activities of a life cycle cell (grey). The EBP Core Partners are assigned by the Governance stakeholders[3] and are actively involved in the network.

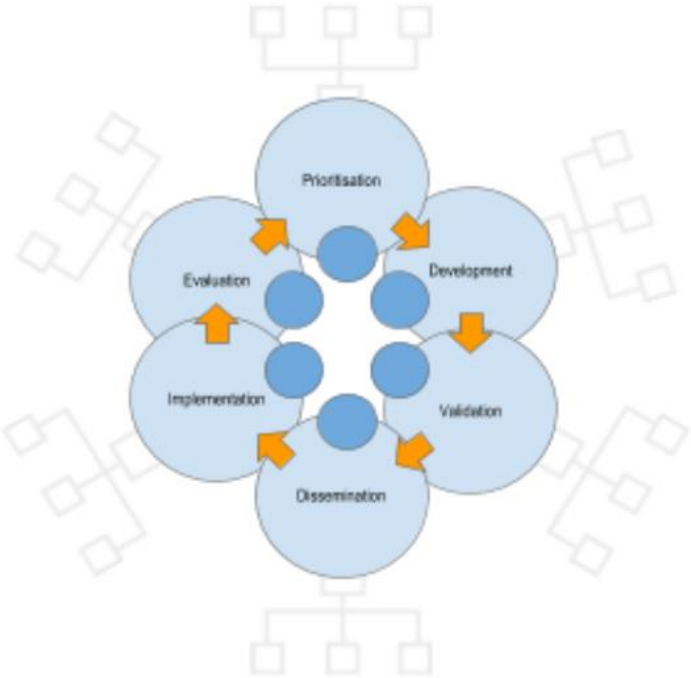


FIGURE 3: EBP-LIFE CYCLE

The membership of the EBP Core Partners is directly related to the EBP Life Cycle. All the organisations that are assigned to take up a Scientific Coordinator role in the life cycle are automatically part of the Core Partner stakeholder group. In case the EBP Life Cycle would have to change, then the Core Partners and/or their assignment could also change. Beside the core partners, some actors take up the role of complementary partner as they deliver a specific and indispensable service to the EBP life cycle process (e.g. maintenance of the online scientific library).

[3] Appointed by the RIZIV/INAMI insurance committee Note CGV 2018/051 d.d. February 26, 2018

It is possible to have overlap between the EBP Core Partners and the other stakeholder groups. The implementation of an organisation network is considered the optimal structure to manage these complex interrelations. If needed, specific procedures will be set up to deal with role overlap or conflicts of interest. This overlap does not create a problem, as long as the different roles are clearly recognised and understood.

The role, responsibilities and composition of the EBP Core Partners are elaborated in section 4 of this document.

2.1.3. Stakeholder group 3: the EBP-Actors

The EBP Actors are organisations actively involved in the execution of parts of the EBP Life Cycle. The actors are the organisations that execute the tasks that are part of the EBP output product creation life cycle, coordinated by the EBP Core Partners.

The EBP Actors sign a declaration of intent (to be initiated by the Network Coordinator in the short term) that they agree to work according to the EBP Network collaboration principles[4]. This declaration as well as how this intent will be assessed will be drafted by the EBP Core Partners, the EBP Coordinator will coordinate this process. In general, the declaration states that the current EBP Actors agree to align all of their activities related to the EBP Life Cycle to the EBP Network strategy and operations. Activities that are not related to the domain of EBP are obviously not impacted by this declaration of intent. The EBP Actors can indicate their membership of the EBP Network on their website and communication channels by the 'EBP Actor logo' (logo still to be developed). The membership allows the organisations to be involved in the governance and management processes of the EBP Network, both as individual stakeholder or through its representation in the Advisory Board (see section 5.3)

2.1.4. Stakeholder group 4: the professional end users

The professional end users are the primary care practitioners that actively use the output of the EBP Network in their daily practice or are interested to do so in the future. Professional organisations that represent individual primary care practitioners are also part of this stakeholder group.

2.1.5. Stakeholder group 5: The patient end users

The patient end users stakeholder group is comprised of all the patients, caretakers, relatives of patients, and their representatives. They are represented in the network through e.g. patient groups and individual persons.

2.1.6. Stakeholder group 6: Related initiatives

This stakeholder group covers all relevant organisations and initiatives that are related to and/or collaborate with the topic of Evidence-based Health care and that are not part of the network itself. However, they are not involved in the execution of the EBP life cycle. While this might be a wide definition, the impact of the connections that are built outside the network can be important and valuable. Initiatives in this stakeholder group are the medical education institutions and schools, the regional EBP activities, BCFI - CBIP (Belgische Centrum voor Farmacologische Informatie / Centre Belge d'Information Pharmacothérapeutique), the NRKP - CNPQ (Nationale Raad voor Kwaliteitspromotie / Conseil National de Promotion de la Qualité), BELMIP (Belgian Medical Imaging Platform),… For example: NRKP/CNPQ is involved in Prioritisation of EBP topics and in Evaluation of EBP processes; BCFI-CBIP is potential partner in development activities with pharmacological aspects; and BELMIP is involved in the EBP Network since Spring 2019 as well for aspects of medical imaging.

[4] See part 5 'EBP coordination processes'

2.2. Mission

The mission of an organisation describes the core reason of existence of that organisation. It explains what impact it wants to make in the long run. When defining a mission, a general statement tells the overall reason for being. This general statement is completed with a description of what the organisation wants to offer to all the identified stakeholder groups

In the setting of an organisation network, the overall mission is the same as the goal of the network. This is a goal that is not attainable by one single organisation. Only by aligning and integrating the activities of the separate member organisations, the network can create additional value, making the overall result ("R") more than the simple sum of the parts.

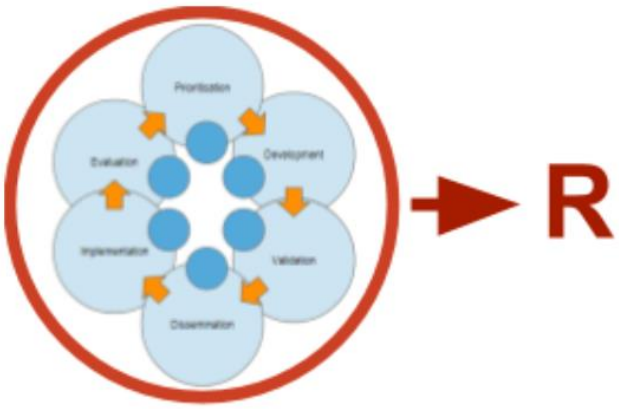


FIGURE 4: THE OVERALL NETWORK GOAL

In preparation of this charter, all stakeholder groups have been involved in drafting the overall mission (the mission of the EBP Network) as well as the mission of their own stakeholder group. The missions that are presented here are the result of this process.

2.2.1. Definition of Evidence-Based Practice

Evidence-based Practice is "a process of care that takes into account the patient and his or her preferences and actions, the clinical setting including the resources available, and current and applicable scientific evidence, and knits the three together using the clinical expertise and training of the health-care providers." (Haynes et al. 2002)

The main aim of EBP is integrating individual clinical expertise with the best available clinical evidence from systematic research taking into account patient values and preferences. A fourth dimension, 'contextual factors' (such as costs and availability of resources) is added as this is an element that affects the strength of a recommendation and can hamper implementation of a guideline.

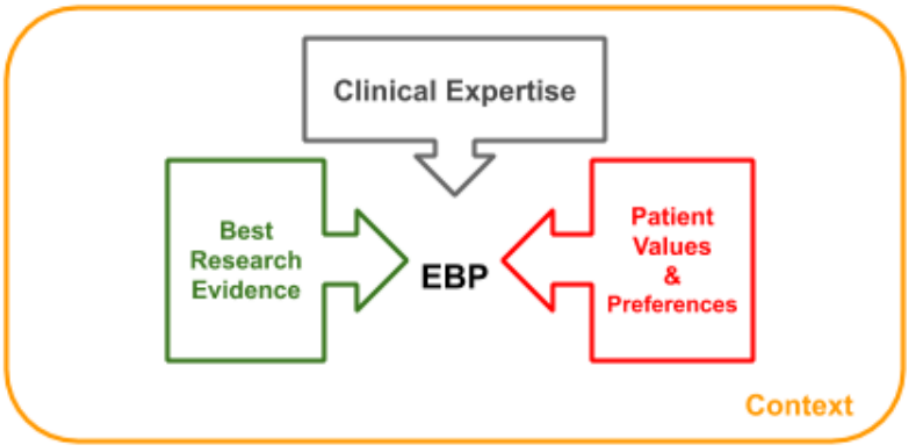


FIGURE 5: EVIDENCE-BASED PRACTICE DEFINITION

2.2.2. EBP-Network mission statement

Overall mission

The EBP Network aims to improve the quality of healthcare, in terms of efficiency and effectiveness, by means of Evidence-based Practice.

The EBP Network aims to provide multidisciplinary and overarching governance, coordination and facilitation of Evidence-based Practice in Belgium.

Specific mission for the Governance entities

The EBP Network supports the governance entities a strong and effective tool for the implementation of EBP policy, ensuring the optimal use of public funds that are allocated to the EBP Network and developing the uptake of Evidence-Based Practices in healthcare in Belgium.

The EBP Network supports future EBP policies by means of expert insights, user information and data about the use of Evidence-Based Practices in health care in Belgium.

Specific mission for the EBP Core Partners

The EBP Network provides the EBP Core Partners structure and stability to coordinate the activities that are related to the EBP development and uptake: it creates a stable and transparent environment that enables stakeholders to attain high quality results.

The EBP Network is a strong and respected organization that is well recognized as a valuable actor in the domain of health care, taking both the short and the long term development of EBP into account.

Specific mission for the EBP Actors

The EBP Network provides the EBP Actors a transparent and well-structured process for supporting the multidisciplinary development and use of EBP.

The EBP Network is a trusted institution that binds all stakeholders together through coordination and facilitation in a stable and structured way. The EBP Network functions as a center of expertise, gathering, spreading and implementing knowledge on EBP.

The EBP Network endeavors for a stable and transparent environment for budget and resource allocation.

Specific mission for the professional end users

The EBP Network supports all primary healthcare practitioners for using EB guidelines, products and activities that are relevant, of high quality and easily accessible. This supports the healthcare professionals in their aim to deliver top quality care to patients.

Specific mission for the patient end users

The EBP Network offers high quality healthcare through the stimulation of EBP driven services. The EBP Network provides clear and understandable information of Evidence-Based healthcare.

By definition, patient involvement and preferences are part of good Evidence-Based practice. Therefore developing patient oriented healthcare information that enables shared decision making is invaluable for EBP (There is a need to elaborate further how shared decision making can be facilitated).

Specific mission for the Related Initiatives

The EBP Network will optimally align and cooperate with other initiatives that are relevant in the development and implementation of Evidence-Based healthcare practices in Belgium.

The EBP Network is recognized as a center of expertise in the domain of EBP and the EBP Network Coordinator is recognized as the representative contact point for external initiatives, regarding the EBP activities in the network.

2.3. Vision

A vision is the ambitious, long term goal of the organisation. It describes what the EBP Network looks like in the future and it offers an endpoint to aim for. A vision has to be bold and audacious.

The vision for phase 1 of the EBP Network looks at the period between the beginning of 2019 and the end of 2020. The current RIZIV/INAMI agreements and contracts with the Structural Partners[5], as well as agreements on the project budget financed by FOD VVVL/SPF SPSCAE are valid until the end of 2020. After 2020, phase 2, the new strategic plan will set the direction for further integration of the EBP Network.

[5] Structural partners as defined in the RIZIV/INAMI contracts (CEBAM, Ebpracticenet, WOREL, KCE, MINERVA, CDLH & the Network Coordinator)

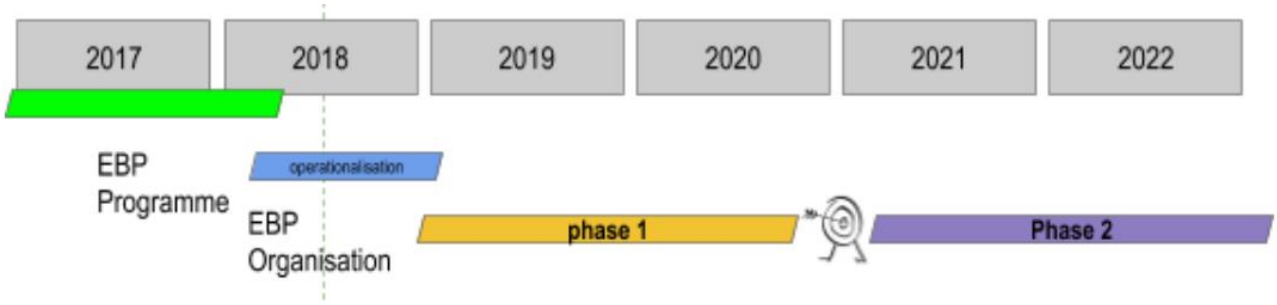


FIGURE 6: TIMELINE GOALS OF THE NETWORK

During phase 1, the EBP Network will become an established and relevant player in the Belgian healthcare domain. The organisation will be accepted and acknowledged as appropriate governance mechanism for the EBP Life Cycle by all stakeholders. The EBP Network will be recognised as a center of expertise for EBP in Belgium. The EBP Life Cycle is up and running by the end of phase 1, with all stakeholders participating and collaborating. The EBP Network operates in a transparent and trusted way.

