

The journey to developing the...



Understanding Health Research

A tool for making sense of health studies

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Fuse Knowledge Exchange Seminar 5th November 2014,
Newcastle University



MRC/CSO Social and Public Health
Sciences Unit



University of Glasgow

Sociologists, public health specialists, epidemiologists,
statisticians, anthropologists, health psychologists and health
economists

CHILDREN, YOUNG PEOPLE,
FAMILIES AND HEALTH

ETHNICITY AND HEALTH

EVALUATING THE HEALTH EFFECTS
OF SOCIAL INTERVENTIONS

GENDER AND HEALTH

MEASURING HEALTH

NEIGHBOURHOODS AND HEALTH

SEXUAL HEALTH

SOCIAL PATTERNING OF HEALTH
OVER THE LIFECOURSE

UNDERSTANDINGS AND USES OF
PUBLIC HEALTH RESEARCH

PREVIOUS RESEARCH
PROGRAMMES



Proximity to off-sales linked to increased
drinking among underage drinkers
Dec 17, 2012

A study by MRC SPHSU Researchers, Robert Young, Laura Macdonald and Anne Ellaway found that the closer Glaswegian teens live to their local off-sales the more likely they are to engage in regular underage drinking, irrespective of social background and other factors.

Is socioeconomic status
associated with
biological aging, as...

What predicts persistent
early conduct
problems? Evidence fr...

Associations between
proximity and density of
local alcohol ...

About the Unit

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Vacant Posts & Studentships

Examine the social and environmental factors that influence health both at the population and individual level

Understandings and Uses of Public Health Research programme

Aim:

To conduct empirical research into how to improve the timely translation of scientific knowledge, promote useful dialogue and public engagement on contemporary issues facing public health research

Objectives

1. To be responsive and rapidly investigate public understandings and health discourses on emerging health issues and health policies
2. To develop practical ways to make research evidence more useful and accessible to users
3. To better understanding how we can involve the public in our research

Rationale

Epidemiological and biomedical discoveries are not in themselves enough to transform public health, understanding...

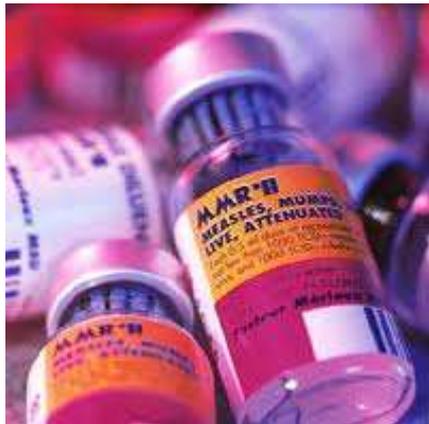
1. How emerging health issues and policies are represented, experienced and understood
2. How research evidence is used
3. How people experience the translation of scientific knowledge

Rationale

Epidemiological and biomedical discoveries are not in themselves enough to transform public health, understanding...

1. How emerging health issues and policies are represented, experienced and understood
2. How research evidence is used
3. How people experience the translation of scientific knowledge

Is important, if knowledge translation strategies are to be developed that engage the public in our research and get the most value out of our research



me

MMR vaccine scare

In 1998, The Lancet published this paper

NB: Does not state causal link

Early report

Ileal-lymphoid-nodular hyperplasia, non-specific colitis, and pervasive developmental disorder in children

A J Wakefield, S H Murch, A Anthony, J Linnell, D M Casson, M Malik, M Berelowitz, A P Dhillon, M A Thomson, P Harvey, A Valentine, S E Davies, J A Walker-Smith

Summary

Background We investigated a consecutive series of children with chronic enterocolitis and regressive developmental disorder.

