Better Evidence for Better Healthcare

Manifesto Themes

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EDITORIALS

Evidence based medicine manifesto for better healthcare

A response to systematic bias, wastage, error, and fraud in research underpinning patient care

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Evidence based medicine manifesto for better healthcare

A response to systematic bias, wastage, error, and fraud in research underpinning patient care

1) Expand the role of patients, health professionals and policy makers in research
2) Increase the systematic use of existing evidence
3) Make research evidence relevant, replicable and accessible to end users.
4) Reduce questionable research practices, bias, and conflicts of interests
5) Ensure drug and device regulation is robust, transparent and independent
6) Produce better usable clinical guidelines.
7) Support innovation, quality improvement, and safety through the better use of real world data.
8) Educate professionals, policy makers and the public in evidence-based healthcare to make informed choices.
9) Encourage the next generation of leaders in evidence-based medicine.

Overall, we got 140 unique responses. Turns out to be the largest focus group I've participated in; the number of responses means it's taking me some time to analyse the themes.

The focus group work identified sixteen different stakeholder groups that could undertake tasks related to the EBM Manifesto. The most referred to groups were journal editors, funders, academic researchers, clinicians, patients – the ones you'd expect. But there were also some you might not: Research Excellence Framework in the UK Equator network, medical writing companies, ethics committees, head of the foundation program for training, guideline developers, professional bodies, those who set the curriculum for health professionals and academic institutions.

CLINICIANS

C1. Undertake certified/accredited training in research methods
C2. Engage more clinicians in doing research
C3. Reporting of clinician guideline exceptions
C4. Limitations on industry funded CPD in health systems
C5. Count of clinician non compliance with clinical guidelines supported by an explanation
C6. Clinicians should be involved in establishing relevant questions about healthcare
C7. Research should start with real world clinician involvement
C8. Greater emphasis on EBM in medical school/postgraduate
C9. More use of specific audits with feedback for, and by, clinicians
C10 Financial incentives to increase recruitment in clinical trials
C11. Have targets for hospitals for research participation
C12. Increase research methods and statistical skills amongst clinicians

ACADEMIC/CLINICIANS

AC1. Publish methods for how to involve patients
AC2. Research projects on using less than perfect data
AC3. Update of register timeline as an evolving record
AC4. Assess why some journals are better than others at using reporting guidelines
AC5. Promote mentorship and collaboration to build capacity
AC6. Promotion of feasibility studies
AC7. Ensure use of MCIDs validated by patients
AC8. Greater weight to being taught about EBM related issues, how they can be avoided in developing research
AC9. More research on specific areas of overdiagnosis
AC10. Standard phrasing in reviews that allows easier translation
AC11. Academics should involve more real world clinicians as stakeholders in developing research proposals
AC12. Public register of research disclosure
AC13. Standardised exam questions in EBM across specialities
AC14. Composite and surrogate endpoints - list the dodgy to be avoided (or adopted) for the major medical fields -
AC15. Provide compulsory training on research methods

EDITORS

E1. Demand absolute effects
E2. Restricted dissemination of clinical trial results to participants and others - paywalls prevent this
E3. Some journal do not offer open access to commercially funded research - meaning trial results are not disseminated to those who matter - participants
E4. Audit of journal sites open access strategy and preprint rules
E5. Implement the original 2016 ICJME proposal on data sharing
E6. Publish industry funding annually
E7. Further RCTs required on the peer review process
E8. Identify areas for harmonisation of publication across journals
E9. Better use of reporting guidelines
E10. Appoint designated reviewers - peer review needs more recognition in order to be performed more
E11. Better guidance for new reviewers
E12. Stop journals publishing research instead have portals for research dissemination
E13. Improve the quality of peer review: open peer review, provide CPD certificates, training modules
E14. Develop a standardised tool for peer review
E15. Audit peer review quality
E16. Publish more critiques on what not to do
E17. Annual report on why research was rejected by journal editors with major themes for areas of improvement with examples
E18. Audit of reporting guideline adherence
E19. Mandatory listing of DOI website
E20. Inquiry into COI and impact on authorship
E21. Peer reviewers should report on whether study was published in line with reporting guideline - perform audit
E22, Develop new ways to incentivise researchers that is not tied to publication
E23. How to give credit to journal who share their data - e.g., section in paper ackowledging data sharing
E24. Measure success of researchers
E25. Editors should differentiate between studies that are exploratory or confirmatory
E26. Remove unqualified use of word significant - audit incidence of word over time
E27. Standardise results presentation
E28. How well are reporting criteria for RCTs done
E29. Only send out papers to trained reviewers
E30. Use systematic reviews to show why this trial was necessary
E31. Develop a new form better suited to all types of research and renamed declaration of interest
E32. COI form , current one is not entirely fit for purpose - mainly for drug trials

Funders

F1. Register for trials in veterinary medicine
F2. Ensuring timely publication of institutions
F3. Funding aims set by patients and clinicians
F4. Funders should produce annual audit of their publication records
F5. Support post implementation projects of research that makes a difference
F6. Increase funding for implementation research
F7. Allocate proportion of funds to conflict free research groups
F8. Commit to registering trials and reporting results
F9. Fund training in EBM and research methods
F10. Encourage joint applications with patient partnerships
F11. Funders should fund at the point a published protocol is made available
F12. Grant applications should be registered
F13. Only release funds when a high quality protocol has been written and reported
F14. Encourage use of COMET initiatives amongst others
F15. Ring fenced funding to improve statistical design and reporting
F16. Ensure researchers have a consistent track record of publishing their research and a strong justification for unpublished results
F17. Unified statement on publishing research
F18. Open access disclosure platform linking with clinical trials
F19. Provide training to PIs on how to correctly report trials and audit clinical trial reports
F20. Audit risk of bias assessment
F21. Audit publication records of funded projects and withold funding until trial report published
F22. Audit universities on their publication record
F23. Funding linked to publication
F24. Removal of payment for testing in health systems
F25. Create regulations similar to orphan drugs for priority research areas e.g., antimicrobials
F26. Proportion of young investigators within a group should be prioritised
F27. Insist on full disclosure of data

REGULATORS

R1. Require publication of medical device evidence
R2. Require independent post licensing studies
R3. Report justification for any redactions in CSR
R4. Statistical stamp of approval prior to approving protocol
R5. Require pivotal trials not funded by manufacturers
R6. Produce FAQ for repsonsiblity for keeping registry entry up to date
R7. Request raw trial data for analysis and perform independent reviews
R8. Produce a research for 'dummies toolkit' to ensure high quality protocols at the outset
R9. Develop framework for comparative effectiveness research
R10. EU adopt transparency appraoch similar to the FDA e.g., label changes
R11. More policy driven research questions

PATIENTS

P1.Announce questions most important to patient groups
P2. Provide a platform to explain research to lay audience
P3. Assess patient participation in research
P4. Develop patient rating systems of trial outcomes
P5.Consider patient representatives as joint authors in trial teams
P6. Ensure all outcomes are made available from trials
P7. Provide platforms that increase the patient voice and increase access to knowledge
P8. Participants in research should be empowered to demand to know about results/publication