The EBP Network prepares the strategic plan for the period 2021 - 2026. This plan is developed and approved by the stakeholders before the end of 2020 and draws the strategic outlines for the internal functioning of the EBP Network. The strategic window of 5 years is intentionally chosen longer than the budget window to guarantee the long term stability of the EBP Network.

The phase 2 vision (2021 - 2026) aims at an overarching financial framework, with the EBP Network Coordinator as central budget distribution and contract management entity, while keeping the structural budget (Structural Partners)[6] and project budget (Actors) approach in use as steering mechanism[7]. This approach requires a mutual agreement between all parties involved. During phase 1, the performance of the organisational setup of the EBP Network is demonstrated and a basic level of trust needs to be established. Possible broadening of the network scope, for example the involvement of secondary care or the connection towards Evidence-based Medicine can also be considered.

It must be understood that during phase 1, the EBP Network will define or take into account a range of lead indicators to measure the uptake of EBP in the Belgian healthcare domain. However, a period of two years is too short to determine a causal link between the actions of the EBP Network and the uptake in general. Measuring the improvement of healthcare and linking this to the existence of the EBP Network is complex and at the same time ambitious and crucial. In the long run, the EBP Network wants to demonstrate to its mandating authority that the number of professional end users that are aware of the existence of the EBP Network has increased significantly (at least for all ten first line disciplines as defined by the Minister of Public Health[8]). The EBP Network acts for these professionals as an important source of information on EBP.

---

6 Structural partners as defined in the RIZIV – INAMI contracts (CEBAM, Ebpracticenet, WOREL, KCE, MINERVA, CDLH & the Network Coordinator)

7 Structural budget provided by RIZIV – INAMI and project budget provided by FOD VVVL – SPF SPSCAE

8 General practitioners, nurses, physiotherapists, midwives, dieticians, speech therapists, dentists, pharmacists, occupational therapists, podologists.

2.4. Strategic goals

Goals are created to make vision both executable and tangible. The achievement of all the goals together results in the realisation of the vision. Although a vision is never sharply defined, the goals need to be sharp but still of a strategic level.

> Strategic goals are SMART (Simple, Measurable, Attainable, Realistic, Time-bound) parts of the organizational vision. The goals identify what the organization needs to do to realize the overarching vision. All the goals together provide the strategic roadmap for the upcoming period.

The definition of the strategic goals is a task that has to be coordinated by the EBP Network coordinator in close collaboration with the EBP Network entities. Filling in these goals upfront could hamper the involvement and ownership of the goals by all stakeholders. Therefore, only a limited set of strategic goals is defined for phase 1 (2019 - 2020):

- The EBP Network Coordinator entity is incorporated, a competent team is in place
- The entire EBP Life Cycle is operational
- First assessment of how the EBP Network functions is done
- The strategic plan for the period 2021 to 2026 is ready and approved
- The current financial framework is documented and analysed

Based on the mission, the vision and the limited set of strategic goals, a strategy can be created.

> The Strategy is an action plan that identifies how the different strategic goals will be realized in the coming period. The strategy forms the overarching coordination of the different projects and activities that will lead to achieving the goals and the vision of an organization.

As with the strategic goals, the creation of the strategy is owned and facilitated by the Network Coordinator. As the actual Network Coordinator is not in place, the creation of the final strategy plan is not possible at the moment of writing this document. However, this project foresees the recruitment of a network coordinator profile and his/hers administrative staff at the beginning of 2019.

3. Processes of the EBP Network: general outline

In the next paragraphs, the processes that make up the EBP Network will be discussed, they can be divided into three types of processes: the Scientific processes, the Network processes and the Coordination and decision making processes. The Scientific processes are dealing with the EBP Life Cycle activities that lead to EBP outcome products. The Network processes are dealing with the interaction between all the organisations that are involved in the EBP Life Cycle. The Coordination and decision making processes cover the decision making and feedback procedures of the EBP Network.

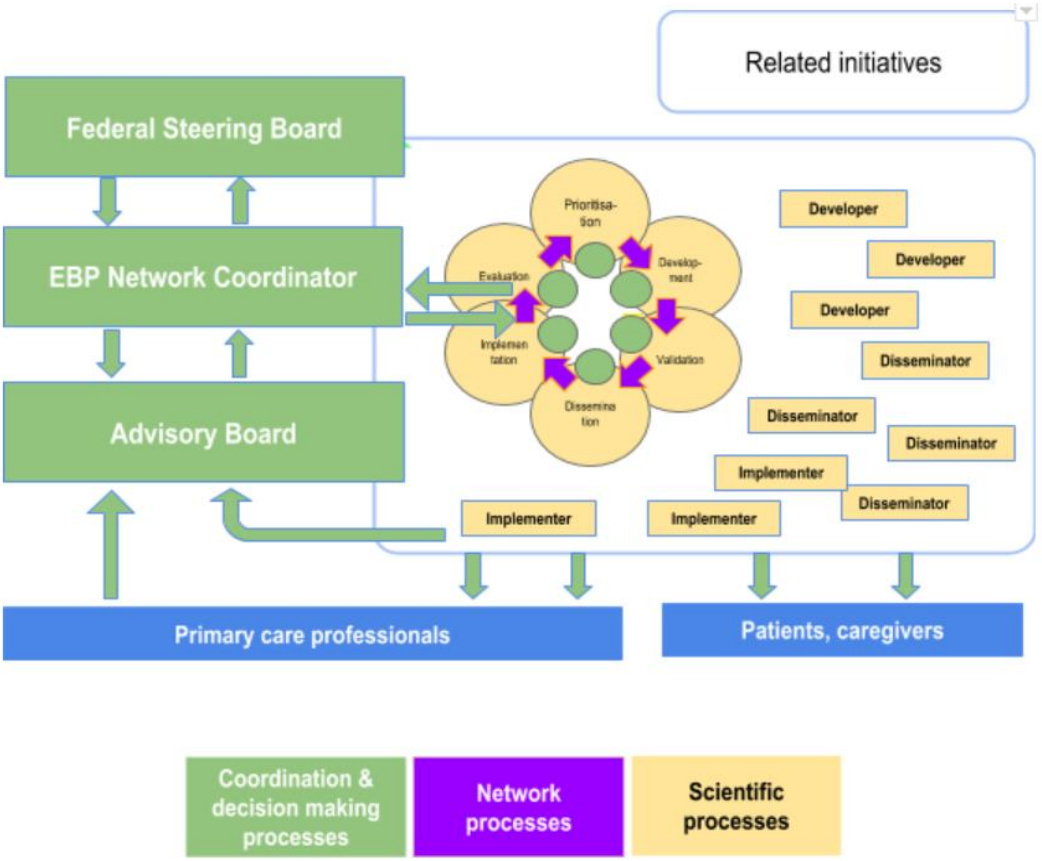


FIGURE 7: EBP NETWORK: SCIENTIFIC, NETWORK AND COORDINATION AND DECISION MAKING PROCESSES

3.1. The EBP Scientific Processes - The EBP Life Cycle

The above mentioned EBP life-cycle and governance model are the operationalisation of an underlying scientific model. The creation of EBP outcome products requires an integration of the entire EBP ecosystem. As described in Brandt et al.[9], the scientific process starts with the production of evidence, followed by the synthesizing of evidence. Based on this evidence, guidelines and other related output products are produced and disseminated. Through implementation and evaluation, the impact of the EBP output products is optimised. Evaluation data of the ecosystem can be taken into account to create new evidence or optimize the development or implementation process. However several preconditions have to be fulfilled to ensure success: there must be (1) sufficient trustworthy evidence to build recommendations and guidelines, (2) a common scientific methodology and clear standards to create EBP output products, (3) a (trans)national culture of collaboration, sharing and innovation, (4) the disposal of sound dissemination and implementation tools and platforms, and (5) a well-structured system of data provision and collection. Finally the EBP process should be well coordinated and adequately supported and facilitated. The governance model of the EBP Network offers such a coordinated approach to establish and integrate all the elements of this scientific cycle.

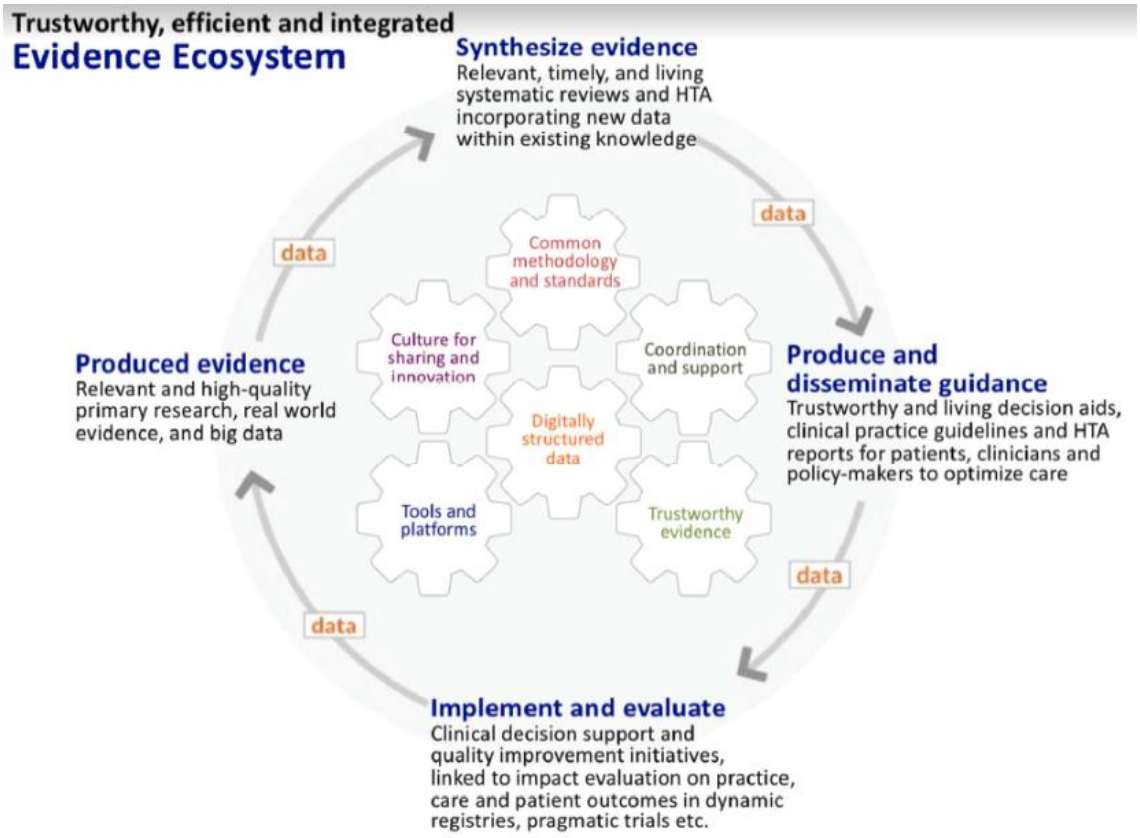


FIGURE 8: THE EVIDENCE ECOSYSTEM (BRANDT ET AL.)

[9] Linn Brandt et all. A Trustworthy, Efficient and Integrated Evidence Ecosystem, to Increase Value and Reduce Waste in Health Care. Accepted BMJ, in press.

The Scientific processes are the actual value creating activities, the reason why the network is set up. These activities are located in the EBP Life Cycle cells, coordinated by the EBP Core Partners and executed by the EBP Actors. They mainly include the processes that guarantee the quality of the output.

The EBP Core Partners can execute parts of the Life Cycle activities themselves, in that setting they are considered part of the EBP Actors and they have to follow the directions set in the Strategic Prioritisation Note (see 4.1.1 of this Charter).

The EBP Life Cycle is a sequential model that incorporates all the important steps in the EBP process, starting from the synthesis of evidence and ending with evaluation. Through the setup of the EBP Network, the coordination of each specific cell of the life cycle is assigned to a dedicated partner who attempts to engage different organisations to bring in crucial knowledge and expertise on the specific tasks. The actual execution of these tasks is done through collaboration with a broad field of actors.

