The 2 February teleconference focussed on the future of evidence synthesis proposals, and discussion of the consultation feedback: [https://www.futurecochrane.space/](https://www.futurecochrane.space/).

Points already present in the report, but underlined by the Council:
- How to keep at best the role of clinicians in the future of evidence synthesis
- How not to lose the granularity and wide penetration on the many different health related topics while searching for funding and looking at the most important ones?
- Many Groups outside the UK have funds – why change for them too?

Other considerations:
- It is not clear (important for integrity): ESUs do only editorial work, or also produce evidence synthesis?
- Importance of careful transition between the models – the Council want to monitor it.
- Importance of being clear on possible overlapping functions between ESUs and CRGs.
- The so-called hubs of the complimentary proposals seem groups without the editorial work only – it was also stated that this is reassuring
- Cochrane has a role in determining the topics for evidence synthesis and not only the funders (money-driven). Cochrane Community is a stakeholder in evidence production and has developed knowledge in this direction
- What room for the discussion of the community from this stage onward? Will the decisions taken at the next Governing board be definitive and unquestionable or there will be still room for further discussion and modification/adaptation of the decisions? The Council wants to be part of the ongoing discussion
- Bad message to the community the 500 reviews per year required by Wiley – it would insist on external economic drivers
- Cochrane relies heavily on volunteers – where are they in all these discussions? Funding is important, but let’s keep the volunteers on the agenda

The Council would like a report after the Board Meeting
NIHR call has also been discussed at length