Community Engagement Workshop 1: Future of evidence synthesis in Cochrane – an introduction

Breakout group feedback

Global Challenges

What do you see as the most important challenge?

- Some clinical areas are missing and some seem very broad
- Areas that are poorly-funded or under-researched could be left behind – is this okay with Cochrane?
- How do we make a global framework work when priorities vary so much nationally and regionally?
- It was not clear how the global challenges framework informs the work of the Cochrane evidence synthesis units.

What do you see as the most important opportunity?

- The global framework may be a way to advocate for Cochrane with funders

Can you propose an alternative?

- Better model is to build on the local knowledge in CRGs to prioritize

Stakeholders

What do you see as the most important challenge?

- Clarity on who are our stakeholders – users of content, funders of content?
- Better understanding needs of stakeholders
- Improve timing to meet needs – rather than having to rely on lower quality evidence
- Cochrane seeking perfection!!!
- Do we know how many patients, clinicians, policy makers are reading reviews?
- Cochrane doesn't make recommendations – stakeholders want to know what to do

What do you see as the most important opportunity?

- New production model could be interdisciplinary & co-production focussed
- Provide an opportunity to work better with our stakeholders - stakeholders pose questions and Cochrane to respond to these

Can you propose an alternative?

- Focus on main outcomes (to improve speed)
- Work with Guideline panels to make recommendations
- Dialogue with communities of stakeholders – needs, questions, priorities,
  - Health ministries – funders
  - Patients
  - Guideline developers
  - Clinicians
  - Educators
  - Researchers

Review development

What do you see as the most important challenge?

- Capacity – lack of funding. How do achieve this? Size of unit?
- Guidance on nature of products needed to publish.
- Struggle with basic Rx reviews – how will the new units support greater complexity?
- Submission quality & volume
- Coverage – can it continue to aspire to comprehensive coverage?
- Timely input of topic expertise and access to topic experts?
- **These new groupings are so broad**
- **Support -** When we say support authors what is the scope? What does it look like? 1 to 1? Include training too?
- **Expertise** - Specific content expertise may be missed; especially important for junior authors (next generation of Cochrane), picking questions. CRGs also are knowledgeable in commissioning author team (diverse in people, expertise, and geo location)
- **Funding** - Is this the best way to get funding? Should they be reorganized into Conditions? Organized based on funding could be attracted? What about groups that have secured funding – will this cause them to lose funding? Isn't being specific better to attach funding?

What do you see as the most important opportunity?

- Standard setting – across systematic reviews. External regulatory body?
- Need to explore ways to innovate membership & contribution of topic expertise
- **New and exciting ways to produce evidence, more usable, get away from long reviews**
- **Who are we serving?** Who are the end-user of reviews? Maybe responsive to the funders. How does PLS fit into business model? How do all the pieces fit together?
- **Have a scope of what we can do and then negotiate what will be delivered based on funding for each review** – do they want a PLS, do they want a Cochrane Corner, podcast, do they need a background section, ect. Have 'core' items and then nice to haves, and extras.

Can you propose an alternative?

- Need to keep contact editors involved – priority setting & recommendations for authors & feedback
- 'Local voice' – need to explore ways to do this
- **Look at how the Canadian groups dealt with funding issues, and the US** – they have gone through this about 10 years. Look to how they dealt with it.

Cochrane Evidence Synthesis Units

What do you see as the most important challenge?

- How do we keep content specialists on board if the Cochrane evidence synthesis units are multidisciplinary? People's passion lies with their content area, so does Cochrane risk losing a lot of their clinical/content expert community?
- How would we reposition current CRG members within Cochrane evidence synthesis units i.e., ISs, MEs, systematic reviewers? There would still be a need for project management, but not the need for the same editorial process staff. How do we ensure we don't lose these skilled staff?

What do you see as the most important opportunity?

- Cochrane's asset is its breadth and depth of expertise and diversity of people in community. Units could have embedded methods, content, and consumer expertise.
- There could be a board of content experts who can oversee prioritisation/production of reviews in their areas, providing an opportunity for cross-disciplinary collaboration.

Can you propose an alternative?

- A more phased approach – the groups that still have funding can continue and gradually integrate into a different model as it grows and develops, mitigating risk attached to a sudden transition.

Central Editorial Service

What do you see as the most important challenge?

- Sign-off responsibility clinical e.g., paediatrician signing off a dementia review isn't feasible
- Losing content expertise (Co-Eds specifically).
- Knowing topic areas e.g., peer-reviewers who might be favourable toward a manuscript or against it.
- Volunteer author model (life changes, house moves, babies etc.) – need process for how authors should start and be supported.
- Even funded authors don't always deliver.
- Dividing point between the evidence synthesis units and Central Editorial Service – where on the continuum does this come?
- 'Free for all' – authors submitting on any topic, without co-ordination via the CRGs.

What do you see as the most important opportunity?

- Ensuring consistency for authors.
- Being able to access methodologists for sign off.
- Contractual understanding with authors.
- Having everything go through Central Editorial Service could standardise processes.

Can you propose an alternative?

- Bank of clinical experts working together
- Different intensities of author support in the Evidence Synthesis Units

Direct pathway to publication

What do you see as the most important challenge?

- Quality control still important, how can we maintain quality and how that would be funded.
- Would the author teams be expected to provide their own funding?
- Capacity within central service. Will the editorial efficiency pilot be expanded?
- Is there a need for this? Are there already requests for this?

What do you see as the most important opportunity?

- More flexibility and potential for topics that fall outside remit of Cochrane evidence synthesis units to be published; attract other author teams and keep talent involved within Cochrane.
- Maintain another process to ensure priority reviews get published. Would this model ensure reviews get published in a timelier process?
- For CRGs with stable funding might this be a pathway for some of those groups? They may then remain as a recognisable entity and publish reviews and remain funded

Can you propose an alternative?

- To have a direct pathway to publication within each synthesis unit
- This depends on the model proposed, e.g., groups outside of UK

Publication

What do you see as the most important challenge?

- Fundamental need to sustain published output through transition period.
- Challenge to get the right skills/technologies for new formats or content types.
- If the output is shorter/simpler, could the whole editorial process be reduced?
- Education needed to bring the audience with us if we move away from familiar offering.
- For new review types, is Cochrane able to commit to standards, and can guidance and handbook be more living?

What do you see as the most important opportunity?

- Shorter, more packaged, formats; data visualisation for text-heavy sections
- Intermediate format (preferably automated) between 2-page summary and 200-page review
- Use of filtering (such as PICO) to focus in on elements of relevance
- New ways of presenting living content, less tied to journal model (wiki-like?), alongside surveillance
- Scoping in a format that doesn't need to be a 'review' type - scoping work often not published

Can you propose an alternative?

- Can outputs/products focus more directly on different users' needs? More accessible and directly meeting user needs
- Some interactive elements, or visible annotations