

## **Q&A Summary from September 2021 Join the Conversation Webinars**

### **Evidence Synthesis Units**

#### **Will Cochrane evidence synthesis units replace the current Cochrane Review Group (CRG) structure?**

*The current proposal, which may be altered based on the community engagement exercise we're undertaking over the coming months, is for CRGs to be replaced by the larger evidence synthesis units.*

*The process of this change will need to include a transition period, and we have discussed various options related to this. For example, while evidence synthesis units are being set up, CRGs that are producing reviews may be able to send these directly to the Central Editorial Service for processing and publication.*

#### **How will the 8-10 Cochrane evidence synthesis units be defined? Will they be topic-related like current CRGs/Networks? How will this affect the topics that Cochrane covers in terms of health evidence?**

*We don't yet know how the units will be defined. The way we prioritise topics within CRGs has been very challenging to explain and share with people external to Cochrane. We hope that these units will provide us with a way to respond to global health and care challenges in an agile way. The way this is done still needs to be decided, and we look forward to your input on this in the session dedicated to this topic.*

#### **How will the rolling infrastructure costs of the 8-10 new Cochrane evidence synthesis units be funded? What external funders are being courted/may be courted to fund these?**

*We hope that current funders of CRGs will be interested in participating in this transition process with Cochrane, so we can retain our current funders to partially fund evidence synthesis units. We have also been working hard on a fundraising strategy that will take us forward with this and other strategic plans for Cochrane in the coming years. The business case underpinning this model and the evidence synthesis units, including funding, will be brought before the Governing Board toward the end of 2021.*

*Some current funders may decide that they want to work with Cochrane to establish a Cochrane evidence synthesis unit within their jurisdiction. A close relationship between Cochrane and the funders will be critical to the success of these units, not least in securing funding in the medium and longer term.*

#### **How much are funders prepared to pay for Cochrane reviews?**

*That is uncertain. What we do know is that funders want to pay for the specific pieces of evidence synthesis that they want and need, and that they want those syntheses to be of high quality and done in a timely fashion.*

**Do you envisage the staff of the synthesis units will be employees of Cochrane centrally or will the units be based in a range of institutions, as is the case currently with CRGs?**

*Staff of the units might be employees of Cochrane or of host institutions, particularly as we do not want to lose any funding that we currently have. We will need to be flexible as we develop our fundraising effort, so there may be different models of funding that are implemented in different units.*

*However, accountability from these units must be three-fold: to Cochrane, to the funder, and to the host institution itself. We have seen problems where current relationships between the funder and the group have undermined the accountability to Cochrane, and this causes issues for the way we work together and interact.*

**What is the process envisaged for identifying the host institutions for the new Cochrane evidence synthesis units? Would set up of the evidence synthesis units be via a public tender process?**

*The process is likely to depend on the wishes of both the funders and Cochrane. As mentioned in previous answers, the relationship between Cochrane and the funders must be a close one in which both parties seek maximum benefit. These units must produce the evidence syntheses that the funders want and need.*

**What is the likely timeline for the setting up, and recruitment to the new units?**

*The workshops will be held from late September-early November 2021, and the valuable input we will receive from the Community will help to shape a more complete proposal, with options and business cases, for the Governing Board to consider by late December 2021, with a view to beginning implementation planning in Q1 2022. The first steps in implementation planning will include: (a) identifying funders who want to fund such a unit, (b) agreeing with them the process for establishing the unit, and thereafter (c) recruiting staff to the units as required. The needs for recruitment will depend on whether there are sufficient existing staff in the host institution who can be redeployed. As will be evident from this answer, there remains much uncertainty.*

**Do you know yet how many MEs, ISs, etc will make up each Cochrane evidence synthesis unit? What would the ME role be for the ME you mentioned would be in the units?**

*We are not able to clearly answer this question at this time, as the proposal for this will be decided after the series of community engagement workshops that will be held over the coming months. We look forward to hearing your views on how the current CRG roles could be adapted to new ways of working in the future.*

**How will volunteer review authors be integrated into the Cochrane evidence synthesis units? Do you think this new model will facilitate title registration for authors who have had to wait for a long time to register their title?**

*This new model of Cochrane evidence synthesis units is built around professional and experienced reviewers doing the high-quality Cochrane reviews and other evidence syntheses that funders require in a timely fashion. Teams of review authors working anywhere in the world will be able to undertake Cochrane reviews and submit them directly to the Central Editorial Unit. If they are of high-quality, on important topics, they will be published in the Cochrane Library.*

