

## Community Engagement Workshop 3: People and expertise

### Breakout group feedback

#### Question 1.

*What incentives can we put in place to recruit, retain, and engage people with relevant expertise to produce reviews more effectively?*

#### Opportunities:

- Cochrane's appeal is that it allows people to learn the gold standard of systematic review methodology; learning best practice for guideline development.
- Getting the chance to learn more, get publications in a high quality 'journal', develop leadership skills and professional networks, strengthen resumes, widen career progression and opportunities, and enhance personal prestige.
- For clinicians interested in learning from evidence 'champions' Cochrane's independence and reputation is an incentive.
- Access to skilled people providing expertise, support, guidance, and training
- Specialist training and support not available in many other environments
- Prioritising questions for future reviews and educating peers and colleagues about existing evidence plus seeing it being used and disseminated more widely.
- Co-authorship for methods expertise / Routinely include methodologists like information specialists as review authors. Some Groups are very good at including statistician, IS in author line up. Cochrane should take a blanket approach and move away from CRG-by-CRG approach, yet not replace review by review.
- Reputation boosts for academics - streamline processes for author teams - fellowships, mentoring, support, buddy systems - consumer voice needs to be included across all activities not just an add on.
- Identifying studies is a starting point and the search is role of IS in Cochrane.
- Recognising review as a multidisciplinary product therefore needs multidisciplinary team approach.
- People need to have a voice in Evidence synthesis units – an opportunity to influence – a way to broaden out the unit of production to have different perspectives going into development phase.
- In resource poor settings less experienced but enthusiastic contributors need to help build capacity. What will recruitment in LMICs look like in this model?
- Differential pricing for events and products for Methodologists should be 'at cost'.
- Is there an opportunity to find the 'right' people in other settings other than high income countries/LMICs?
- Our reputation for quality can feel forbidding to some. If we really transform, it can attract a new community of contributors.
- Patient representation is important in defining the question and what drives us – the patient experience and priority setting should be valued in the new model

- We should be verifying working knowledge of GRADE and set common phrasing for members of the units, the peer reviewers and the author teams.
  - Online learning modules are in place that meets the needs of peer reviewers and future members of the evidence synthesis units.
  - A pool of examples with correct and inadequate phrasings would also be very valuable.
- Payment for people's contributions and of course paid employment

#### Challenges:

- Retention is more of a challenge than recruitment. To keep the 'best' people, you have to provide strong career progression and opportunities.
- The Evidence synthesis units need for wider range of experts- supervisory roles that support authors.
- You need a multi-disciplinary team within the new evidence 'hubs'
- Challenges around recruitment include finding people who are free of conflicts of interest.
- Need to educate contributors early about our stricter CoI Policy in order to retain
- Payment for people's contributions and paid employment
- Building relationships with patients – important people are skilled in this area.
- Where do the Managing Editors (and their responsibilities) fit in the new model?
- Having a limited number of information specialists is a challenge.
- Reputation for academic quality may be incentive for some but off putting for others
- Frustrating not to have the funds to pay volunteers as a CRG – is this an opportunity for the ESU.
- ESU can't employ dozens of any role but group of volunteers – how to incentivise? Not necessarily payment. Offer authorship? Mentoring programmes? Fellowships?

#### Alternatives:

- Wait to see if something more organic evolves, rather than creating 8-10 units upfront.
- Make use of the amazing teams that exists now – real research hubs. Being prescriptive going forward could impact those teams.
- Learning from other parts of Cochrane in terms of how they work, are structured, who is involved and how they have managed challenges e.g., how they dealt with loss of infrastructure revenue.

#### Question 2.

*What parts of the review process would benefit most from input before the review enters the editorial process in any new model?*

#### Opportunities:

- More diverse author groups – engage and build teams by using online meetings with author groups at start of review.

- Systematically involve more expertise from the start: patient representatives; information specialists.
- Policy/checklist for ensuring collaboration and balance in author teams – clinicians & consumers (with a range of views), methodologists, statisticians; expand global network of expertise
- Sharing of methods expertise across the new Evidence synthesis units, including facilitating training and incorporating new and evolving methods
- Broader range of SRs (methods & topics); Reassess protocols for updates; evaluation of RoB2 (complexity); Building MAs (comparisons/analyses); SoF table (reducing complexity of process).
- How can we maximise the tools we already have like TaskExchange?
- Early input could lead to a better balance of clinical and methodological expertise.
- Several points in the review writing process could benefit from early editorial input (e.g. SoF; data analysis; writing results)

#### Challenges:

- How do we support inexperienced author teams?
- Will evidence synthesis units have capacity to work with authors with intensity? Selection process needed. How check/approve of author's expertise?
- How do we keep panels of expert people engaged and committed, while at the same time incorporating junior authors?
- Clinical expertise is currently mostly voluntary, how can we keep them engaged in a new model?
- Ensuring a balance in non-financial conflicts of interest within author teams.
- Challenge of updates with changing/updated methods.
- Maintaining support for unfunded reviews/teams/ topic areas.
- How will we avoid duplication across Evidence synthesis units?
- How to retain content expertise, for example editors' input into how authors can consider outcomes where multiple measures/scales are available?
- How to resolve the tension between authors' needs, review group needs and Cochrane's need (in the new model, whatever it may be), for example where there are differences in opinion or emphasis on choices for the PICOs?
- To what extent will Cochrane continue its educational mission? Authors' variable experiences require different levels of support/input. In the new model will that support/input be available?
- How do we balance tension between methods development and author /editor capacity?