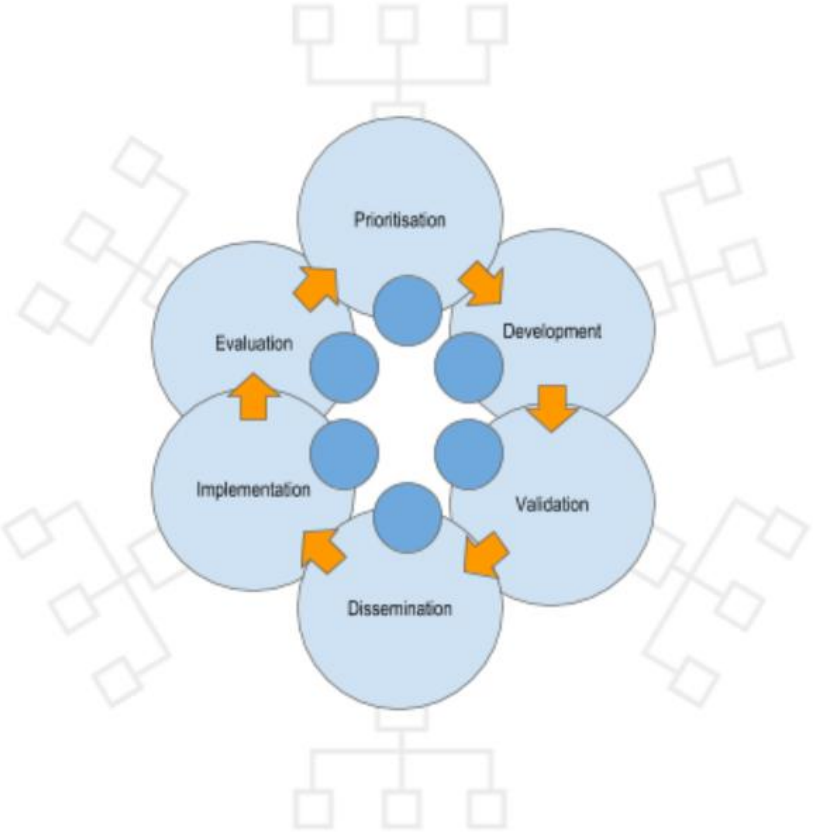


FIGURE 9: DE EBP-LIFE CYCLE

This chapter describes the goals, tasks and processes that are located in each of the six life cycle cells. While the life cycle is shown as a consecutive process, from Prioritisation to Development, to Validation, to Dissemination, to Implementation, to Evaluation, in reality, some cells are running in a consecutive way while others also run on a permanent basis (see figure 10 EBP Life Cycle sequence). The cycle begins with the activities of the Prioritisation cell. Based on the output of this cell, the Development - Validation - Dissemination flow is consecutively started for guidelines and other EBP products. The activity of these cells for a specific output product cannot start before the previous cell has completed its work. In contrast with these activities, the Implementation and Evaluation cells can take up non-consecutive activities. These cells are involved in and can have an impact on the activities of other cells (e.g. implementation strategies have to be discussed at Core Partner Meetings during the development process before validation and dissemination).

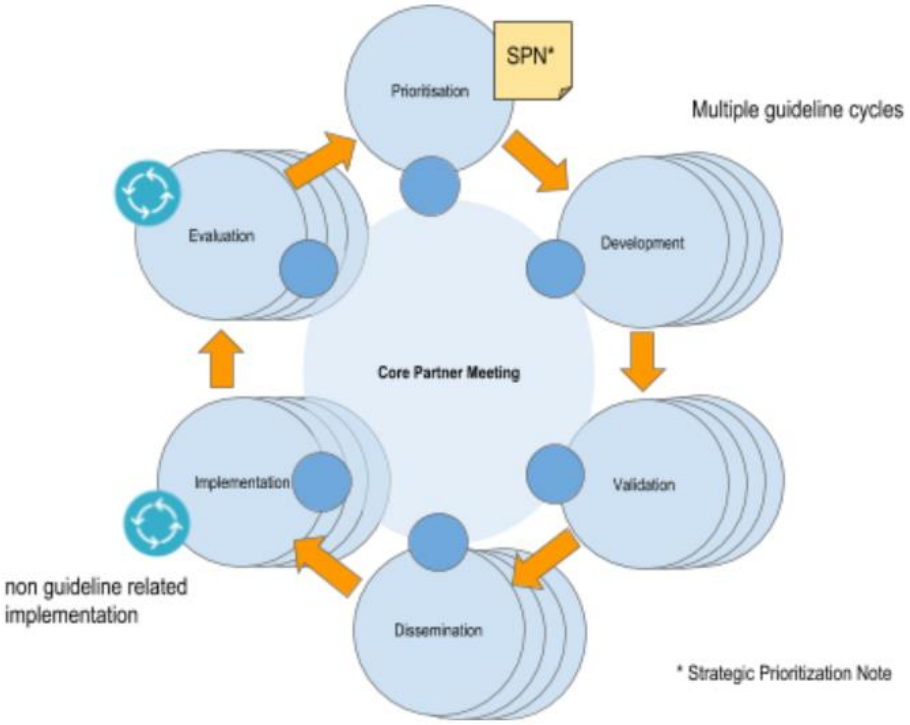


FIGURE 10: THE EBP LIFE CYCLE SEQUENCE

All these processes are running in an EBP Life Cycle timing of one year. Although development and implementation takes much more time and run on a continuous basis, this means that each year a new cycle starts in which prioritisation sets the direction for the EBP activities.

In the first stage, the **cell Prioritisation coordinates** the determination of the priorities for the upcoming cycle. These priorities form the outlines for the tenders and activities in the next period.

It must be stated that the cycle **Development - Validation - Dissemination and also the Implementation** phase can take more than one year. Nevertheless, the prioritisation focus looks at the **new** initiatives to be launched in the next period while other processes in the cycle keep on running.

The **Implementation** is a combination of an ongoing and a sequential activity (see above), not only linked to specific guidelines or EBP products, but also more broadly to support the uptake and the use of Evidence-based Practices.

The **Evaluation** cell monitors and analyzes the outcomes of EBP products and the uptake of EBP in general. It is in fact an ongoing process that needs to be involved from the beginning of the life cycle of an EBP product.

The next paragraphs give an overview of the scientific processes of the different EBP Life Cycle cells.

3.1.1. Prioritization

The goal of the Prioritization Cell is to offer a strategic logic for domain directions, budget distribution and choices for the activities of the EBP life cycle, such as development of EBP guidelines/output products, and activities to support the uptake of EBP. However the Prioritization Cell itself is not responsible for the final prioritization decisions made. The final decision is taken by consensus between the Federal Steering Board, the EBP Core Partners and the Advisory Board.

A phase that determines the priorities is crucial for the (cost-)effectiveness and efficiency of the EBP life cycle. The EBP output products and activities that will be developed and initiated need to be selected on the basis of predetermined criteria and goals.

It has been decided that the Prioritisation Cell will be coordinated by KCE. The other core partner organisations will be members of the Cell; additional members can be invited ad hoc according to the topic of discussion.

A total of six steps are proposed in order to reach a yearly launch of projects aiming for improvement of evidence-based knowledge transfer on specific topics.

	STEP 1	STEP 2	STEP 3	STEP 4	STEP 5	STEP 6
ACTORS	PUBLIC AND SCIENTIFIC AUTHORITIES	Prioritisation Cell (KCE with other CORE PARTNERS)	SCIENTIFIC CELLS OF HCP ORGANISATIONS & PATIENT REPRESENTATIVES	Prioritisation Cell (KCE with other CORE PARTNERS)	ADVISORY BOARD & STEERING GROUP	Prioritisation Cell (KCE with other CORE PARTNERS) & SPF/FOD & Network coordinator
TASKS	Identification of healthcare priorities	Gathering of priorities, spontaneous propositions, products to be validated, and products to be implemented. Preparation of HCP & patient consultation	Two options: Validation of a proposed list of topics; Define & submit topics + provide evidence	Assessment & categorisation ("de novo", adaptation, update or implementation)	Final approval or alteration	Preparation call for executors
PERIODS	January-February Every **two** years	January-March Yearly	April-May Yearly	June-September Yearly	September-October Yearly	October-December Yearly
OUTCOMES	LIST OF HEALTHCARE PRIORITIES **For 2 years**	FIRST PROPOSAL OF TOPICs for one year Online tool Targets & Criteria published	LONGLIST of TOPICS for one year	SHORTLIST of TOPICS for one year	STRATEGIC PRIORITIZATION NOTE for one year	CALL for EXECUTORS if needed

HCP = Healthcare Professionals

TABLE 1: SCHEMATIC OVERVIEW OF THE PRIORITIZATION PROCEDURE

Step 1. Identification of healthcare priorities

Different public and scientific authorities will be asked for their healthcare priorities: RIZIV-INAMI, Public Health Minister representatives, Federal Public service Health, Food Chain Safety and Environment but also NRKP-CNPQ, Sciensano (HIS and epidemiological data), IMA-AIM[10] (data on overuse/underuse of care or low-quality care), FAGG/AFMPS, KCE (healthcare performance indicators) and Minerva (new emerging EBP knowledge). Identifying domains of overuse of low-quality care and underuse of high-quality care is crucial to guide the priorities. The results of the analysis performed by the Evaluation Cell will also be included in the reflection. Moreover, to avoid overlap, regional health agencies will be asked to specify their current and planned projects linked to their healthcare priorities

Because this first step takes time, it is proposed to define healthcare priorities for **at least two years**. In order to be ready for launching projects in 2020, this discussion should start in 2019.

Step 2. Preparation of a first proposal of topics

A list of proposed topics has to be elaborated by the Prioritisation Cell at the beginning of each year. This yearly timing allows to add spontaneous propositions, results of evaluation (e.g. network performance management results regarding dissemination) and potential emergent question to the healthcare priorities list built for 2 years. This list can be developed in different ways according to the kind of EBP activities.

- **Development of new or adapted EBP output products**: A first proposal of topics can be based on the predetermined healthcare priorities and the spontaneous propositions[11] gathered by feedback from the EBP Network or the Ebpracticenet platform, the KCE website or the KCE annual open call, etc. If these sources are unsatisfactory (e.g. less than 5 new topics), a call for additional topics among the healthcare professionals and patients (i.e. healthcare partners) has to be organized (see Step 3).
- **Updating of existing EBP output products**: Werkgroep Ontwikkeling Richtlijnen Eerste Lijn/Groupe de Travail Développement Recommandations de Bonne Pratique Première Ligne (WOREL) provides a first list of EBP products that need an update[11] (among the products validated by CEBAM more than 5 years ago). This list should take into account the real use of the product in practice beside the existence of new emerging evidence, changes in health care system, available resources, amended legislation, etc. Members of the Prioritisation Cell can discuss the list and have the opportunity to give their inputs on each proposed update.
- **Implementation of existing EBP output products**[12]: A list of guidelines recently validated by CEBAM (before the start of the whole EBP cycle) or guidelines of the Duodecim collection published in and identified by Ebpracticenet in close collaboration with the work field as requiring specific implementation projects may be handed over to the Prioritisation Cell with arguments to add them to the long list.

The Prioritisation Cell also has to prepare the consultation of healthcare professionals and patients' organisations and elaborate:

- A list of guidelines in development, gathered by WOREL (including expected completion date) to avoid duplication.

---

10 Health priorities on behalf of the Belgian sickness funds are formulated by the Nationaal Intermutualistisch College (NIC)- Collège Intermutualiste National (CIN)

11 Spontaneous propositions of topics and identified updates will be included in the long list even if they do not fit the predetermined healthcare topics.

12 Ideally, in the EBP cycle, each EBP output product should have an implementation plan. However, there are limited resources for implementation which can demand also a prioritization.

- An online manual in the national languages with explanation of the procedure and the predetermined criteria for prioritisation[13].
- A specific online form, accessible in the national languages at the Ebpracticenet portal, allowing the participants to easily submit their proposition.

Step 3. Elaboration of a long list of topics

Involvement of end users in topic and domain selection allows to enhance the relevance of topics, and the increased likelihood of end user uptake. This is a bottom up approach.

At the beginning of April each year, a mailing will be done to all (scientific/professional) organisations representatives of each healthcare discipline and patients' organisations. There are two options:

- to ask them to validate/comment the proposition of topics prepared by the Prioritisation Cell (see Step 2). A clear distinction will be made between the four categories of activities (new development, adapted process, update or implementation). For adapted guidelines, the referential guidelines (originals) to be adapted should be clearly identified and evaluated. The form and all documents will be available on the Ebpracticenet website.
- to ask them their own proposition of topics (for example max 1 preferred topic per group) requiring EBP output products and arguments to select them according to the criteria for prioritisation). For adapted guidelines, the referential guidelines (originals) to be adapted should be identified by the submitter (according to the methodology available on Ebpracticenet website). A warning will be added to inform that topics focusing exclusively on medications or topics concerning competences of Federated entities (e.g. health promotion) are out of the EBP network scope. The form and all documents will be available on the Ebpracticenet website.

Each submitting organisation is encouraged to organize a consultation of their members to support their proposition.

Step 4. Assessment of the long list of proposed topics

Assessment of the long list of topics as elaborated during step 3 will be organised by the KCE according to the predetermined criteria (with objective data from national and international sources). The results of this assessment will be discussed within the Prioritisation Cell and gathered in a yearly Strategic Prioritisation Note (SPN). All the different life cycle cells are thus involved in the development of the SPN.

The SPN provides a ranked list of EBP topics for the coming year, the arguments that support this selection and also a preliminary budget distribution framework.

Step 5. Finalisation of a short list of proposed topics

The Strategic Prioritisation Note, as proposed by the Prioritisation Cell, is discussed firstly with the Advisory Board and secondly with the Steering Group who will give a final approval for the prioritisation topics. In case the Steering group disagrees with the Advisory board selection, arguments have to be provided by the Steering group and a discussion with the Advisory board must be scheduled to obtain consensus.

A written communication to all the submitters has to be organized by the Prioritisation Cell in order to explain why their proposals were retained or not.

After the approval of the short list by the Advisory Board and the Steering Group, the Prioritisation Cell identifies the topics that will be executed by the EBP cells themselves and those that will be financed as EBP projects by the FOD VVVL-SPF SPSCAE.