Methods 12 children (mean age 6 years [range 3–10], 11 boys) were referred to a paediatric gastroenterology unit with a history of normal development followed by loss of acquired skills, including language, together with diarrhoea and abdominal pain. Children underwent gastroenterological, neurological, and developmental assessment and review of developmental records. Ileocolonoscopy and biopsy sampling, magnetic-resonance imaging (MRI), electroencephalography (EEG), and lumbar

Introduction

We saw several children who, after a period of apparent normality, lost acquired skills, including communication. They all had gastrointestinal symptoms, including abdominal pain, diarrhoea, and bloating and, in some cases, food intolerance. We describe the clinical findings, and gastrointestinal features of these children.

Patients and methods

12 children, consecutively referred to the department of paediatric gastroenterology with a history of a pervasive developmental disorder with loss of acquired skills and intestinal symptoms (diarrhoea, abdominal pain, bloating and food intolerance), were investigated. All children were admitted to the ward for 1 week, accompanied by their parents.

EARLY REPORT

Sample n=12

MMR vaccine scare

Stop giving MMR and give single vaccines instead

Co-authors unaware of Wakefield's intention
to make this announcement



Problem!

Not evidence based message

Direct conflicted with mass public health
intervention

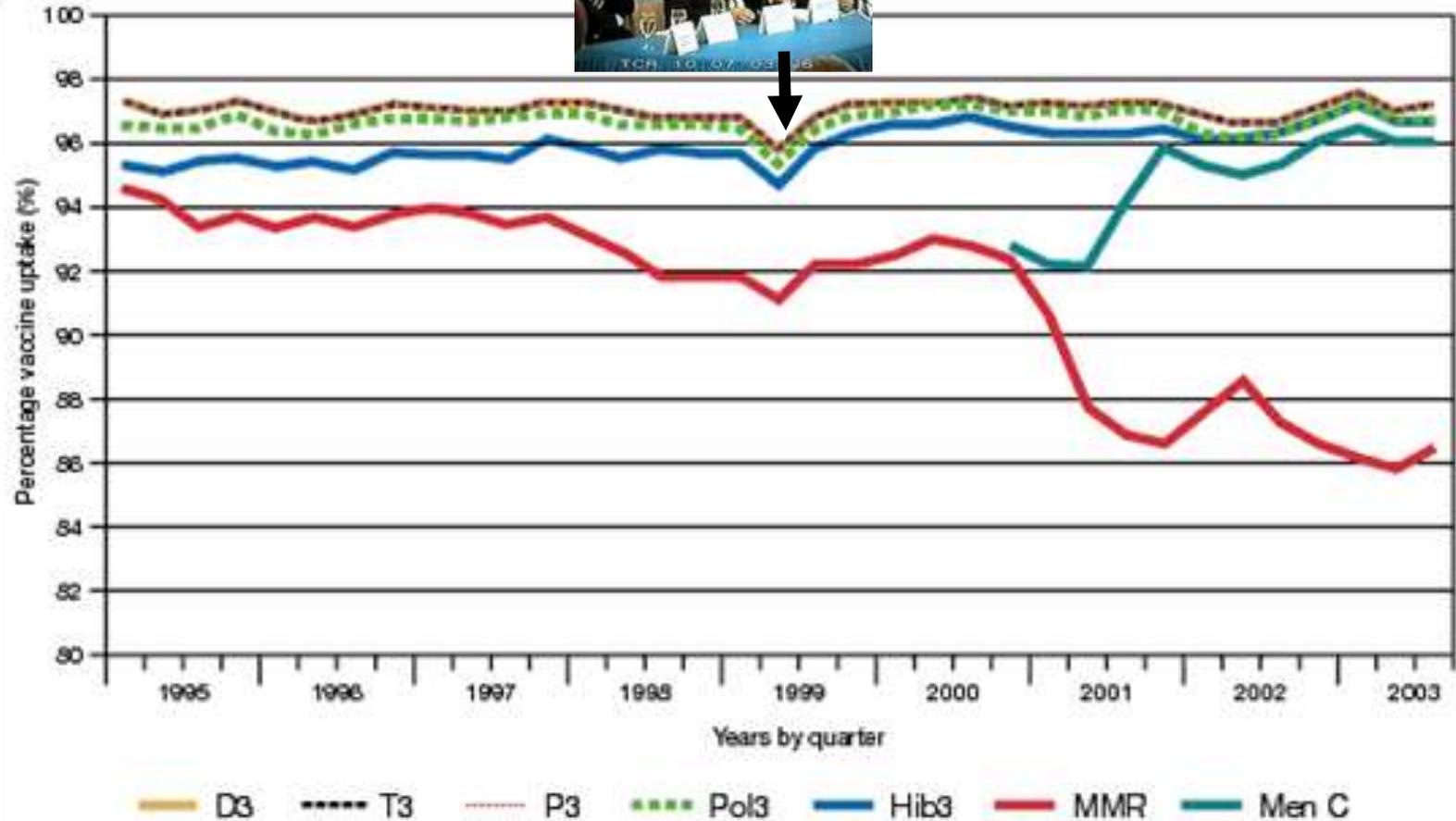
Royal Free Hospital Press Conference, Feb 1998

