Virtual Governance Meetings 2021: Council response

10 June 2021

In this collated report we focus on the commonalities among the different constituencies. We appreciate that each group type (review, methods, geographic, fields) has a different focus and area of expertise and therefore each Executive's feedback is of high value. These views are reported in the table produced by the CET.

Overall, common concerns and opinions emerged from the Executives, each one influenced by its own perspective:

- Concerns about funding linked to Open Access and potential NIHR funding changes for UK CRGs.
- The plan for re-organization, increased centralized control of review production and new and better defined standards.
- The struggle to find the right balance between:
  - Internal (our values) versus external (funders, but also others) needs;
  - Speed of production and rigour of methods;
  - Common centralized processes to level-up quality and standards versus diffused organization to increase reach-out and facilitate contacts;
  - Voluntary work and professionalism;
  - Evidence production and knowledge translation;
  - Complexity of content versus ease of use/accessibility.

1. What new challenges and opportunities have been created for Cochrane by world events of the past 18 months?

<table>
<thead>
<tr>
<th>Challenges</th>
<th>Opportunities</th>
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<tr>
<td>1.1.1 Review production</td>
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<tr>
<td>• Reduced support to CRGs.</td>
<td>• Recognition of the importance of evidence synthesis.</td>
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<tr>
<td>• Cumbersome processes with centralised editorial functions on top of CRG</td>
<td>• Open Access allowed Cochrane evidence to be available and accessible.</td>
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<td>and Network layers.</td>
<td>• Expand beyond standard intervention reviews and RCTs/CCTs.</td>
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<td>• Easy access to enough specialist methodologists.</td>
<td>• We need to cover areas where there are no RCTs with the best evidence available.</td>
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<td>• Availability of multiple and trusted sources.</td>
<td>• New review production model and peer review process.</td>
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<td>• Multiple evidence syntheses addressing ostensibly the same questions</td>
<td>• Ability to bring together a large network of methodologists.</td>
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<td>(e.g. multiple NMAs on the same topic).</td>
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<td>• Sometimes the methods are there but lack of access, e.g. resources.</td>
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<tr>
<td>• Reduced support to new authors.</td>
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### 1.1.2 Speed of review production

- Timely evidence to support decision making.
- The need to be able to synthesize evidence quickly and have the methods available to do this.
- Challenge to do reviews quickly, but with methodological rigour. Quality is still our unique selling point.
- Things can be done faster, but the pace can’t be maintained.
- Better publication timelines expected but may not be possible without increased support.

| • Innovative quick publishing models. |
| • Centralised editorial process for more timely reviews. |
| • Ability to bring together review teams quickly. |
| • Rapid review methods. |
| • Evidence on the highest priority topics produced quickly. |

### 1.1.3 Knowledge translation

- Current format of 200-page Cochrane Review is not fit for decision making.
- Reduced prioritising with stakeholders, especially consumers, due to pressures during COVID pandemic.

| • An opportunity to complement the evidence production portfolio. |
| • Lots of opportunities to produce material that could be sold in terms of education and products. |
| • Training health practitioners. |

### 1.1.4 Cochrane in general

- We are an organisation not a publishing house.
- Profile and interest in evidence-based medicine.
- Consumers involvement in Cochrane diminished
- Some important projects have been pushed back.
- Challenges around communication with lack of engagement and networking opportunities.
- Publication challenges as you cannot publish rapid evidence syntheses in a Cochrane journal.
- Technical limitations - for the rapid evidence synthesis conducted for different stakeholders (e.g. WHO).

| • Strategic Framework living document. |
| • The best is the enemy of the good: which balance? |
| • Who we are: the gold standard of evidence – but does that mean being a systematic reviews producer or a provider of quality stamps for reviews also of others? |
| • Focus on Cochrane’s structure. |
| • Collaboration and partnerships at international and national level. |

### 1.1.5 Funding cuts

- Type of funding – to project rather than structures
- Funding is based on getting reviews completed.
- Long-term resource for long-term projects (how can we maintain these projects going forward?)
- Open access:
  - Pay for publication LMIC countries.
  - Without revenue we lose things like methodology, centralised editorial service.