---

13 These criteria focus on 5 categories : Policy relevance; Magnitude of the topic; Room for improvement/implementability; Feasibility; Evaluability

The number of topics should be determined each year depending on the total EBP projects budget and the characteristics of the selected topics (e.g. max 3 de novo EBP output products, 5 adapted, 3 to be implemented and 5 to be updated).

The Prioritisation Cell is responsible for the start-up and the execution of the procedure (elaboration of the short list of topics but also communication aspects).

Step 6. Preparation of a call for projects

Based on the Strategic Prioritisation Note (SPN), the Prioritisation Cell coordinates the development of the tenders for ad hoc EBP projects financed by FOD VVVL-SPF SPSCAE, in cooperation with the EBP Network Coordinator.

This implies to:

- Supervise the definition of the content of the "*cahier des charges/lastenboeken"* for each topic (by categories de novo development, adaptation, update, implementation). This is part of the job of WOREL or Ebpracticenet, depending on the type of project; administrative work should be done by FOD VVVL/SPF SPSCAE & the Network Coordinator.
- Propose the content of "*cahiers des charges/lastenboeken*" to the Steering Group.
- Support the launch, by the FOD VVVL/SPF SPSCAE and/or by the Network coordinator (to be decided upon), of the call for projects: communication with link to the call on the KCE website, Ebpracticenet website, etc.; participation in the information session.

However, the follow up of this call and the assessment and selection of submitted proposals is not part of the task of the Prioritisation Cell. This task is assigned to the coordinator of the Development Cell (WOREL) in case of development, update or adapting guidelines, and the Implementation Cell (Ebpracticenet) in case of implementation projects, in collaboration with the EBP Network Coordinator and the FOD VVVL-SPF SPSCAE. The assessment will be done by a jury composed of a selection among the Steering group members, experts from the different life cycle cells and external experts in the specific domains. This ensures the integration and the attention of all the steps in the EBP life cycle. If the Core Partners are possibly applying to the tenders themselves, the jury composition and selection procedures must guarantee an objective and correct evaluation and selection. Core Partners that are applying, or considering to apply to a tender, are not involved in the development nor the evaluation of that tender.

The Prioritisation Cell is constantly driven to improve its own internal procedures, as well as the overall functioning of the EBP Network. The coordinator of the Prioritization Cell yearly drafts a planning which will be presented at the FSB and approved by the National Insurance Committee.

Composition of the Prioritisation Cell

The EBP Prioritisation Cell coordination is executed by KCE.

Beside the KCE, the Prioritisation Cell will consist of:

1. One member of WOREL
2. One member of CEBAM (for the evaluation aspects)
3. One member of Ebpracticenet (for the dissemination aspects)
4. One member of Ebpracticenet (for the implementation aspects)

Additional members (e.g. patients' representative, CNPQ-NRKP, FRKVA-CFQAI) can be invited according to the topic to be discussed.

Output

- A predefined set of criteria (assessment instrument) for prioritisation of topics
- Healthcare priorities for EBP output products for 2 years
- Annual long list of topics
- Annual Strategic Prioritisation Note
- Project tenders for selected EBP activities
- Methodology to improve the Cell internal procedures

A more detailed description of the activities, processes, roles and responsibilities of the Prioritisation Cell can be found in the scientific report of this KCE study.

3.1.2. Development

The goal of the development cell is to increase the amount and/or maintain the quality/accuracy of EBP output products that are available for use in Belgium. This can be achieved through the development of new guidelines (de novo), the import (quick adaptation) or full adaptation of foreign guidelines, or the update of existing Belgian guidelines. Besides the creation of guidelines, other related products can be developed to support the application of EBP in clinical practice (e.g. patient guidelines, shared decision making tools, assessment tools).

All the development activities are coordinated within the frame of the Strategic Prioritisation Note (SPN).

The development of an EBP guideline needs to be based on strict methodological quality procedures and criteria. This to guarantee independence, to offer relevant and useful information to healthcare professionals and patients, and to build trust and acceptance among the end users. These criteria are described in the validation instrument of the AGREE II group (Appraisal of Guidelines, Research and Evaluation, version two). This tool was developed based on very strict criteria and is internationally validated. Although AGREE II is initially defined as a validation tool, it is primordial that the criteria are also taken into consideration in the procedures used during the development phase.

However, it's not always required to develop new guidelines (de novo). Moreover, evidence suggests that international collaboration in guideline development increases (cost-) efficiency of the EBP process. There are indeed many high quality guidelines available in other countries but they are often not adapted to the local context of care provision. In this situation, a precondition is the adaptation of these guidelines to the Belgian context. This adaptation is done through a predetermined methodology (ADAPTE)[14]. The adaptation requires in depth knowledge and insights of the practical context of the involved healthcare situation. This can be done through cooperation between the Belgian developers and the stakeholders/end users, optimally aligning the scientific data and the local context. The adaptation of high quality international guidelines supports the acceptance and implementation.

[14] https://www.g-i-n.net/document-store/working-groups-documents/adaptation/adapte-resource-toolkit-guideline-adaptation-2-0.pdf/view

In some cases, foreign guidelines can even be almost directly imported in the Belgian EBP program when no or little context adaptation is needed. These guidelines can be perceived as quick wins for the EBP Program.

Finally, guidelines need to be updated after a certain time (5 years is globally accepted). This implies that new evidence is integrated in the existing guideline and outdated information is removed.

Based on the experiences in Belgium in the past 10 years, it has been decided that Development coordination will be executed by WOREL (Werkgroep Ontwikkeling Richtlijnen Eerste Lijn/Groupe de Travail Développement Recommandations de Bonne Pratique Première Ligne). Besides the Coordinator, Minerva (a Belgian organisation that creates structured summaries and critical appraisals for clinical practice) is assigned as complementary partner for the Development cell (and also for the Dissemination cell). It is the responsibility of WOREL to design the development processes, taking into account the expertise and knowledge of the development process that is available in the Network. Therefore, the input of WOREL in finalising the above description of the development process is considered as required.

The EBP Life Cycle cell coordinators/Core Partners follow the EBP Network priorities determined in the SPN (see 5.1 of this Charter). They follow up the EBP Actors that are taking up tasks from the life cycle. The Development cell involves the Implementation Cell in their activities to create a valid implementation strategy and increase implementability, as described in the Guide-M model[15]. The Development Cell will actively involve the Evaluation Cell to ensure the preparation of good evaluation indicators.

The Development Cell is constantly driven to improve its own internal procedures, as well as the overall functioning of the EBP Network. The coordinator of the Development Cell yearly drafts a planning which will be presented at the FSB and approved by the National Insurance Committee.

Although the Belgian Center for Pharmacological Information (BCFI/CBIP) is not defined as a core partner in the EBP network but as a Related Initiative, BCFI/CBIP is considered as an important entity in Belgium in the development of guidelines and recommendations regarding medication use. There should be concertation between WOREL and BCFI/CBIP with regard to topics with potential overlap. Other Related Initiatives should also be consulted if relevant (e.g. BAPCOC for antibiotics use, mutualities for awareness campaigns, …).

Output

- Newly developed guidelines
- Imported international guidelines
- Adapted guidelines
- Updated existing Belgian guidelines
- Derivative EBP output products
- Critical appraisal of new emerging scientific insights [16]
- Yearly strategic action plan aligned with SPN.

15 https://www.agreetrust.org/resource-centre/guide-m/

16 Minerva

3.1.3. Validation

The goal of the Validation cell is to assess the scientific and methodological validity of the developed guidelines, EBP developers and EBP information. The result of this process is approval, decision to rework (major and minor comments) or rejection. The validation approval guarantees the quality, rigor, appropriateness and validity of the EBP output products in the Belgian context and is a mandatory process for a guideline to be eligible for dissemination within the EBP Network.

It is important to guarantee the quality and methodological rigor of the EBP information. Lack of underpinnings, inconsistencies, incompleteness and/or dubious information can seriously harm the acceptance and trustworthiness of the EBP Network. Therefore, all guidelines (new, imported, adapted and updated) need to be verified by an independent and officially recognised control organisation, before any publication can be done through the dissemination channel. This external validation process assesses the procedures used (e.g. Is the methodology valid? Are possible sources of bias taken into account?). Besides this, as the EBP development methodologies need to be described in detail, the validation process can also detect important flaws in the content of the guidelines (e.g. important scientific sources that are not taken into account). Finally, the validation also assesses if the recommendations in the guidelines are usable in a real practice environment.

In most cases, validation procedures are based on the internationally accepted AGREE II tool. Even so, minor differences can exist between countries. That's why the usability and robustness of foreign development methodologies still requires external verification.

The Validation cell validates EBP Guideline products and can grant accreditation to EBP Actors who fulfil specific requirements for high quality production of guidelines or other EBP products. The products of an accredited organisation are considered to be validated automatically. If, besides the normal guidelines, other products are developed (e.g. patient leaflets, decision making tools) , the Validation cell sets up specific "certification" procedures to validate those in a different way. Some are currently already under development.

Based on the experiences in Belgium in the past 10 years, it has been decided that the Validation coordination will be executed by CEBAM (Belgian Center for Evidence-Based Medicine), the only institute at the Belgian federal level that is allowed to do validations in the field of EBP. CEBAM can assign third parties to take up parts of the validation process, but remains the final responsible institute. It is the responsibility of CEBAM to design the scientific validation processes, taking into account the expertise and knowledge that is available in the Network. Therefore, the input of CEBAM in finalising the above description of the development process is considered as required.

The Validation Cell is constantly driven to improve its own internal procedures and contributes to the overall functioning of the EBP Network. The coordinator of the Validation Cell yearly drafts a planning which will be presented at the FSB and approved by the National Insurance Committee.

Output

- Validated guidelines (different 'types' of validation possible)
- Certification of non-guideline material
- Accreditation of EBP product developers
- Yearly strategic action plan aligned with SPN.

3.1.4. Dissemination

The goal of the Dissemination cell is the active distribution of the validated EBP Guidelines and other EBP end products towards all kinds of end users. This includes all types of validated EBP material and through all the appropriate distribution channels that are required to obtain good accessibility, usage and uptake of the guidelines and related materials.

The Dissemination of validated EBP material is the active and targeted distribution of information, through a specific channel, towards a specifically identified audience. The distribution, form and goals are carefully considered, based on the characteristics and the specific needs of the end user audience.

One of the main requirements for impact is the use of a **central, unique and dedicated distribution platform** for the spreading of EBP information in Belgium. This central dissemination platform will also provide access for every Belgian citizen to all methodological procedures, used in the different life cycle cells. The main aim is to increase transparency, acceptance and uptake of EBP in Belgian healthcare.

Apart from the platform, tailored information towards specific target groups proved to be crucial for the uptake and usage, as well as partnerships with professional organisations and influencers. The Dissemination Cell provides this tailored information and involves the Implementation cell in this process.

The Dissemination Cell facilitates, in cooperation with other partners, EBP Network organisations in their dissemination activities.

Based on the experiences in Belgium in the past 10 years, it has been decided that the EBP Dissemination cell will be coordinated by Ebpracticenet. Besides offering the access platform, they will coordinate the development of different formats adapted to different end users or to different goals, and distribute this information to actors and users. It is the responsibility of Ebpracticenet to design the scientific dissemination processes, taking into account the expertise and knowledge that is available in the Network. Therefore, the input of Ebpracticenet in finalising the above description of the dissemination process is considered a requirement.

One central Belgian journal on the topic of EBP is published by Minerva, who is assigned as complementary partner for this task.

CEBAM Digital Library for Health (CDLH) is assigned as the complementary partner for the organisation and maintenance of the online scientific medical library for the Belgian healthcare providers.

The Dissemination Cell is constantly driven to improve its own internal procedures and contributes to the overall functioning of the EBP Network. The coordinator of the Dissemination Cell yearly drafts a planning which will be presented at the FSB and approved by the National Insurance Committee.

The e-Health platform is a Related Initiative with an impact on the activities of the Dissemination Cell, as it provides a direct link between the individual healthcare provider (electronic medical record) on the one hand and the Ebpracticenet database and the CDLH digital library on the other hand. Both parties should strive for a smooth and easy connectivity.

Output

- Different formats and guideline channels like the Ebpracticenet website, evidence linkers, tools, leaflets, etc. and a central journal.
- Distribution of validated EBP output products and an online scientific medical library
- Body of knowledge for Core Partners and Actors on dissemination formats and channels.
- Yearly strategic action plan aligned with SPN

3.1.5. Implementation

The goal of the implementation cell is to stimulate the use of EBP principles (by means of broad scale behavioral change interventions for end users) and increase the uptake of the EBP output products (by means of focused and end-user specific interventions and nudging).

The implementation phase covers the adoption, implementation and institutionalisation of EBP by the end users. The implementation part aims to put the EBP guidelines and other EBP products into real practice and to change the behaviour of healthcare professionals and patients.

The implementation team develops an implementation model (stepwise approach based upon literature review) and is currently testing this within several implementation projects. Based upon experience/evaluation this model will be adjusted/refined. The implementation cell will however provide a yearly action plan concerning implementation. Implementation can be guideline related or focus on EBP knowledge in general. In principle, every new guideline needs a dedicated implementation plan[17]. The overall EBP Network needs a broader approach to spread the underlying concepts and theories of EBP and optimize the context for successful implementation.

