# **Cochrane Priority Reviews List – Revised Framework (March, 2016)**

## Background

In January 2015 the Cochrane Priority Reviews List was launched, with approximately 300 reviews and updates. The list has become a ‘living’ record of Cochrane’s attempt to identify titles that are of greatest importance to our stakeholders and are most likely to impact significantly on health outcomes worldwide. The list has evolved, with almost a 100 titles added, 28 new protocols published and 82 reviews and updates published between January 2015 and March 2016. The list is updated in real time by staff at the Cochrane Editorial Unit (CEU) and a version is published on Cochrane.org once every two months.

Cochrane-wide prioritisation remains an important project and has been included in the [Strategy to 2020](http://community.cochrane.org/community/organisation-administration/cochrane-strategy-2020) Targets for 2016. After the first year of the project we have a better sense of the strengths and weaknesses of our initial framework and believe it is now time to revise it.

## Current framework

At the start of this project we decided that CRGs were best placed to decide what they could reasonably deliver, but using this as the only means of populating the list has led to some inconsistency, and risks creating the perception that Cochrane lacks a co-ordinated approach to prioritisation. The list is large overall, arguably too large. Some CRGs have 20 titles and others only a handful.

The current process is reliant upon Cochrane Reviews Groups (CRGs) undertaking their own prioritisation exercises, with little or no input from the Cochrane Central Executive Team (CET) and no participation by other groups within Cochrane. The CRGs can add or remove titles from the list at any time. This model offers flexibility, but it means that the list has overlaps and gaps. We originally requested that CRGs provide supporting evidence for each of the reviews they put forward but in many cases this did not occur. This may be due to the fact that some CRGs do not have a defined process for engaging with external stakeholders to identify priority titles within their portfolio.

In mid-2015 we received help to assess the relevance of the titles on the list to the healthcare priorities in Low and Middle Income Countries (LMICs). This evaluation revealed that only 17% of the titles were of high importance in LMICs. The number of titles open to new authors or author teams was even lower at 4%.

## Revised framework

To address the issues outlined above we are introducing a number of changes to the way the Cochrane Priority Reviews List is compiled, with a view to streamlining and focusing the list, ensuring that Cochrane priorities explicitly address the needs of global healthcare decision makers and promoting wide participation by appropriately skilled authors. We will:

1. Actively seek referrals from other groups within Cochrane, such as Fields, Methods Groups and Centres.
2. Reduce the size of the list overall and impose a maximum number of titles per group.
3. Require that submissions to the Cochrane Priority Reviews List be accompanied by documentation that gives a rationale for inclusion, plus supporting evidence for the importance of the titles(s).
4. Engage with external partners such as World Health Organisation (WHO) and Pan American Health Organization (PAHO) to improve our ability to reflect priorities that represent global.
5. Encourage all groups to engage in a formal prioritisation process based on consultation with one or more external stakeholders groups such as funders, health professionals, consumers, guidelines agencies or healthcare policy makers.
6. Encourage CRGs to propose submit titles that are open to new authors or author teams, conditional on them having the required skills and knowledge.
7. An expectation that CRGs will 'fast track' titles on the Cochrane Priority Reviews List through their editorial processes.
8. Support CRGs in creating impact plans for their priority reviews.
9. Support CRGs by providing a screening service for priority reviews where appropriate.

### Broaden the range of groups that are submitting topics

All the titles currently on the Cochrane Priority Reviews List were submitted by CRGs. We believe that this inappropriately limits the range of topics that are presented. Therefore we encourage other groups within Cochrane to undertake prioritisation activities, in particular following engagement with relevant groups outside the organisation, seeking to identify appropriate research priorities and questions. Where priorities have been identified these should be shared with the relevant CRGs before submission to the priority list.

### Reduction in list size

In 2015 no CRG published more than nine priority titles for the year so we believe it is reasonable for each CRG to have no more than 10 titles on the list at any one time. A new title(s) can be added once a review(s) has been published, which means that CRGs still have an opportunity to revise their lists as priorities change. We will look at CRG lists on which very few or no reviews were published in 2015 and discuss with them how they might reduce their lists relative to their capacity and the resources available to them. At the end of 2016 we will identify reviews on which no progress has been made and consider removing them. Other groups (i.e. methods, fields, centres) could propose up to five titles at a time.

