

Call for collaborators

I am writing to you to formally invite your institution to nominate one or more representatives for a new internationally networked Evidence-based Veterinary Medicine (EBVM) project. Recognising the contribution your institution has already made to disseminating the principles of EBVM and to advancing veterinary science in your region, we are contacting you directly, ensuring that the future of EBVM, and at some level veterinary medicine too, is built using the input from all its major stakeholders across the globe.

RCVS Knowledge, an organisation which I now lead after almost a decade as the CEO of the Cochrane Collaboration, has recognised recently that a centralised infrastructure would be of great value to help the EBVM movement gain traction worldwide. For this reason, we have decided to commit entirely to this endeavour.

The Cochrane Collaboration, arguably the global leader in human Evidence Based Medicine, and a global project involving in excess of 25,000 people in over 100 countries, has a number of key strengths, but amongst these are three that are relevant here:

1. The recognition that a project of such scale cannot be achieved by one organisation or country alone;
2. The recognition that such a project can only succeed by combining the talents, strengths and resources, of a significant number of people;
3. The recognition that, although many might see the need for an evidence-based approach, without coming together to share a concerted effort to develop and deploy a common approach, our evidence-based practice will be fragmented and sub-optimal.

Our approach to the leadership of this EBVM Network is open and straightforward.

First, we accept the responsibility of behaving as a central core administrative hub, ensuring that there are sufficient resources to provide core project management functions. This is because; often where projects like this fail is in the absence of a central point which can leave a project hamstrung and unable to reach its potential. Then, our expectation is that over time leadership can be increasingly shared with a project board, made by network members charged with the responsibility to provide the vision and direction of the project.

As we develop the project, we will need the skills and enthusiasm of a whole host of people. Working together, we will need to further develop and refine the science behind EBVM. We will need to find, involve and equip the people – the production engine - to produce the EBVM materials that busy veterinarians need in their everyday practice. The practising veterinary profession must be engaged to ensure that our outputs are of direct relevance to them. And then we will need a global network of people who can support and train authors, work on the science and methodology of EBVM, persuade

veterinarians, governments, insurance companies, potential funders and so on, of the need for an EBVM approach to clinical decision-making. This raises interesting opportunities for people to develop EBVM “nodes” at their institutions, organisations or workplaces. And then we will need to manage the project, with project and scientific boards and other committees, so that we can arrive at a consensus approach in what we do.

I like to talk of a “big tent” approach, creating a space where people can come and give of their skills and enthusiasm, where they can find a place for themselves that will allow them to thrive and achieve something special, professionally and/or academically, whilst feeding off the enthusiasm of those around them. We all like to know “what’s in it for us”. There is a huge amount to gain by entering our “big tent”, from simple things like CPD credits, through academic and professional advancement, personal interest, through to the sense of having contributed to a huge global good in animal health and welfare.

I believe that, together, we can create such a place, and that together we can do great things. We would appreciate it if you could kindly pass on this letter to those in your institution that have an interest in EBVM. As this is a collaborative project, please feel free to circulate this letter amongst like-minded colleagues, bringing them on board with you.

At the moment we are engaging with potential contributors from different areas of expertise and at different points of their career, encouraging them to sign up to the project and to provide us with an indication of their area of expertise and what role they might play in taking the project forward. A reply to this letter or a quick visit to our website will allow you to do just that, along with giving us any suggestions (or expectations) you might have for a project of this nature.

You might also be interested in participating or (providing suggestions for) a project meeting and potentially an international EBVM conference we are preparing for late 2014, where we can meet and kick start what will undoubtedly constitute an exciting collaboration in veterinary medicine.

Yours sincerely,



NICK ROYLE
Executive Director

RCVS Knowledge Evidence Based Veterinary Medicine Project Early assumptions

Introduction

This briefing outlines early assumptions taken within RCVS Knowledge to enable initial progress to be made with the project. At this stage, this is very much an outline based on our experience and expectations. As such it is open to debate as the project develops.

Our aim is to create a global network of like-minded people, combining to develop the practice and science of evidence based veterinary medicine (EBVM). These people may be university/college based, veterinary surgeons and nurses in practice, early or late stage in their careers, but in order to participate they will require online access, as web-based activities are envisaged.