The Implementation cell has the task to change the mind-set of the end-users, through identifying the constraints and opportunities, education, training, … Carefully chosen messages, nudging, communication and marketing strategies, specific formats and media can increase the uptake of EBP products and have an impact on the outcome of the EBP Network. The Implementation cell has to set up productive partnerships with relevant organisations and opinion makers, as this is a good way to influence the mind-set towards EBP. The implementation cell will also be involved in a very early stage in the development of new EBP products, because this early interaction strongly increases the implementability of the final EBP guidelines and products.

The Implementation Cell sets up education and promotion activities for end users and supports other actors in their activities through knowledge sharing. The Implementation Cell actively collaborates with the other cells to increase the quality and uptake of the products and the impact of the EBP Network.

It has been decided that the EBP Implementation coordination will be executed by Ebpracticenet. It is the responsibility of Ebpracticenet to design the scientific implementation processes, taking into account the expertise and knowledge that is

[17] Ideally, in the EBP cycle, each EBP output product should have an implementation plan. However, there are limited resources for implementation which can demand also a prioritization.

available in the Network. Therefore, the input of Ebpracticenet in finalising the above description of the implementation process is considered a requirement.

The Implementation Cell is constantly driven to improve its own internal procedures and contributes to the overall functioning of the EBP Network. The coordinator of the Implementation Cell yearly drafts a planning which will be presented at the FSB and approved by the National Insurance Committee.

The RIZIV/INAMI services responsible for accreditation and training are a Related Initiative which can increase the uptake of EBP, as they provide opportunities and incentives for health care providers to develop competencies and knowledge in EBP. Educational institutions (e.g. universities, university colleges, training institutions) can be an added value in implementation or behavioural change activities.

Output

- A long term EBP Network implementation plan and strategy
- Targeted and effective activities that bring attention, interest, and uptake of EBP in healthcare professionals and patients
- Support and information for teams and groups that want to implement EBP products in professional and non-professional end users.
- Advice regarding implementation in an early stage of the EBP development phase
- A year planning for the implementation cell aligned with SPN
- Practical implementation strategies.

3.1.6. Evaluation

The goal of the evaluation cell is the development, selection, execution and follow up of procedures for the evaluation of the uptake, implementation, adherence and/or impact of EBP guidelines or other EBP products, disseminated through the EBP Network.

The scope of the Evaluation Cell is on the evaluation of EBP output products (structure, process and outcome), i.e. (1) the effective and efficient uptake and persistent use of (specific) EBP information in professional end-users and patients (and relatives), and (2) the impact of EBP interventions on health and health care.

Evaluation of the uptake, adherence and impact of EBP output products is necessary to get insight in the effect of the activities of the EBP Network and the 'know-do' gap in healthcare. This implies, amongst others, the availability of robust user statistics.

It has been decided that the activities of the Evaluation Cell are coordinated by CEBAM. Prioritisations regarding evaluation cell activities (e.g. annually evaluation plan) are aligned with the SPN, and are decided in consensus by the Evaluation Cell coordinator together with the Development Cell, the Implementation Cell and KCE (who is involved as coordinator of the Prioritisation Cell and as facilitator in data collection).

The coordinator needs to involve national and international partners with expertise in evaluation of healthcare topics, data collection and/or quality indicator development or use. The Evaluation Cell sets up structural partnerships with a number of external stakeholders or Related Initiatives (e.g. Sciensano, IMA/AIM, RIZIV/ INAMI, FOD VVVL/SPF SPSCAE, VIKZ, PAQS, INTEGO, NRKP/CNPQ, relevant regional entities, and patient representative umbrella organisations). A list of structural

partners has to be compiled in the near future. These structural partners have an advisory role in the decision processes or a supportive role in data collection.

Topics to be evaluated are chosen carefully, based on strict criteria, keeping in mind to burden healthcare professionals or patients/relatives as little as possible. Existing databases or automatic data collection are preferred but if needed new indicators can be developed. If indicators need to be developed, specific expertise is attracted or involved. Ad hoc involvement of stakeholders in data collection can facilitate the collection process. For certain EBP topics, a permanent data collection can be considered to get insight in changes over time.

Results of data collection are discussed with relevant structural or 'ad hoc' stakeholders (professional end users, decision makers, patient and relatives, and EBP developers) in order to contextualise these results. These contextualised results are provided to the Federal Steering Group to be discussed and to the Prioritization Cell (to optimize future activities of the EBP Network). Final results of Evaluation processes are also disseminated to stakeholders.

The Evaluation Cell develops high quality methodological procedures for all its activities and makes these available at Ebpracticenet. The Evaluation Cell collaborates intensively with the other Core Partners to assure a smooth and effective EBP Life Cycle process.

The Evaluation Cell is constantly driven to improve its own internal procedures and contributes to the overall functioning of the EBP Network. The coordinator of the Evaluation Cell yearly drafts a planning which will be presented at the FSB and approved by the National Insurance Committee.

A more detailed description of the Evaluation Cell activities, processes, roles and responsibilities, can be found in the scientific report of this KCE study.

Output

- A set of indicators for evaluation (existing or newly developed) for carefully selected EBP topics
- A yearly evaluation plan aligned with SPN
- Insight on acceptance, uptake and impact of EBP output products in professional end users, patients and relatives

3.1.7. Coordination of the EBP Network core activities

The scientific processes of the EBP life cycle cells are coordinated in a monthly core partner meeting. These core partner meetings are also part of the EBP Network coordination cycle (see also 4.2.1. of this Charter)

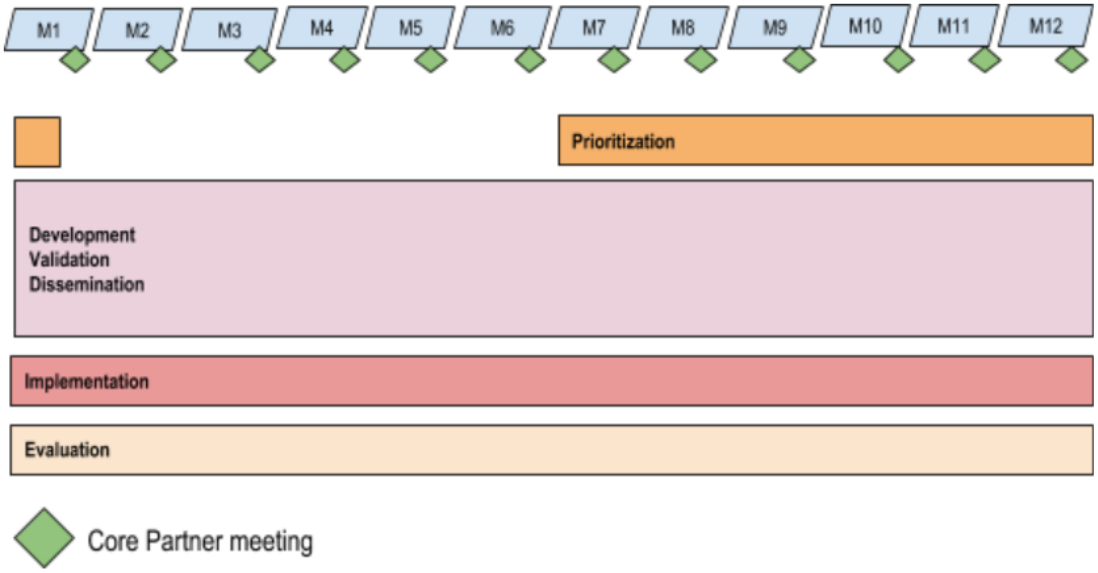


FIGURE 11: EBP NETWORK COORDINATION CYCLE, ONE FULL YEAR

As pointed out above, the different cells in the EBP Life Cycle are coordinated by assigned organisations. These organisations are responsible for the coordination from a scientific perspective, and for the execution of the tasks of the life cycle cells, either by performing these tasks themselves, or by involving and assigning other organisations (the EBP Actors) to execute them. In the latter case, the coordinator is responsible for the overall result of the cell.

The EBP Actors can be funded through EBP projects to develop or implement prioritised EBP output products. These project-based activities are financed by the FOD VVVL – SPF SPSCAE and assigned by tendering. EBP Actors who receive no specific EBP project funding (but who receive funds outside the EBP Network, e.g. Pallialine, Expertisecentrum Valpreventie Vlaanderen), can voluntarily collaborate in the EBP Network. The involved life cycle cell coordinates the activities and agrees on concrete results with the EBP Actor, in line with the Strategic Prioritisation Plan.

As decided by the Minister of Public Health and underpinned by the experiences of the last decade, the following organisations are currently assigned as coordinators for the different life cycle phases[18]:

[18] Based on the RIZIV Insurance Committee Note CGV 2018/051 d.d. 26 February 2018

Life cycle cell	Organisation	Complementary Partner organisation
Prioritisation	KCE	
Development	WOREL	Minerva
Validation	CEBAM	
Dissemination	Ebpracticenet	Minerva, CDLH
Implementation	Ebpracticenet	
Evaluation	CEBAM	

TABLE 2: OVERVIEW OF STRUCTURAL PARTNERS

Each organisation assigns a cell coordinator and back up coordinator to the EBP Life cycle. These persons are the unique point of contact and represent the coordinating organisations at the Core Partner Meeting (see 5.2) of the EBP Network.

The overall EBP Network coordination is done by the EBP Network Coordinator, who closely collaborates with the life cycle cell coordinators.

3.2. The EBP Network processes

After having discussed the scientific processes in the EBP Network, we will now address the network processes: how will the six life cycle cells work together and in doing so create more value than the sum of the parts.

The EBP Network is an organisation that consists of different, independent organisations. These organisations continue to have their own activities. However, through coordination and collaboration with the other organisations, the success of the involved partners is increased. Both for the individual organisations as for the entire EBP Network. The binding factor is the common goal, summarised in the mission statement:

> The EBP Network aims to improve the quality, efficiency and effectiveness of health care by means of Evidence-based Practice.
>
> The EBP Network aims to provide multidisciplinary and overarching governance, coordination and facilitation of Evidence-based Practice in Belgium.

The EBP Life Cycle contains the six steps in the EBP guideline process: prioritization, development, validation, dissemination, implementation and evaluation. The interconnection between the cells is arranged through network links, the network processes. These processes are the support and integration mechanisms of the EBP Network, they facilitate and align the internal processes, overcome barriers and hurdles, and increase coherence of activities as defined in the SPN. These processes cover how the different cells in the EBP Life Cycle interconnect.

3.2.1. Interconnections between the life cycle cells: the Core Partner Meeting

The main coordination between the different life cycle cells is achieved by frequent and structured consultation between the coordinators of these cells. Existing mechanisms of collaboration and consultation should be kept in mind for the development of new processes. The dedicated place for this alignment process is the Core Partner Meeting. This is a monthly meeting with all the structural partners. Its goal is twofold:

- to discuss the performance of the network and any problems, tensions or uncertainties in an attempt to direct towards the optimal operation of the EBP Life Cycle (See also 5.2 of this Charter).
- to discuss and coordinate the interconnection and the activities of the different life cycle cells

These mandatory meetings are essential to ensure a smooth EBP flow. Depending on the needs, the frequency of this meeting can be adjusted by the EBP Network Coordinator. The Core Partner meeting is chaired by the EBP Network Coordinator. The function of the Core Partner Meeting will be further elaborated in the next chapter, the coordination processes.

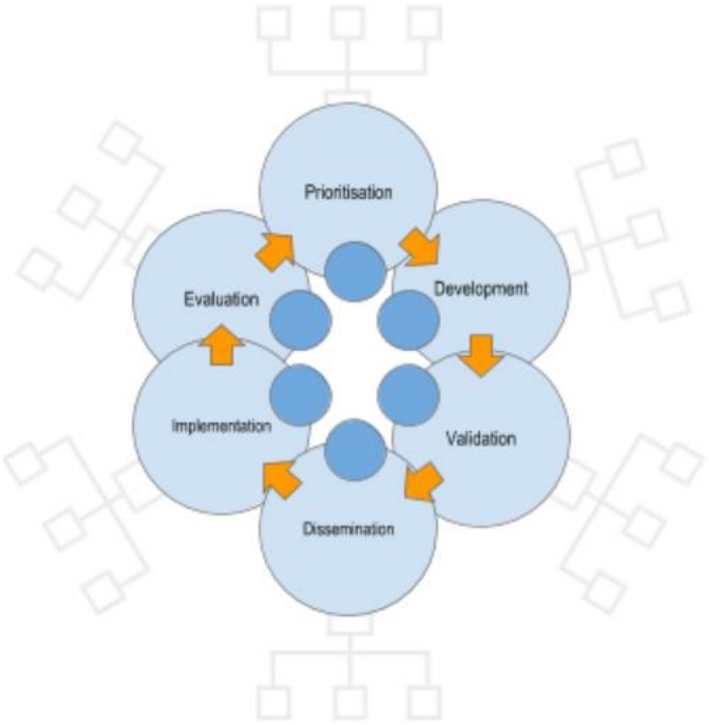


FIGURE 12: THE EBP LIFE CYCLE

3.3. Coordination and decision making processes

The Network coordinator is responsible for the overall functioning of the network. Its role is to coordinate and facilitate the interaction process, and to provide the Federal Steering Board, the Core Partners and the Advisory Board with relevant information to enable the decision making process. The EBP Network Coordinator does however not have decision making power, but can provide insights and viewpoints to support the decision making process.

