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 topi 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.