Evidence synthesis units – structure, funding & accountability.

Breakout group feedback

Question 1.  
How can we restructure the topic-specific groups?

Opportunities:

- Opportunity to focus and not spread too thin.
- Make better use of our large network of our contributors and broaden opportunities to contribute via the ESUs and new structures.
- Chance to be simpler – makes us easier for people outside Cochrane to use, and for people to contribute to Cochrane.
- Ability to work and respond quickly to needs, e.g., on high impact and high-priority reviews (see experience with COVID reviews).
- Opportunity to foster early career researchers/mentorship.
- Collaboration is possible across whatever we do, or however we organise groups.

Challenges:

- Are all the important topics are represented or captured in the proposed structure?
- Can everyone who wants to be involved in review production be included, and will there be diversity within the ESUs?
- Risk of breaking professional and personal relationships that already exist in Cochrane.
- Making ‘sense’ of the model is challenging.
- Whatever we do how we organize things internally is not necessarily how outputs are structured or even exactly how we present ourselves to the world.
- Need clinical expertise in all topic areas but difficult to see how this fit with covering things like social care and multi-morbidities. There are so many ways things overlap – like prism or a matrix.
- Too many ways/no single way to organise this.
- Funders may prefer certain structures and how to balance need to have a coherent workable structure that is not too malleable to funder mandates or preferences.
- Will ESUs funding themselves or funded centrally?
- If we have thematic groups + ESUs (see alternatives), how will these groups be accountable? Would we be re-inventing the same accountability structures we have now?

Alternatives:

- Thematic “groups” AND the evidence synthesis units together would retain the content expertise and retain what we’ve got – a lifeline (possibly!)
- Create topic-specific boards – where content experts are structured, with a leadership role, and collaborate (both a challenge and opportunity depending how specific these boards are)
- Base the structure on what the user wants but need to define the user (users of evidence, those wanting to get involved, others)
• Bridges of Health Taxonomy as an option? Look at others?

**Question 2.**
Should funding drive our scope? If not, how do we determine what the scope should be and then ensure that we have stable funding streams in the future?

**Opportunities:**

- Finding new/creative partnerships. Product development will lead us to being financially able to move to open access.
- Could allow us to redefine allowable funders, e.g., commercial companies? Would need strong safeguards in place.
- Needs to be long term funding e.g., from large international funders like Gates.
- How do “pad” contracts to make sure that we can also cater to areas that don’t have as much funding available to them.
- Things working in other countries – UK groups need to look at what they can learn from groups outside the UK.
- We’ve got to be aware, sensitive to funders needs/wants. Funding drives scope in a lot of groups outside the UK.
- Working in Universities outside the UK – many have a University appointment and then get in small grants, flexible, organised to get money – has worked outside UK. For example, Cochrane Work – loss of funding in one country led to further funding at another University in another country. That University was keen to have a prestigious Cochrane group (with important international links) within their organisation.
- With some funders it may be possible to build in a little extra funding to do slightly more than official remit
- Opportunity to look at the productive and less productive groups

**Challenges:**

- Need to clarity on how ESUs will operate and what they can offer before going to funders
- It’s difficult to picture who would be the funders? Who else would fund us beside governments?
- We (Cochrane/funders) want control – so can check quality etc – but maybe funders will want control?
- Being accountable to the funder may mean that it is challenging then to be accountable to Cochrane
- Usually need to produce very specific review(s) for specific funding.
- Why do we have to restructure all CRGs to cope with UK CRGs loss of funding?
- Risk of losing very successful CRGs outside the UK if you restructure all Cochrane CRGs globally.
- Some groups have had to struggle for many years outside the UK without core/structural funding and have managed in the end through finding and fighting for funding from multiple sources.
- You’ve got hustle for that money, and it’s a not always easy, but it’s common outside of the UK
- Groups outside of the UK might lose their funding if the scope changes.
• Risk areas that are underfunded/under researched ignored.
• Threats – currently many CRGs have important panels of consumers, clinicians, etc to call upon for our reviews - if we (i.e., Cochrane) lose that we will not be different from other generic ESUs that already exist.
• Rumours that 2 units will be in UK and the rest geographically spread. Will submit tenders so could be a ‘bun fight’

Alternatives:
• Look at a topic/thematic structure instead, building on network idea of topic groups?
• Ideally scope should be driven by what is relevant for the patient and community.

Question 3.
If every group/unit within Cochrane operated within the same accountability structure, what would that structure be?

Opportunities:
• To focus on quality assurance and meeting the timelines.
• To collaborate with existing allies and members of the community with different experiences (senior reviewers, junior reviewers).
• Quality improvements by defining consequences for not meeting the accountability criteria (e.g., timelines).
• Greater focus on capacity building; supporting junior reviewers.
• Define the requirements of the funders because they’re interested in publishing in journals with high impact factors (not a specific journal).
• Having a consistent code of conduct.
• Defining performance metrics for ESUs - any form of accountability will rest on good communication processes.
• Methods of communication dependent on needs/wants target audiences.
• Opportunities for dialogue rather than just push/broadcasting from central team.
• Challenge existing thinking about current organisational structure – a community vs. a journal.

Challenges:
• Integrating the clinical or expert input of the reviews.
• Finding peer-reviewers due to format of the reviews.
• Moving forward to a journal structure --> accountability to the author, but this might not be fair (problems with the review groups).
• Some of the task review authors perform are editorial and therefore depend on editorial feedback, so separating development and editorial functions may be difficult.
• Defining what funders are appropriate for our work.
• Competing funding for different projects in the same unit (non-Cochrane projects).
• How to determine what functions ESUs are accountable for; we may need different metrics for different entity types.
• Need to find ways of working together.