MMR vaccine scare

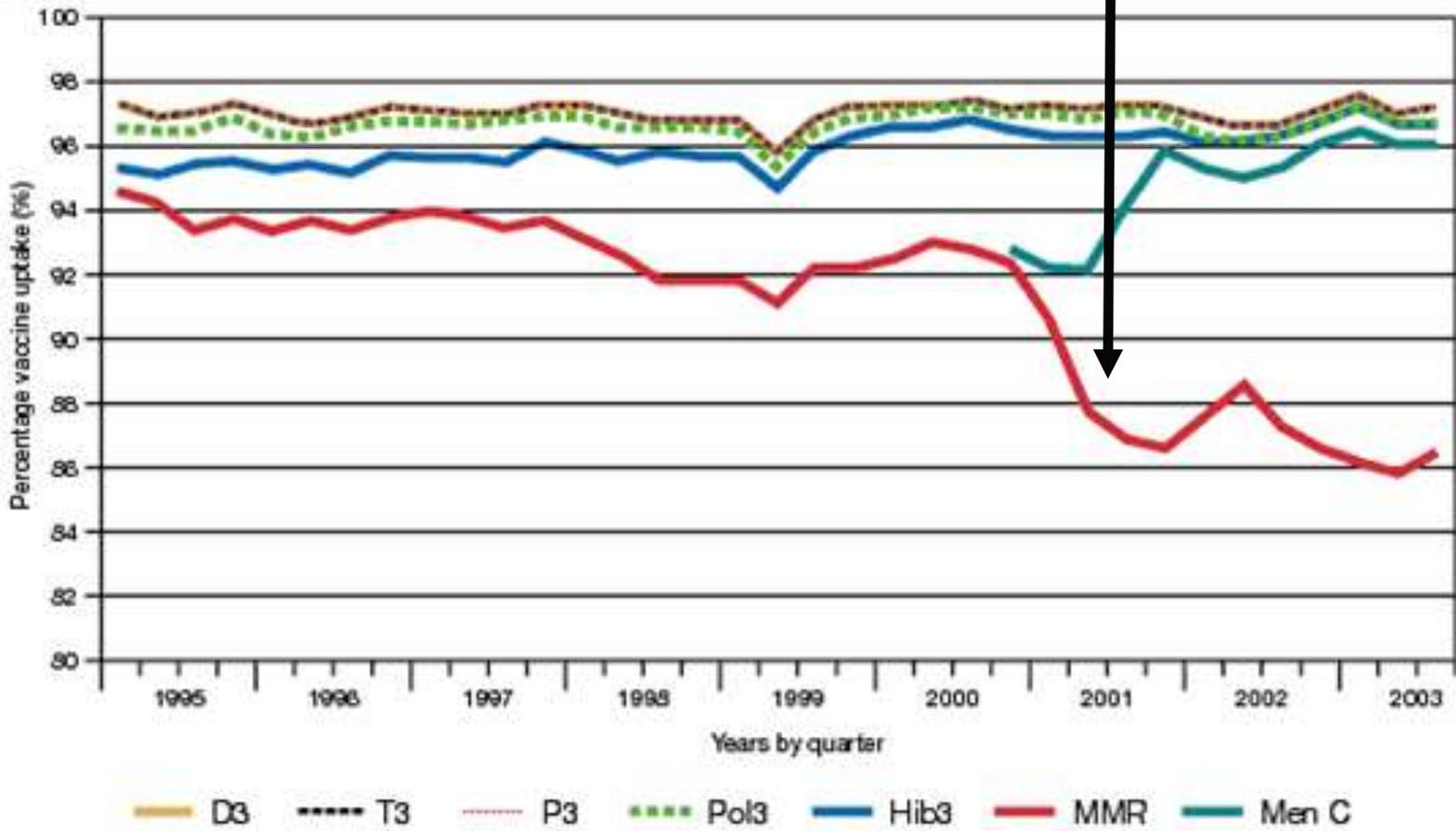
Huge media interest



Media negatively influenced MMR vaccine uptake



What event happened in 2001?



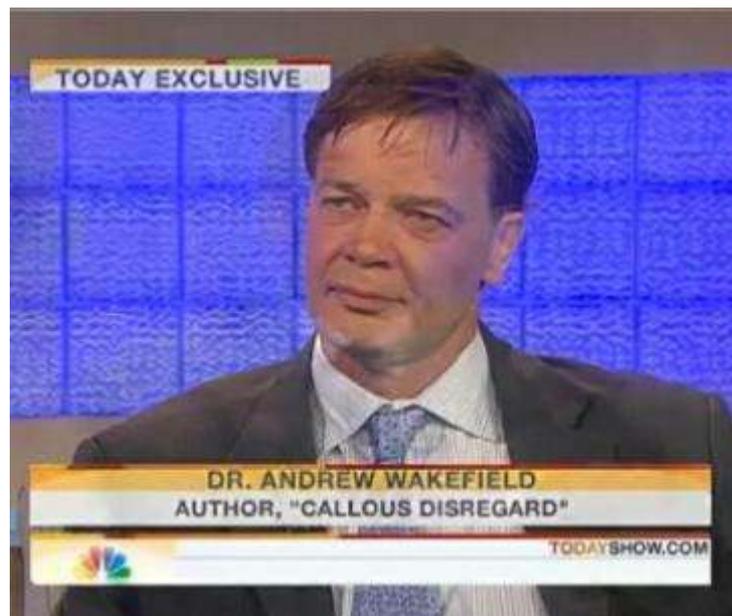


What happened next?

Lancet journal retracts Andrew Wakefield MMR scare paper

MMR plea by doctors as measles cases surge

Wakefield struck off medical register following scare over MMR



professional misconduct

Despite good weight of evidence to support MMR safety – Wakefield’s single study undermined a successful public health intervention- **HOW?**