Coordination and decision making in the EBP Network is done by four entities: the Federal Steering Board, the Core Partners, the Advisory Board and the EBP Network Coordinator, each of these entities having their specific role and responsibilities in the coordination process. The composition of the coordinating and decision making entities brings together the relevant representatives, taking into account a good balance between all the involved organisations (language, role in the network, …). These roles, responsibilities and processes are described in the following section.

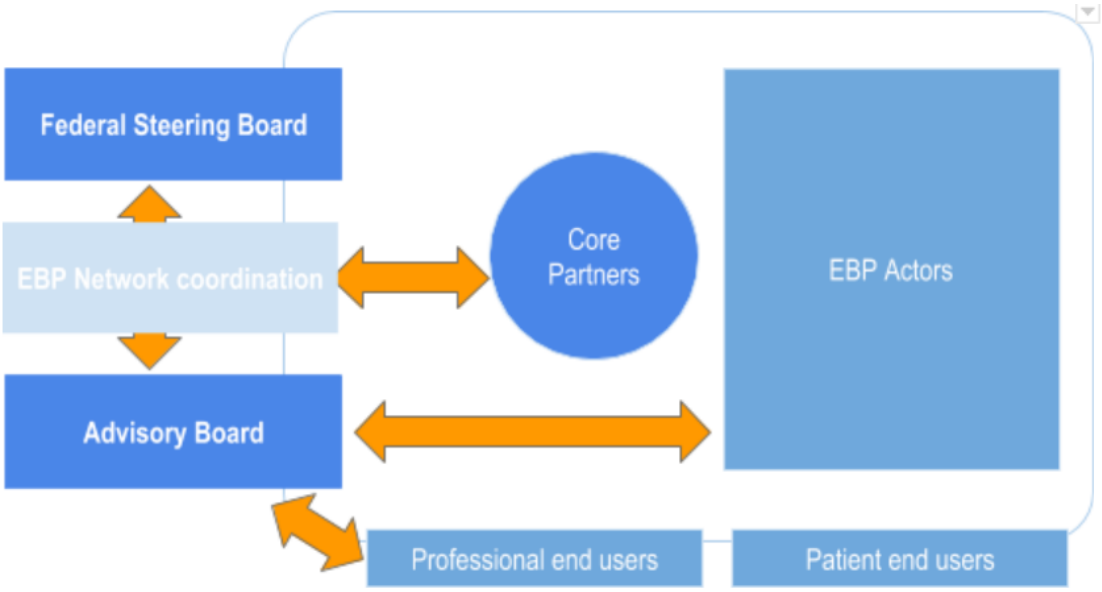


FIGURE 13: NETWORK COORDINATION INTERACTION

Coordination of the EBP Network aims to set the strategic direction and framework, to take strategic decisions, to assess the appropriateness of the network and its performance and to make structural changes to the EBP Network organisation design if this would be required. Interaction between the Core Partners, the Advisory Board and the Federal Steering Board forms the basis of the decision making procedures in the EBP Network. This interaction is facilitated by the EBP Network Coordinator, who by him/herself has no decision making power.

The coordination and decision making processes of the EBP Network only have an impact on the EBP Network itself. The EBP Network coordination and decision making entities do not have control or ownership over the independent organisations that are involved in the network. The EBP Network Coordinator can decide, within the given mandate and mission of the EBP Network and within the overall outline stipulated by the Federal Steering Board, how the available resources can be allocated and the activities can be integrated.

3.3.1. EBP Network coordination cycle

Within the EBP Life Cycle timing of one year, a shorter cycle of six months is defined for the coordination and decision making processes. All the coordination and decision making activities are structurally embedded in this coordination cycle, repeating every six months. This recurrent frame offers stability and ensures the solid coordination and communication in the EBP Network.

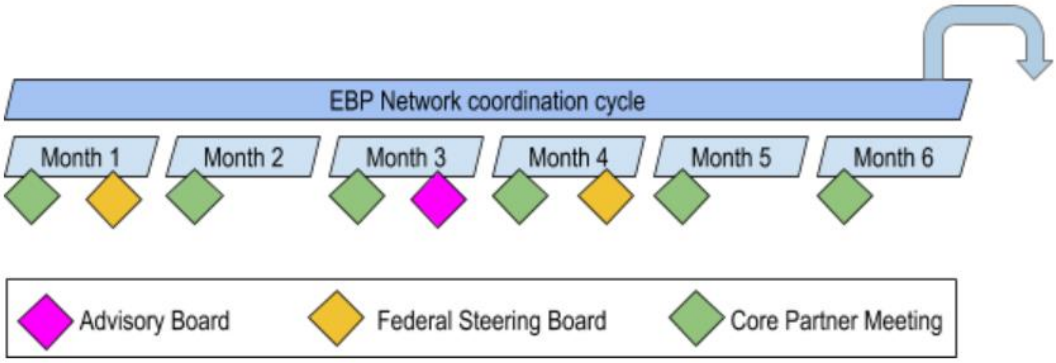


FIGURE 14: EBP NETWORK COORDINATION CYCLE

A six-month clock cycle for interaction between the Core Partner meeting, the Advisory Board and the Federal Steering Board forms the basis of the decision making procedures in the EBP Network. The first coordination and decision making activity that is organised is the gathering of the Core Partner Meeting (monthly). The outcomes of the Core Partner Meeting are processed and offered to the other coordination entities: the Federal Steering Board (gathers at least 4 times per year) and the Advisory Board (gathers twice per year). During the meeting, the Federal Steering Board takes into account the input of the Core Partners and the Advisory Board, taking actions and formulating feedback and answers towards the other entities. Relevant output of the Federal Steering Board meeting is presented to the Advisory Board and to the Core Partners as input for their following coordination cycle. This process is facilitated by the EBP Network Coordinator, who provides the liaison and connection between the coordination and decision making entities.

To keep the interaction between the different coordination and decision making entities functional, the network will manage topics as much as possible within the right entity. Not all topics need to be discussed in the coordination and decision making entities (Core Partner Meeting, Federal Steering Board, Advisory Board). The EBP Network Coordinator will, together with these coordination and decision making entities, filter the interaction with the other entities.

As the Advisory Board only meets twice a year and in order to maintain efficiency in decision making, the Network Coordinator should develop a system for this entity whereby decisions can be taken remotely (e.g. online voting, conference call, etc.).

In order to limit the workload as a result of meetings, the aim is to strive for rationalization of meeting moments. The following schedule is regarded as a starting point and can be adjusted (intensified or reduced) in the future by mutual agreement on the basis of needs and requirements. The rationale for adaptation of the meeting frequency or sequence must always take into account the smooth operation of the network.

4. Coordination and decision making entities in the EBP Network

The following paragraphs cover the different coordination and decision making entities: the Federal Steering Board, the Core Partner Meeting, the Advisory Board and the EBP Network Coordinator.

4.1. Federal Steering Board

4.1.1. Role and responsability

The Federal Steering Board consists of representatives of the involved federal governmental institutions as well as a representative of the Minister of Public Health. In that position the Federal Steering Board represents the mandate given by the Minister to the EBP Network. This mandate is the delegation of the tasks that are related to build an overarching governance of all EBP activities at the federal level in Belgium. Currently, the mandate is limited to primary care, with a focus on ten professional disciplines, and on patients and relatives. Together with the mandate, funds are made available to execute the mission of the EBP Network. The Federal Steering Board is responsible and accountable for the given mandate, and for how the funds are used to execute the mandate.

The Federal Steering Board is the governance entity in the EBP Network with decision authority. However, the network operates in a participative way and as much as possible by the principle of consensus. The processes guarantee the involvement of the entire network in decision making. The Federal Steering Board takes into account the advice and consent of the Core Partners and the Advisory Board on topics that cover the internal network coordination. Only in exceptional circumstances, when considerable effort to reach consensus failed, the Federal Steering Board can take decisions on internal coordination issues that are not supported by the Advisory Board and the Core Partners. The EBP Network Coordinator acts as liaison between the Federal Steering Board, the Core Partners Meeting and the Advisory Board, as there is no formal gathering of both these entities. However, the Federal Steering Board can invite the Core Partners or a delegate from the Advisory Board if they consider it necessary for the discussion of specific topics, or for clarification of the planning for the forthcoming year (Core Partners).

The Federal Steering Board can only take decisions that fall under its mandate and within the strategic framework of the EBP Network. This mandate is limited to the coordination and organisation of the EBP landscape at the federal level in Belgium, within the financial framework provided by the authorities represented in the Federal Steering Board.

4.1.2. Composition

The Federal Steering Board consists of representatives of the involved federal governmental institutions as well as a representative of the Minister of Public Health. If a member institution of the Federal Steering Board can no longer give the mandate or funding anymore, it loses its voting rights in the Federal Steering Board. If, in the future, another institution wants to delegate part of its mandate and funding to the EBP Network, this organisation can apply for a membership (with voting rights) of the Federal Steering Board. Only governmental institutions can be part of the EBP Federal Steering Board.

The composition of the Federal Steering Board is fixed, and consists of two members of RIZIV/INAMI, two members of FOD VVVL/SPF SPSCEA and 1 member of the Cabinet. . The member institutions appoint main and backup representatives. Each institution has one vote. The Federal Steering Board is chaired by the EBP Network coordinator, who has no voting rights. The chair organises the meeting, provides an agenda and arranges the minutes of the meeting.

The Federal Steering Board can invite other organisations as advising organisations which have no voting rights in the decision process. In the current composition of the Federal Steering Board, KCE and FAGG/AFMPS are advising member organisations.

The composition of the Federal Steering Board:

Organisation	Votes
Cabinet Minister of Public Health and social security	1
RIZIV – INAMI	1
FOD VVVL – SPF SPSCAE	1
KCE (advising member)	0
FAGG - AFMPS (advising member)	0
EBP Network Coordinator (chair)	0

TABEL 3: OVERVIEW OF MEMBERS OF FEDERAL STEERING BOARD

The Federal Steering Board takes decisions by consensus. If it is not possible to reach a consensus, decisions can be taken by voting based on the above table with assigned votes.

As arranged in the EBP Network coordination cycle (see p 32), the Federal Steering Board meets at least every three months.

4.2. Core Partner meeting

4.2.1. Role and responsibility

The Core Partner Meeting (CPM) is a monthly meeting with the coordinators of the life cycle cells, and the complementary partners. During this meeting, the alignment and integration of activities within the EBP Life Cycle is discussed. The CPM is the most central entity in the entire network. The CPM fills in the crucial advising and clarifying role regarding interaction between the Life Cycle cells and the rest of the network. It is also an important part of the network monitoring process, as a valuable source of information and data on the network performance. This input is essential for the functioning of the EBP network output and fine-tuning of the network processes (see 5.4 of this Charter 'roles and responsibilities EBP Network Coordinator'). Depending on the needs, the frequency of this meeting can be adjusted by the EBP Network Coordinator.

4.2.2. Composition

The Core Partner Meeting is composed of the representatives of the EBP Network core and complementary partners. Every life cycle cell and complementary partner sends one representative (seat) to the meeting. Decisions are always taken in consensus. The CPM is chaired by the Network Coordinator.

Life cycle cell	Partner	seats
Prioritisation	KCE	1
Development	WOREL	1
Validation	CEBAM	1
Dissemination	Ebpracticenet	1
Implementation	Ebpracticenet	1
Evaluation	CEBAM	1
Complementary partner	Minerva	1
Complementary partner	CDLH	1
Chair	EBP Network Coordinator	1

TABLE 4: COMPOSITION OF THE CORE PARTNER MEETING

4.3. Advisory Board

4.3.1. Role and responsibility

The Advisory Board (AB) acts as a representation of the network members and end users. As the EBP Network is an organisation network, it is crucial -in terms of creating trust- that the AB takes part in the decision-making process, avoiding classical top down command structure by design. Therefore, the AB acts as a monitoring and advising entity in the EBP Network and plays an active role in the coordination of the EBP Network.

The Advisory Board also plays an important role in the feedback processes of the EBP Network. This role is fully developed in the section on network performance processes. This section focuses on the role of the Advisory Board in the coordination and decision making processes.