### 1.1.6 Work

- Workloads
- Staff turnover, burnout, changes in working practices.
- ‘Zoom fatigue’.

| • New ways of working: remote working, more accessible training and event options. |
| • New communication channels: flexibility and accessibility of remote events, training and meetings. |
| • Springboard off existing infrastructure. |
2. What are the main challenges for your constituency and what information and/or support do you need from Cochrane to address those challenges?

To provide a general answer for Cochrane, we decided to drop the individual groups’ needs (quite differentiated and valuable one by one and reported by each Executive) to synthesise the overarching needs to be addressed.

1.1.7 Organization
- Improve internal communication and access to the organization, clear roles understood by all other groups.
- Value for people: voluntaries work, professional development opportunities, communicating importance, and assuring role.
- Provide templates of work and make technology easier with protocols and standards to be defined.
- Reduce UK-centricity and improve access for people with English as second language (subtitles during meetings).
- Support with advice on funding opportunities (we are good at producing products, but we aren’t good at “selling” them) with a better leverage of the Cochrane brand. Keep high the standards.
- Restructuring and re-organisation is needed (e.g. the Networks, Fields and CRGs don’t often correspond to any Medicine classification).
- Strong leadership, and a clear plan for the future is needed, with input from the community.
- Clear information on Cochrane’s direction of travel.
- Projects involving the community should be announced well in advance of implementation, ideally with a central overview and timeline of forthcoming projects that are in the pipeline.
- Public and transparent project documents and consultation with the community.
- Support in finding funding opportunities and help with approaches to organisations and opportunities identified, with collaboration and coordination (consortia) to avoid duplication or even competition.

1.1.8 Review production
- Sketch out a range of models and list the pros and cons to decide best model, recognising that there might not be one size fits all approach – decisions not only from funders but also from us.
- How to balance between centralised service and people far from central? Which tasks could be done centrally, which are best placed at the group level? Keep decentralisation (Cochrane Review Groups) to facilitate access while increasing the centralisation of editorial functions to improve and standardise efficiency, speed and quality.
- Cochrane CRGs/CET division.
  - Recruitment of content experts (clinicians) to produce better reviews.
  - Methods support to support review teams and development of methods in some areas.
  - Ensuring new tools are optimised for use before roll-out.
  - Ensure inclusivity and education for new and voluntary authors, for consumers and for clinicians.
  - Specialised registers – are they still necessary?
  - CRG’s portfolio management guidance and mandatory review standards.
  - Staff wellbeing metrics.

1.1.9 Knowledge Translation
- Cochrane evidence that meets needs, on relevant topics, and in accessible and new formats, and easily reachable (Cochrane Library difficult to navigate).
- Properly resourced support and systematisation of knowledge translation.

3. What topics would you like to discuss with other Group staff, and organisational leaders and members, at the Governance Meetings in June?

With different focuses among the groups, some common topics emerged quite strongly, including:
- **Sustainable funding models** (and open access): how (including tasks other than review production, and national research opportunities) and which impact on evidence synthesis and knowledge translation. Potentially sharing more centralised funds with CRGs.
• **Editorial Independence and Efficiency Project**: roles and responsibilities of participating CRGs.
• **New models of work and simplification**: review groups, centralised editorial functions, technology and standardisation of work.
• **Internal organisation**: governance, strategic plan rethinking, how to come together as a community more regularly, English as a second language, diversity, equity and inclusion. Transparent criteria for consultation with the Execs, Council, Governing Board.
• **Priority setting** (central and by areas of health) and **capacity building** with a focus on new authors and consumers.

**How would you like to discuss them (e.g. by mixing CRG staff with Geographic Group staff, or in randomised small groups)?**
There was consensus on dividing into small groups with facilitators leading a clear task, with suggestions to have the groups mixed using randomisation possibly stratified per constituency. It was suggested also feedback session (ideally) or a shared doc (if feedback session not feasible).