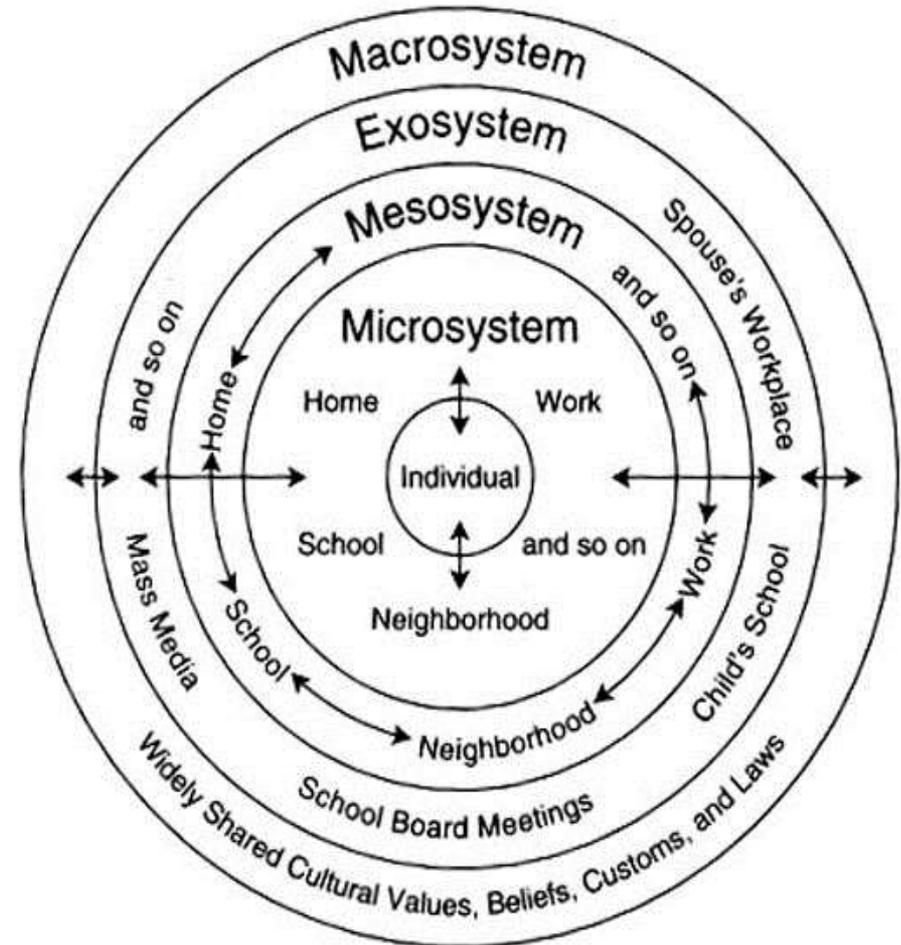


Socio-ecological model

(Bronfenbrenner, 1979)

What caused parents to reject a safe vaccine?

1. Was it public mistrust of politicians?
2. Was it a lack of confidence in the evidence base by health professionals?
3. Could evidence providers have done better?



Was it public mistrust of politicians?
wider context...



May 1990: The then Agriculture Minister, John Gummer, claims beef is "completely safe" and appears on TV encouraging his four-year-old daughter, Cordelia, to bite into a beefburger



March 1996: The then Health Secretary, Stephen Dorrell, officially announces that there is a "probable link" between BSE and vCJD.

The European Commission imposes a world wide ban on all British beef exports

	Summary	Authors	Date
	Discussion paper	ROGER HARRABIN ANNA COOTE JESSICA ALLEN	SEPTEMBER 2003
Discussion paper orders		Summary orders	
HEALTH IN THE NEWS £2.00 48pp 2003 ISBN 1 85717 460 1 King's Fund Publications 020 7307 3594 www.kingsfund.org.uk/publications		Free King's Fund Publications 020 7307 3594 or download at www.kingsfund.org.uk/summaries	

HEALTH IN THE NEWS

Risk, reporting and media influence

“Media reporting of health-related news stories can be highly influential: the priorities and decisions of policy-makers are often shaped by what they see on television, hear on the radio, and read in the general and specialist press” (2003)

The King's Fund is an independent charitable foundation working for better health, especially in London. We carry out research, policy analysis and development activities, working on our own, in partnerships, and through grants. We are a major resource for people working in health, offering leadership and education courses; seminars and workshops; publications; information and library services; and conference and meeting facilities.