4.3.2. Composition

The Advisory Board will play a valuable and active role in the coordination processes. This requires an effective and credible composition that is backed by the inclusion of the represented stakeholders. To enable the stretch between inclusion and effectiveness, a two level representation design is used. Every two years, an EBP Symposium will be organised, open to all interested persons. The broad stakeholder representation is attained during this EBP Symposium. This is a broad gathering of all EBP actors, the professional and the patient end users. During the symposium, a special meeting is held to elect a small group of representatives who take up a mandate in the Advisory Board. The representation of the different stakeholder groups in the Advisory Board is arranged as follows:

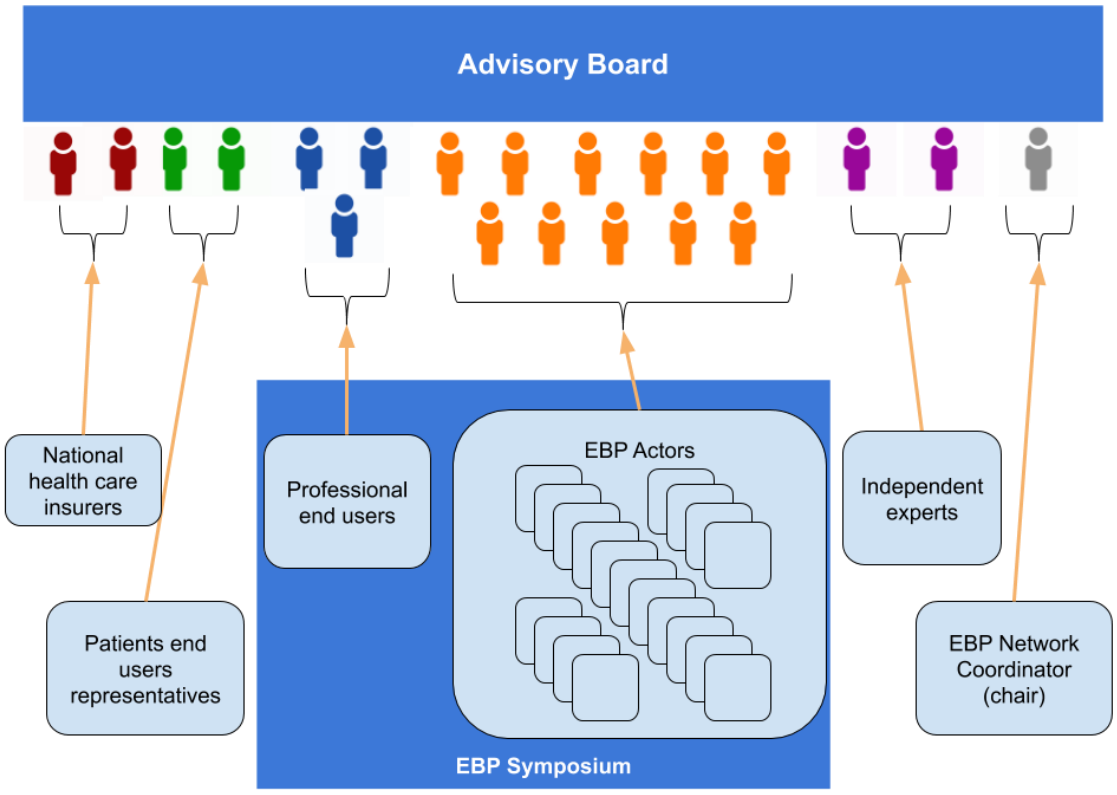


FIGURE 15: COMPOSITION EBP ADVISORY BOARD

The Advisory Board is composed of representatives who have a 2 year mandate. The representatives are proposed and selected by means of a voting procedure at the Belgian EBP Symposium, (procedure to be defined in a separate document). The representatives take up their role from a multidisciplinary perspective: the selection has to ensure a fair rotation of professions when the mandates are changed. Every elected member of the Advisory Board can appoint a replacement. This person can be from another organisation but needs to be from the same representative group. Criteria for eligibility of replacements are identical to these for elected members.

Maximum two members of the same profession can be elected for the end-user representatives, and for the EBP actors only one member per professional group can be elected as representative. The 11th seat is for a representative of EBP actors who are not directly linked to a specific professional group, the so-called transversal (multidisciplinary) EBP Actors (e.g. Pallialine, CEBAP-Red Cross, …)

Criteria for eligibility of candidates of the Advisory Board are:

- The candidate must be (1) or an active member of one of the ten included health care professions in the EBP Network as decided by the Minister or a member of a transversal[19] EBP organisation (10+1, see table 5), (2) or a patient representative, (3) or an EBP actor.

[19] a transversal EBP organization is an EBP organization not solely focused on one healthcare discipline but with a multidisciplinary composition

- He/she can apply as a private person or as a representative of an organization (scientific, professional, syndicate, ...)
- The candidate must be a Belgian citizen.
- Persons interested in being a member of the Advisory Board, have to apply at least 7 days before the election (that takes place during the symposium) by means of an application form which will be made available on the Ebpracticenet website.
- Core partners of the EBP Network, persons with close ties to the Federal or Regional Governments (employee, delegate, mandated person) and the EBP Network Coordinator cannot apply for membership.

The independent experts, one in the domain of EBP, another in the domain of organisation networks (such as the EBP Network is), are full members of the Advisory Board and have a 2 year mandate that can be renewed. All of the Advisory Board members have one vote. Besides the 2 independent experts, the Advisory Board can involve specific expertise when relevant. The Advisory Board is chaired by the EBP Network coordinator, who has no voting rights. The EBP Network Coordinator carefully filters the topics that need to be discussed in the Advisory Board meeting, to prevent overload of the meeting agenda. The chair organises the meetings, provides an agenda and arranges the minutes of the meetings. The EBP Network Coordinator acts as liaison between the Federal Steering Board, the Core Partners Meeting and the Advisory Board, as there is no formal gathering of both these entities.

As arranged in the EBP Network Coordination Cycle, the Advisory Board meets every six months. The meeting frequency can be adjusted if necessary.

Stakeholder group	number of seats	votes
EBP Actors	10+1	10+1
Professional end users	3	3
Patient end users representatives	2	2
Health care insurers (mutualities)	2	2
Independent experts	2	2
EBP Network Coordinator (chair)	1	0

TABLE 5: *COMPOSITION OF THE ADVISORY BOARD AND OVERVIEW OF VOTES*

As arranged in the EBP Network Coordination Cycle, the Advisory Board meets every six months. The meeting frequency can be adjusted if necessary.

The EBP Symposium is organised every two years, however, this frequency can be adjusted if necessary. (See also 7.3.1 of this Charter)

4.3.3. Working groups

Within the Advisory Board, specific working groups can be set up to cover dedicated topics. This allows more focus and flexibility in the work process. These working groups can be permanent or limited in time (ad hoc). Working groups are a tool to focus on specific topics such as low back pain, age or demography related topics like palliative care, … They will be invited to report and present their activities and results at the EBP Symposium.

4.4. EBP Network Coordinator

4.4.1. Role and responsibility

The "EBP Network Coordinator Foundation" (the NAO, or Network Administrative Organisation) is the entity that has the mandate and the task to keep the network operational and goal oriented. To this end, the EBP Network Coordinator Foundation appoints the EBP Network Coordinator and supervises his/her functioning. The mandate is strictly limited to the coordination and facilitation of the internal network processes and operations. The EBP Network Coordinator Foundation is an independent organisation that is incorporated and dedicated to its task. The incorporation and governance of the EBP Network Coordination entity is covered in detail in a separate document (available on request via coordinator@ebpnetwork.be)

The EBP Network Coordinator functions as central point of contact for member organisations in the network and towards external organisations.

The EBP Network Coordinator works through coordination and facilitation of the network, without interfering with the content of the scientific processes and is functioning as dispatcher and broker of information. As a result, conclusions of meetings of the Federal Steering Board, the Core Partner Meeting and the Advisory Board are well communicated between the decision making entities. The network performance and operations are assessed through constant monitoring and when possible, improvements are made. The EBP Network Coordinator is the neutral and trusted third party in conflict and obstacle management in case of situations and exceptions that are not covered in the network processes. Specific tasks that are required for creating successful network organisations (e.g. building internal and external legitimacy, network integration) are part of the core activities of the EBP Network Coordinator.

The EBP Network Coordinator initiates and facilitates actions needed for the design of a multi-annual action plan for the EBP Network (mid- and long-term vision and strategic objectives). In consensus with the Core Partners, the Federal Steering Board and the Advisory Board, he/she further defines operational goals, based on this multi-annual plan (see 3.4).

The EBP Network Coordinator compiles relevant reports and insights about the functioning of the EBP Network, and distributes these reports to the Federal Steering Board, the Core Partners and the Advisory Board. Yearly, the EBP Network Coordinator will create an EBP Network Year Report that will be presented to the Federal Steering Board. This report provides insights into the operations of the EBP Network and the partner activities within the network. The reports are made available for all the EBP Network coordination entities (the Federal Steering Board, the Advisory Board and the Core Partners) and will be presented to the National Insurance Committee on a yearly basis.

The EBP Network Coordinator has the task to monitor the performance and effectiveness of the EBP Network. This task has to be executed in an objective and transparent way. The EBP Network Coordinator also follows up the activities and output of the Core Partners, taking the RIZIV/INAMI contracts with every core partner as a reference. If needed, the EBP Network Coordinator can attract external expertise to support these monitoring activities. The EBP Network Coordinator discusses his observations in depth with the Core Partners. He also informs the Federal Steering Board (as well as the Advisory Board and the Board of Directors of the EBP Network Foundation) about his observations, as mentioned above.

As the mandate of the EBP Network Coordinator Foundation is strictly limited to the coordination and facilitation of the internal network processes and operations, its Board of Directors supervises the performance of the Network Coordinator. Every two years, an external audit of the effectiveness and efficiency of the Coordinator is done. The Federal Steering Board will appoint

the auditor and can decide to change the frequency of the external audit based on the situation, stability and performance of the network.

Possibly, other more diverse or punctual tasks can be allocated to the EBP Network coordinator. If this is the case, there must be a clear separation between the NAO tasks and the other activities to ensure the neutral position of the EBP Network Coordinator. Examples are the organisation and follow up of the project tenders (currently done by the FOD VVVL/SPF SPSCAE), the organisation of training sessions, international outreach, innovation and trend watching, … Possibly, additional staffing might be needed to fulfil these tasks.

A more detailed document regarding the function description of the Network Coordinator is available on request via coordinator@ebpnetwork.be

4.4.2. Composition and organisation

The EBP Network Coordinator is an independent legal entity. The goals of this entity need to be dedicated to facilitate and support the EBP Network, and needs to be a not for profit organisation. The Board of Directors of the EBP Network Coordinator is composed of: a representative from the Federal Steering Board, from the Advisory Board, from the Core Partners and an independent expert who doesn't belong to the EBP Network but offers additional value and an independent contribution to the functioning of the EBP Network. The independent expert is selected and appointed by the Federal Steering Board. The Board of Directors monitors and has the end-responsibility regarding the functioning and the management of the EBP Network Coordinator as an entity. There is no direct interaction between the Board of Directors of the EBP Network Coordinator Foundation and the decision making entities of the EBP Network. The Board of Directors gathers at least once a year. Additional meetings can be planned if required.

The EBP Network Coordinator Foundation is in the first phase staffed with a Network Coordinator. Additional staff can be added based on the workload. Examples are: integration and facilitation management profile(s) and administrative support profile(s). The central location of the offices in the Brussels region is chosen in such a way that the objectivity and neutrality is underpinned, and optimal interaction with the whole EBP Network is facilitated.

5. Decision making and interaction process in the EBP Network

The process of decision making and the interaction between the coordination entities (see paragraph 5 of this Charter) is covered in the following section. The decision making process is preferably based on consensus building. The role of the EBP Network Coordinator is to coordinate and facilitate the interaction process, and to provide the Federal Steering Board, the Core Partners and the Advisory Board with relevant information to enable the consensus building process.

The decision making process consists of several entities and the interactions between them. The interaction between the Federal Steering Board, the Core Partners and the Advisory Board is an important mechanism. Also the interaction between the Advisory Board and the bigger network (the EBP Actors and the end users) is crucial for a fully functioning organisation. To build a solid organisation, these core links need a well-structured approach.

The EBP Network is working on a consensus based model. All the decisions in the Federal Steering Board, the Advisory Board and the Core Partner meeting are made through discussion and consensus. Also the interaction between the coordination entities aims to follow the consensus logic. Only when consensus is not achieved after substantial effort, a formal procedure is offered to proceed.