### Supporting documentation

To ensure the list reflects stakeholder needs and global healthcare priorities we will require CRGs and others proposing topics to justify the importance of the titles they propose. The types of supporting evidence we will accept include:

* 1. Commissioned by a major regional or international guideline group
  2. Commissioned by a major regional or international funder
  3. Potential for health or health system impact, or a high cost intervention, including potential for disinvestment
  4. Access or citation data for existing reviews, to justify an update
  5. Identified following a formal consultation process e.g. James Lind Alliance
  6. Recognised emerging priority for specific stakeholders e.g. global health emergency
  7. Flagged by a regional or international early awareness and alert (EAA) system e.g. Euroscan

We will develop a simple template that groups can use to provide all relevant information when submitting a new title. This change applies specifically to groups that do not use a formal and explicit prioritisation process (see point 4).

### Ensuring a focus on global health priorities

In 2016 we will work to strengthen our formal and informal partnerships with organisations such as the WHO and the Pan American Health Organization (PAHO), and to explore new partnerships with groups such as Euroscan in the context of priority setting. Members of the CET will aim to work with WHO to ensure that Cochrane is producing reviews that contribute to evidence-informed decision-making within the framework of Universal Health Coverage (UHC). We will also capitalise on the newly formed relationship between Cochrane and PAHO. A key aim of the Memorandum of Understanding signed by the two organisations is to align Cochrane systematic review production to PAHO’s health priorities.

We aim to increase the percentage of LMIC relevant reviews by the end of 2016. We do not anticipate that every CRG will contribute equally to this, however we feel that we can utilise the knowledge and skills of our colleagues inside and outside Cochrane to identify gaps and use this information to help CRGs who might not have prioritised LMICs previously. We will also explore the possibility of collaborating with external partners to create a smaller list of only those titles that are important in low-income settings.

We will actively work to secure sources of funding for delivering on these priorities wherever possible, by incorporating priority setting into grant proposals prepared by Cochrane and partners such as WHO and PAHO.

### Explicit prioritisation processes at CRG level

We strongly believe that all CRGs should undertake a formal prioritisation process except where their titles are determined by the funding body that supports them and that this process should be adequately documented. This would include some external engagement, either with funders, or potential users of their reviews, and be informed by evidence or data. We will develop guidance to help CRGs undertake such a process, including a checklist of elements to consider and some possible priority setting methods (e.g. using the Delphi method with key external and internal stakeholders). Guidance is also available on the [Cochrane Priority Setting Methods Group](http://priority.cochrane.org/) website. CRGs who undertake a formal prioritisation exercise will find it much easier to meet the evidentiary requirement outlined in point 2 because they will not have to provide separate supporting documentation for each review. There would also be enormous benefit in other groups within Cochrane undertaking similar prioritisation exercises.

### Participation of new authors or author teams

Most of titles on the current list are not open to new authors or author teams. We appreciate that in the case of updates especially, an experienced team is often already in place and that team represents the best chance of delivering a high quality, high priority review, quickly. The CET will not seek to impose a quota system in this regard but does encourage CRGs to consider new authors from both high and low income settings when proposing titles for the list, conditional on the individuals and groups being able to demonstrate appropriate skills. This can include the possibility of individuals joining established teams, or new teams that can demonstrate that they have the experience and skills required to undertake the review. In 2015 we actively advertised these ‘open’ reviews and heard from a couple of CRGs that this proved to be a successful means of engaging capable new authors.

### An expectation that titles on the priority list will be 'fast tracked' through the editorial process

We expect that priority reviews will be provided with a ‘fast track’ editorial process that aims to ensure that for standard intervention reviews the time from title registration to review publication in less than 20 months. In support of this, titles on the Cochrane Priority Reviews List will be more likely to attract funding from the Cochrane Review Support Programme if this fast-tracking is assured. In addition, the CEU will be willing to provide quality screening of the review at an appropriate stage in the process.

### Impact plans

We want to ensure that Cochrane priority reviews achieve maximum impact. With this in mind the Communications and External Affairs (CEAD) Department will work with CRGs and authors to develop an impact plan for each published review from the Cochrane Priority Reviews List.

### Cochrane priority reviews screening

Referral to the CEU review screening service is recommended for reviews that have been funded through the Cochrane Review Support Programme but we also strongly encourage CRGs to use the service for all their priority reviews. These reviews will be dealt with quickly so as not to delay publication.

## Survey of CRGS

In 2017 we will undertake a comprehensive audit to evaluate the success of the Cochrane Priority Reviews List and what lessons can be learned from it. This will include measures of

* Transparency of the process
* Engagement with CRG teams
* Input from other Cochrane groups
* Relevance to low income settings
* Engagement with new author teams
* Time to publication
* Impact of the reviews post publication