**The 'brand' and reputation of Cochrane are largely built on the high-quality reviews produced by Cochrane review groups. Is it not highly risky to get rid of all these groups, and their established knowledge base, expertise etc.? The replacement Units will take time to get established - during which time, could the reputation not substantially diminish?**

*Only high-quality Cochrane reviews and related evidence syntheses will be published in the Cochrane Library.*

*We do want to find a way to preserve the clinical and patient expert knowledge and expertise that resides in the members of the different CRGs. This is one of the topics for discussion in the workshops.*

### **Central Editorial Service**

**How will the new central editorial service be funded?**

*Currently this service is funded from the income that Cochrane (the charity) receives from Wiley (our publisher). We are looking at other options, including fundraising from a variety of sources.*

**What will the fast-track process, i.e., authors outside units can submit reviews, look like?**

*This system exists already but is rarely used. Like any other journal focused on quality, we will expect (and require) a high standard of submissions. For our part, we will aim for speedy turn-round of decisions. Authors whose work is rejected will be able to submit to other journals.*

### **Role of other Cochrane Groups**

**What will be the role of the Fields?**

*We are exploring ways in which the clinical and patient expertise within not only CRGs but also Fields can be preserved. This is a topic for one of the workshops.*

**What will happen to Network Support Fellows and other Network staff?**

*The Network Support Fellows were funded for a limited term by a grant from NIHR. This is coming to an end.*

**Is there any sense what the vision means for Geographic Groups, Fields, and Methods Groups? Would Geographic Groups still exist alongside? Would Fields and Methods Groups be dissolved, and expertise integrated into the new units?**

*The expertise Cochrane holds, in CRGs but also across our other groups, allows us to differentiate ourselves as an organisation and produce and disseminate reviews of remarkable quality. Our people, across the organisation, are our asset. We hope to discuss with you how to integrate and collaborate across all our Cochrane groups in this new model in the upcoming workshops.*

*Two key roles for many Geographic Groups are knowledge translation and training; we do not see this changing currently.*

## **NIHR Funding**

### **Do we know if NIHR would help to fund Cochrane evidence synthesis units? Do you anticipate that the evidence synthesis units will apply for funding through the forthcoming NIHR call?**

*It is important to understand that there are two distinct types of evidence synthesis units. The “Cochrane evidence synthesis units” which have been mentioned in several earlier answers, and the proposed “NIHR evidence synthesis units” that NIHR have signalled it is planning to fund in the UK. It is our clear understanding that these will be funded primarily to undertake commissioned non-Cochrane evidence syntheses. We would like to see NIHR encourage these units to submit the evidence syntheses they produce for publication in the Cochrane Library. However, we know that NIHR will want these syntheses to be published ‘open access’. We also realize that these evidence syntheses will not necessarily be (and are unlikely to be) classic Cochrane-style reviews. As Editor in Chief, I would like to broaden and expand the nature of the evidence syntheses published in the Cochrane Library and this may therefore be a route to do so.*

*We are in regular dialogue with the NIHR, and we hope that their upcoming call for proposals related to the NIHR evidence synthesis units may reflect some of this thinking.*

*We are also in discussion about funding of the Cochrane evidence synthesis units.*

*Finally, NIHR is not our only funder. We are working on a plan for fundraising for not only the Central Executive Team, but across the Cochrane Community. We will be in conversation with our funders around the world regarding this model.*

### **With timelines quite tight to organise transitions, when will a conversation start about whether NIHR funded UK groups should start winding activity down and how our collections and author teams will be managed in a new structure?**

*Questions about current UK CRGs and positions will need to be dealt with at a local level, dealing with your employing organization and current structure of the CRG. We are not able to comment more thoroughly, as we are not the employing organization for these members. It is important that CRGs affected by funding cuts are talking together as teams and talking to their funders and host institutions about these arrangements going forward.*

*Nevertheless, we are planning meetings with all the UK CRGs including Cochrane and the team at Cochrane UK. Making plans for transition is always difficult when the destination is not clear. This is why the Governing Board wants to finalize the plans for the future, based on the direction of travel they have already approved. By early 2022 we should know (a) what NIHR’s plans are for the NIHR evidence synthesis units, (b) if and how they want to fund a Cochrane evidence synthesis unit, (c) whether the new model for review production will be implemented from April 2023.*

## **Changes to current ways of working**

### **What will happen to the Cochrane Review Group Network sites on Editorial Manager?**

*Editorial Manager and all of Cochrane’s IT will need to be adjusted to reflect the changes.*