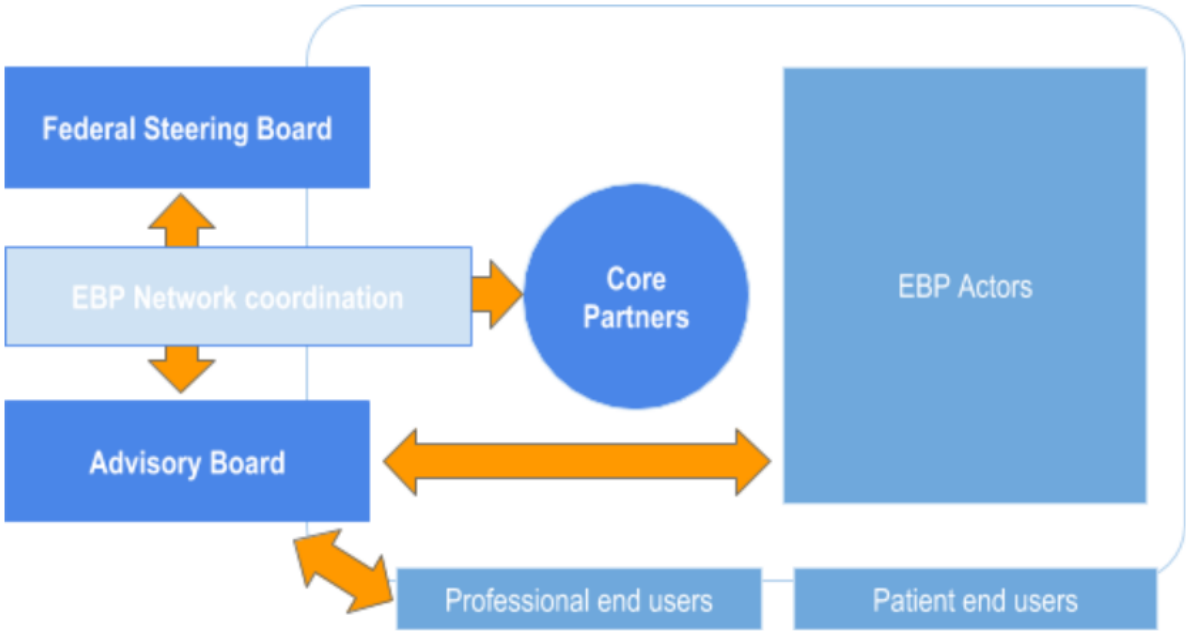


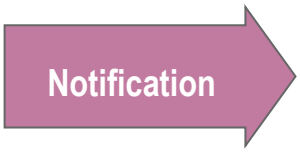
FIGURE 16: NETWORK COORDINATION INTERACTIONS AND DECISION FLOWS

5.1. Formal interaction procedure

The decision and consent procedure is developed as a solution to a fundamental challenge. In an organisation network, as the EBP Network is created, it is crucial to use a collaborative approach rather than a top down decision process. As decided by the ministerial cabinet, the Federal Steering Board is the only entity in the organisation that has decision authority. The decision and consent procedure is designed to tackle this challenge by allowing decisions to be made by the interaction between the Core Partner meeting, the Advisory Board and the Federal Steering Board. In this process, the Federal Steering Board accepts the collaborative decision requirement as a consequence of the choice to create an organisation network.

The EBP Network coordination starts from the idea that every coordinating entity can ask a question, send a notification or do a proposal to another entity, and that the receiving entities should provide an answer.

The EBP Network uses four formal types of interaction. Each of these types follows a specific procedure. The different interactions are registered in the EBP Network log, allowing the EBP Network Coordination to monitor the progress and the status of the interaction between the Federal Steering Board, the Core Partners and the Advisory Board. The formal interaction types are always initiated by one entity, and received by another entity. While this formalised approach seems rigid and complex, it is required to create structure and transparency in the complex network environment. This structure and transparency is crucial for the trust from the network.



5.1.1. *Notification*

A notification is a unidirectional flow of information, from one organisational entity to another organisational entity. Examples of notifications are status reports, bugs that are signalled, clarifications or answers on questions. There is no requirement for an answer. All network members can send notifications.

5.1.2. Question

A question is a formal way to ask explanation or clarification on a specific situation. A question is followed by an answering notification or another question within a reasonable time frame.

Formal questions can originate from any entity within the EBP Network coordination structure and can be addressed to any entity. Questions that come from the network can be asked to one of the coordination entities, who will bring the relevant items to the right meetings.

5.1.3. Proposal

A proposal is a proposition to change an activity or situation in the EBP Network. A proposal is followed by consent, a question or a notification.

A proposal can be prepared and initiated by the Core Partners, the Advisory Board, the Federal Steering Board and the EBP Network Coordinator. The EBP Network Coordinator can only create a proposal that impacts the network operations, as it cannot be involved in the content of the EBP Life Cycle.

5.1.4. Consent

Each proposal is discussed in the entity it was addressed to, in line with its responsibilities. If there are no objections against a proposal, there is consent. If there are objections, there is no consent, and a notification with explanation and motivation for the withholding of the consent has to be provided. The agenda of the Federal Steering Board, the Core Partner Meeting and the Advisory Board is provided upfront, to allow the participants to prepare themselves. Last minute additions to the formal interaction process are refused, to ensure the transparency of the decision process.

For exceptional circumstances, the possibility remains for the Federal Steering Board to take a decision without having the consent from the Core Partners and Advisory Board. If the Core Partners or the Advisory Board withhold consent for a proposal from the Federal Steering Board, a unanimous Steering Board decision is able to ignore the absence of consent. If this happens, the Federal Steering Board notifies the Core Partners and the Advisory Board of this decision and the motivation to take the decision without Core Partner/Advisory Board consent. The decision is also added to the EBP Network log as forced decision.

5.2. Interaction between the Federal Steering Board, the Advisory Board and the Core Partners

The interaction between the Federal Steering Board, the Core Partner Meeting and the Advisory Board flows through the EBP Network Coordinator. There is no formal meeting where both the Federal Steering Board and the Core Partner Meeting/Advisory Board participate. The EBP Network Coordinator acts as liaison. However, if specifically needed, ad hoc meetings between the coordination entities can be organised.

6. Performance Management

6.1. The role of feedback in organisational performance management

Organisations have two core tasks: division of labour and integration of effort. The essential role of feedback in an organisation is to provide learning and monitoring mechanisms. Organisational feedback is a tool that holds a mirror up to the strategic and operational management. The fundamental goal of feedback in an organisation is to provide opportunities for improvement. Topics that require monitoring are for example:

- Do all entities execute the tasks that are assigned to them?
- Does the task execution lead to the expected result?
- Are the tasks well integrated towards an overarching goal?
- Does the overall effort result in the attainment of the overarching goal?

Besides this operational monitoring mechanism, a strategic monitoring mechanism needs to provide answers to questions such as:

- Is the strategic framework still valid?
- Is the strategy execution working?

There are different ways to generate feedback. One way is to install monitoring mechanisms in the organisation. Examples of this are KPIs, financial performance data, …This type of feedback will be generated in the EBP Life Cycle cells. A second way of generating feedback is through specifically designed feedback bodies like advisory boards, customer intelligence, … This is operationalised through the Advisory Board. Besides these entities, feedback is also gathered in general ways as website feedback buttons and forms, email-addresses, personal interaction, ….

6.1.1. Location of the feedback process

The feedback in the EBP Network is mainly organised in two ways: the EBP Life Cycle cells have built-in feedback mechanisms to monitor effectiveness and efficiency (partly automated data collection and partly information gathered in the Core Partner meetings). The second feedback mechanism is the Advisory Board that allows feedback from a broad group of stakeholders (including patients and relatives). In fact, the Federal Steering Board can also be aware of feedback on the functioning of the EBP Network. This information should also be processed.

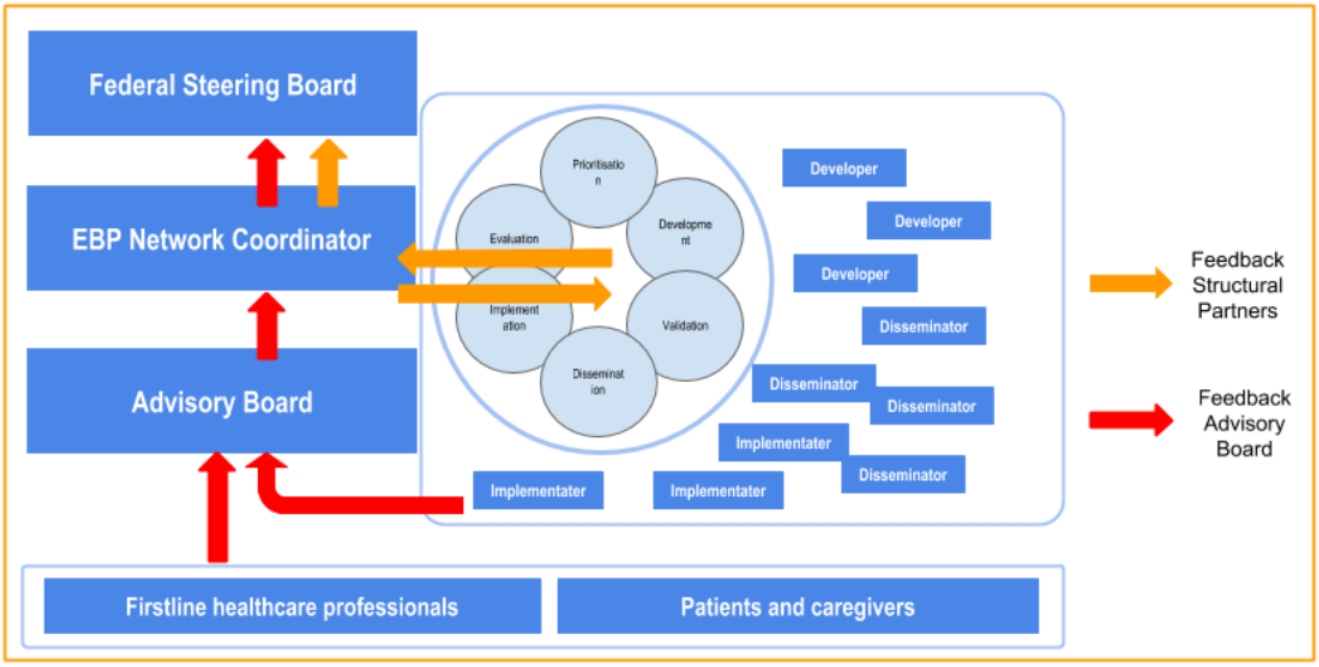


FIGURE 17: EBP NETWORK, FEEDBACK FLOWS FROM CORE PARTNERS AND ADVISORY BOARD

6.1.2. The Advisory Board as feedback mechanism

The Advisory Board is a coordination and decision making entity with the specific task/role to streamline and handle feedback on the functioning of the EBP Network and the scientific content that is spread through this network. In this section this specific role of the Advisory Board is described. The roles and responsibilities in the overall coordination of the EBP Network have already been described in the section on the Coordination Processes (5 EBP Coordination processes).

The role of the Advisory Board is to represent the EBP Network stakeholders in the coordination and decision process. This has to be done in such a manner that both the effectiveness of the network coordination and the inclusion of the stakeholders is covered.

The Advisory Board is composed of representatives from the end users (both patients and professionals), EBP Actors, health care insurers (mutualities) and independent experts.

The role of the Advisory Board in relation to the feedback process is twofold:

- The Advisory Board is the first in line to receive and collect any kind of feedback that flows through the EBP Network, as an antenna that captures everything that lives within the Network: opportunities, barriers, ideas, remarks, … The Advisory Board is the dedicated body for stakeholder feedback in the EBP Network.
- The Advisory Board acts as advising entity in the EBP Network, it represents the stakeholders and facilitates bottom-up, shared learning and decision making.

6.1.3. Feedback-log

All the significant feedback that emerges out of the EBP Network is logged in the EBP Network coordination logging system. This feedback can come from the Advisory Board, from the EBP Life cycle cells or can be collected in general ways. This way, follow up of the open items is ensured. The EBP Network feedback log is managed and kept up to date by the EBP Network Coordinator. It is available for the Advisory Board, the Core Partners and the Federal Steering Board.

6.2. Performance management of Core Partners

In order to monitor, assess and optimise the performance of the Core Partners, a specific evaluation process will be put in place. Performance management of the Core Partners can be described as a process consisting of three steps:

6.2.1. Goal setting and planning

The overall strategic goals of the network form the basis to formulate the operational goals for each of the Core Partners. Just like the strategic goals, the operational goals should be formulated according to the SMART principles[20]. Both performance goals (defining outputs and results) and developmental goals (on organisational functioning) can be formulated. Each of the Core Partners will make a plan on how the goals will be achieved.

6.2.2. Interim monitoring of progress

At regular intervals throughout the year, each of the Core Partners discusses the progress with the network coordinator. During these interim reviews, it will be checked whether everything goes according to plan or whether additional efforts are required to reach the goals at the end of the performance year.

6.2.3. Annual performance assessment

At the end of the performance year, a review is done on how the core partner has performed, whether the goals have been achieved, the quality of the work and what are the lessons learned for the future. New goals are formulated for the next year.

In the initial phases of the network, performance management will be based on the goals as they have been defined in the contracts between the Core Partners and the funding partners (e.g. RIZIV/INAMI contracts). For later phases the precise format of the performance management cycle will have to be further developed, more precisely from the next Multiannual Plan onwards that starts in 2021.

7. How this document will be updated

A specific procedure for updating this charter will be included in the EBP Network Process Book that will be available for every stakeholder in the Network. The Network Coordinator initiates this process as pre-defined.

20 To make goals S.M.A.R.T., they must be Specific, Measurable, Attainable, Relevant and Timely

8. COLOPHON

First version of the Charter:	9/07/2019
Last update Charter:	9 juli 2019
Authors	Koen Vriesacker (AMS/Noventus), Jef Adriaenssens (KCE), Marc Sonnaert (AMS/Noventus), Pascale Jonckheer (KCE), Els Van Bruystegem (KCE), Marijke Eyssen (KCE)
Lay-out:	Ine Verhulst (KCE), Joyce Grijseels (KCE)

Many organizations were involved in the development of this "Charter of good governance" (see table p. 4 and 5), as well as some external experts. All the persons involved and their conflicts of interest can be found in the colophon of part 6 of the scientific report of this KCE project

This Charter is one of the end products of a KCE project on the operationalization of the Belgian EBP Network. The English-language scientific report, with a detailed description of the creation of the prioritization, evaluation and performance management processes, can be found on the KCE website.

How to refer to this document?	Vriesacker K, Adriaenssens J, Sonnaert M, Jonckheer P, Van Bruystegem E, Eyssen M Charter of good governance; 2019. Belgian EBP Network. Available at http://www.ebpnet.be