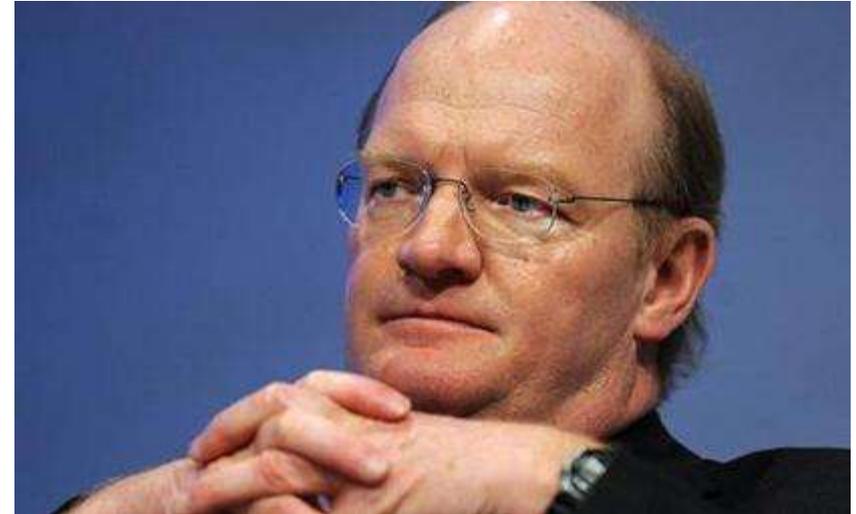
Policy-makers

- Imperative to act
- Dealing with complexity – no simple task to draw on evidence base
- Inadequate evaluation
 - Lack of skills, time
 - New initiatives 'doomed to success'

The reality of research informing policy?

Political willpower...

- 'I certainly believe in evidence-based policy and the Prime Minister does and the cabinet are committed to it. Now inevitably, the world is imperfect. Politics has more to it than simply sitting in a kind of permanent seminar looking at academic evidence'.
- 'Part of the challenge of politics is the endless interplay of empirical evidence and what it is as a government you're committed to doing because of your fundamental beliefs and on which you're elected'.



David Willetts, UK Minister of State for Universities and Science

4 June 2010 (More or Less, BBC Radio 4)

The reality of research informing policy?

Poor understanding of research...

Research suggests that many senior civil servants and ministers do not understand basic principles of scientific enquiry and evaluation

Dame Prof Sally MacIntyre's experience giving evidence to a Health Select Committee statement from the permanent secretary at the Department of Health...

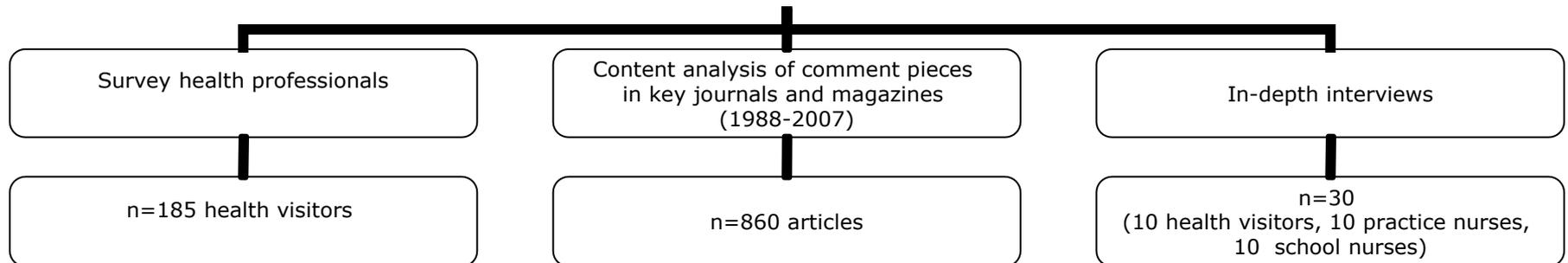
"there's no such thing as a random town" in response to being questioned about whether the Healthy Towns initiative would be rolled out as an RCT



Was it a lack of confidence
in the evidence base by
health professionals?