**It's really important for CRGs to know how to manage things new title registration and prioritisation during this time. How soon can we expect some clarity about this?**

*As we have indicated in earlier answers, we hope that firm decisions have been made by Q1 2022. We are aware that there have been sensible discussions already within the community about title registration. It has never been more important to consider whether the author team proposing a new review title have the skills to deliver that review in a timely fashion to the required standard. We will be happy to provide further advice in due course*

**What shall be done regarding ongoing protocols and reviews? Which shall be prioritized? Shall groups stop accepting new titles for the final 18 months?**

*The leaders of CRGs will have to consider, with their teams and knowing the resources that have available, what can be accomplished in the relevant timeframe. It is important to remember that it will always be possible for authors to submit high-quality manuscripts for consideration by the Central Editorial Service. We will provide further advice in due course.*

**Regarding current funding applications that CRGs are completing: is there any guarantee of consistency in process - a commitment from Cochrane that reviews funded/commissioned now will proceed, especially when we are working to a 3–5-year timeline in some of these bids?**

*If an individual, or a group of individuals, working with their host institution (University, hospital, etc.) are bidding for money to do a suite of Cochrane reviews, there is no reason why that bid cannot continue. Those reviews can always be submitted directly to the Cochrane Library via the Central Editorial Service. If they are of sufficiently high quality, they will be published.*

**What is the vision for the Cochrane Library considering this new model?**

*While this has not been decided yet, one vision is that the Cochrane Database of Systematic Reviews might be considered a “premium” library housing commissioned reviews or suites of reviews that are more complex. Alongside that, we will find different ways to publish other types of evidence synthesis that are likely to be shorter and less complex. We must also remember that it is extremely important that we share information, and disseminate information, in ways that people want to consume it. This will need to be done through the geographic groups, which serve their local populations and best understand their needs.*

*We have an ongoing and unwavering commitment to publish high-quality reviews in the Cochrane Library. We understand that change brings disruption, but any changes to the way we publish reviews (new types, for example) will not happen all at once; they will come after due consideration with the input of our Community and our funders and after a transition period.*

**With this model, how are we planning to preserve the clinical & patient expertise that rests in the current CRGs?**

*We alluded to this in an earlier answer, and we recognise that our biggest asset is our people and that there is a tremendous amount of expertise – clinical, patient and carer – within Cochrane. We want to recognize this as we go through this process of change, with the goal of retaining this expertise.*

*There are two workshops planned as part of the consultation to discuss this with our Community, to include not just those in our CRGs, but our other Groups as well (Fields, Geographic Groups, Consumer Network, etc.). Collaboration is central to Cochrane's identity, and we hope to continue to work together to ensure we preserve this expertise.*

**CRGs act as hubs to help Cochrane cover almost all healthcare topics - leading to vast improvements in available evidence and research funding on common but overlooked topics. Loss of these hubs could well mean that previously overlooked topics will go back to being overlooked. How can we (Cochrane) avoid this?**

*We hope that, with a broad range of funders, we will be able to identify funding for all healthcare topics.*

**In this model, what are the plans for updating reviews in the Cochrane Library?**

*There are no plans to discontinue the practice of updating, as this element of Cochrane reviews distinguishes us from many other evidence synthesis organizations. However, the proposed model presents an opportunity to re-examine all our editorial and publishing policies and practices so the Editorial and Methods Department is planning to revisit Cochrane's updating policy.*

**What if current CRGs are approached directly for collaboration by the WHO or guideline makers and this funding / collaboration extends beyond the 18 months?**

*If the host institutions of a CRG have agreed to undertake work for the WHO or other guideline producers, and this has been properly costed, we would expect that work to be completed. But we can see difficulties if some of that work was to use – for example – NIHR resource, and those are no longer available.*

**I can certainly see the promise for consistency and quality from 8-10 units if properly funded (if not central, a lot of benefit in kind that exists from host organisations will no longer be hosting may be lost), but what about at the author interface problems with increasing complexity? How will this system reduce time for processes which surely aren't just related to inconsistency between groups, but complexity of process? With new editorial IT systems, a move to ROB 2.0 as standard, more complex methods to explore, is there not more work than just unit organisation that needs to take place to ask tough questions of ourselves as part of this plan?**

*It is undoubtedly true that the increasing complexity of Cochrane methods and changes to tools, processes and policies have contributed to the challenges we face as an organization. It is very difficult historically to implement change smoothly in a model that is based on 52 individual CRGs, however we are clear that the proposed structural changes must be accompanied by a critical look at our evidence synthesis tools and the way that these integrate with methods, policy, and process.*