We expect that the project will, over time, produce numerous outputs both individual (papers, concepts, and so on) and organisational (EBVM tools, resources, etc.). These outputs should be focussed on the practising veterinary community, and on the academic community necessary to develop the science of EBVM.

Some of the outputs will be made available for free; others will be subscription-based, or used to attract sponsorship and other funding. Income generated will be reinvested back into the project. Participants in the project will be encouraged to take part in collaborative work with other participants through a network of subject-specific groups, each of which will contribute to the overall project. The community created through these activities will meet online, but will also be afforded the opportunity to come together at international and regional meetings, congresses, symposiums and workshops. All of this will be facilitated by project support from RCVS Knowledge.

A number of assumptions are expanded below:

Assumption 1

The project will, as its initial output, focus on the production of a single evidence-based product. Human medicine (Cochrane, NIHC, AHRQ ETC.) has focussed on systematic reviews as its core product. RCVS Knowledge, after discussion with interested parties, has taken the considered view that the state of research in veterinary medicine is insufficiently developed to support the widespread production of systematic reviews (indeed, even in human medicine a significant proportion of systematic reviews (44%) conclude that there is insufficient evidence to support any clinical decision regarding the subject of that review, and the large majority (95%) concludes that more research is needed on the topic).¹

As such, RCVS Knowledge has agreed with the general consensus in the veterinary (and human) medicine in that Critically Appraised Topics (CATs) are useful clinical tools²⁻⁴ and should constitute the basis of any initial offer. We have decided to call these CATs "Knowledge Summaries" (so as not to be confused with the cat species) in that they are summarised resources to address knowledge needs.

Assumption 2

Initial discussions indicate that there is a widespread appetite within the veterinary community to develop the concept of EBM within the veterinary field. At an EBVM seminar facilitated by the RCVS Charitable Trust in October 2012, a clear mandate was passed to the Trust (now RCVS Knowledge) to develop the concept and lead an EBVM project.

Our assumption is that this mandate remains extant, and its subsequent adoption by the RCVS Council gives RCVS Knowledge a clear role at the core of the project. We have expanded this assumption to assume global leadership of this project in its initial stages, but fully expect to hand over project leadership to a properly convened Project Board in due time (see below)

Assumption 3

Having said that RCVS Knowledge has a clear mandate to lead, our intention is that the project should become self-governing within a regularised project management framework.

As such, it is our intention, once interested parties have been identified, to form a Project Board that will take on the governance function for the project, with RCVS Knowledge providing the core administrative and management functions.

In order to enact this process, the meeting to be held in 2014 will ask potential collaborators to commit to the project, and see the formation of the initial project board.

Assumption 4

In the same way as the Cochrane functions, collaborating centres and individuals within the project will need to be self-financing. RCVS Knowledge is simply not in position to fund participation in the project.

It is expected that the project will attain sufficient status that funders will see it as something valuable to support. In the initial stages, RCVS Knowledge will provide seed funding to enable a series of activities (seminars, workshops, conferences, specific research actions, etc.), and will provide central project administration and management, and develop critical tools and materials on the "subsidiarity" principle. As the project develops, it is expected that a financial model will develop around a number of products. The assumption is that revenue from such earnings will be reinvested back into the project to the benefit of all participants, for example enabling the development of software tools, funding specific research actions, subsidising community activities, etc. etc.

Note:

References used in the text

1. Villas Boas, P. J. (2013) Systematic reviews showed insufficient evidence for clinical practice in 2004: what about in 2011? The next appeal for the evidence-based medicine age. *Journal of Evaluation in Clinical Practice*, 3 (10), pp. 1365-2753
2. Hardin, L.E. and Robertson, S. (2006) Learning evidence-based veterinary medicine through development of a critically appraised topic. *Journal of Veterinary Medical Education*, 33 (3), pp. 474-478
3. Artl, S.P., Haimerl, P. and Heuwieser, W. (2012) Training evidence-based veterinary medicine by collaborative development of critically appraised topics. *Journal of Veterinary Medical Education*, 39 (2), pp. 111-118
4. Holmes, M.A. and Ramey, D.W. (2007) An introduction to evidence-based veterinary medicine. *Veterinary Clinics of North America: Equine Practice*, 23 (2), pp. 191-200