Aim

To explore issues around how research findings, particularly contentious findings are reported to health professionals



Aim

To explore issues around how research findings, particularly contentious findings are reported to health professionals

Survey health professionals

n=185 health visitors

**Content analysis of comment pieces
in key journals and magazines
(1988-2007)**

n=860 articles

In-depth interviews

n=30
(10 health visitors, 10 practice nurses,
10 school nurses)

The Study

Aim

To examine how key journals disseminated MMR evidence and guidance on best practice to health professionals by aligning journal commentaries with key events in the MMR controversy

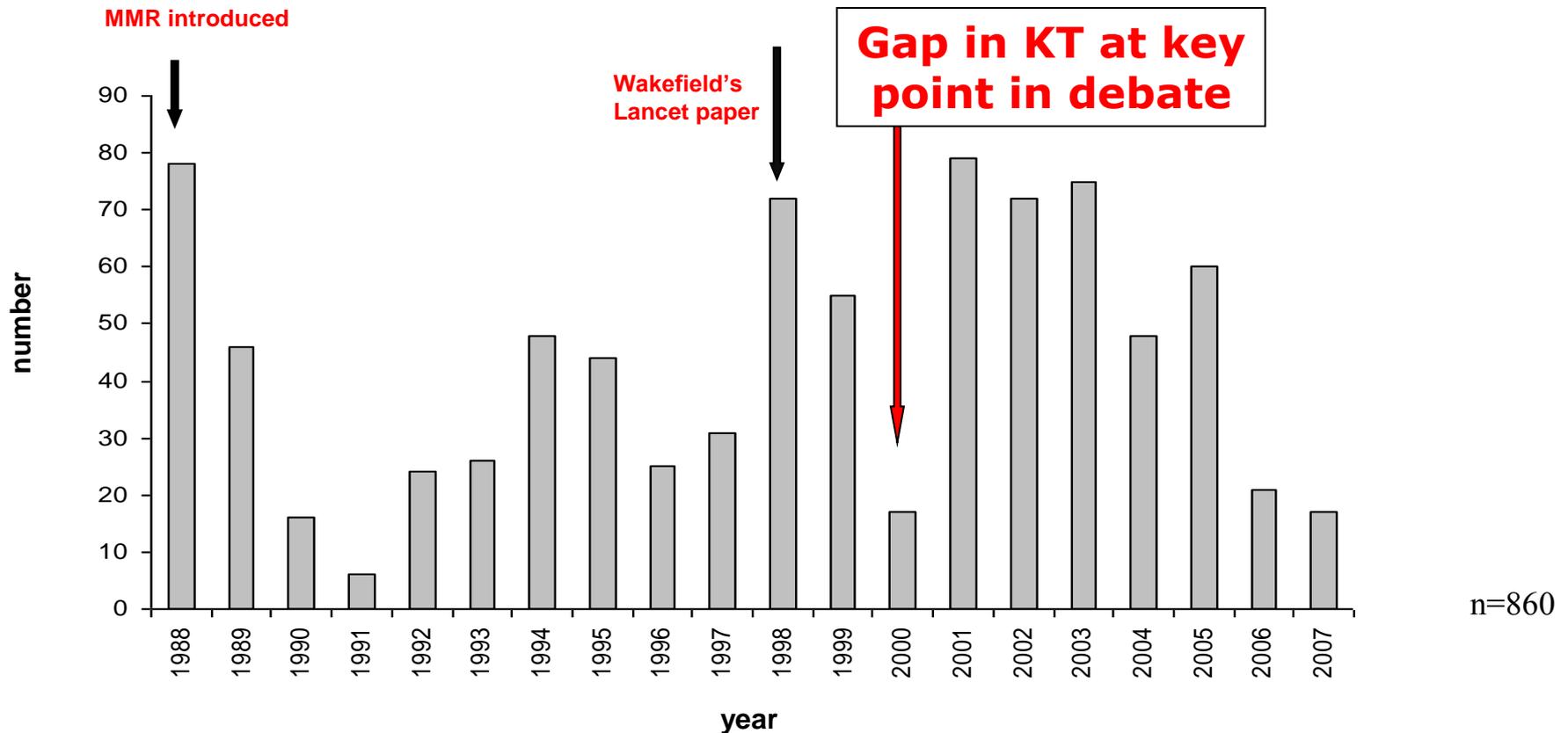
Data source

Six commonly read UK publications:

- British Medical Journal
- Health Visitor
- Community Practitioner
- Pulse
- Practice Nurse
- Nursing Standard



Aligning key events in MMR vaccination controversy with articles in professional journals (1988-2007)



Aim

To explore issues around how research findings, particularly contentious findings are reported to health professionals

Survey health professionals

n=185 health visitors

Content analysis of comment pieces
in key journals and magazines
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n=860 articles

In-depth interviews

n=30
(10 health visitors, 10 practice nurses,
10 school nurses)



Health visitors and practice nurses lacked confidence in communicating and understanding research evidence

Increasingly they are confronted by patients asking about research they have read, seen or heard

They lacked time, but considered it an increasingly important part of their jobs

They wanted a tool with guidance in how to help distinguish robust, replicated, findings from poorer quality or single studies

Could evidence providers have
done better?

Undoubtedly!

Understandings and Uses of Public Health Research

Understanding emerging health issues and policies



Public health decision-makers and the public are exposed to a vast array of research evidence

The framing of this evidence, through scientific, political and media channels, influences how people understand, use, and act on it



Understanding Health Research

A tool for making sense of health studies

3 year project funded by MRC Population Health
Sciences Research Network

Project team

Principal Investigator - Dr Shona Hilton (SPHSU, University of Glasgow)

Grant Holder - Professor Dame Sally Macintyre **retired** (SPHSU, University of Glasgow)

Grant Holder – Professor Mark Petticrew (LSHTM)

Grant Holder – Professor Susan Jebb (Cambridge University)

Grant Holder – Dr David Ogilvie (MRC Cambridge University)

Researcher – Lindsay Hogg (MRC/CSO SPHSU, University of Glasgow)

Starting point...

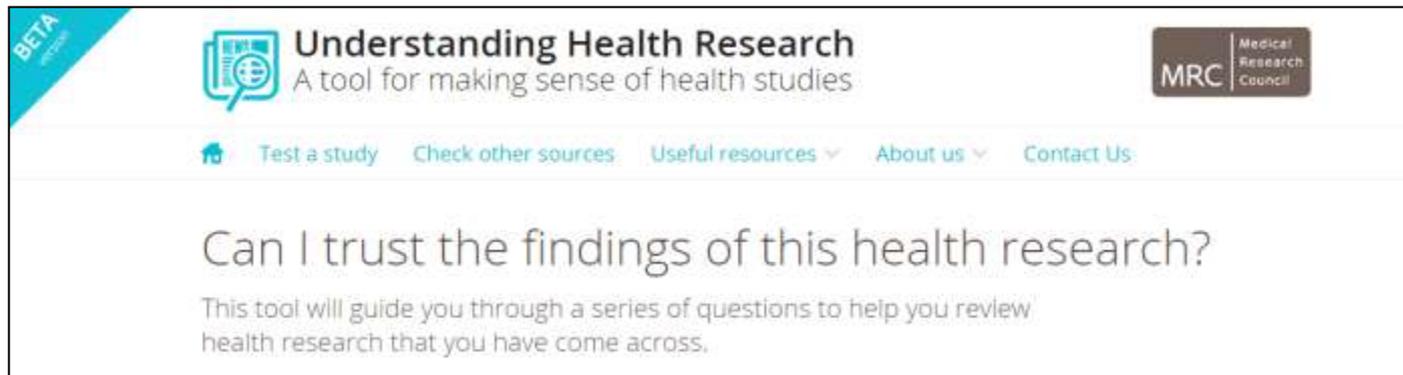
A barrier to the implementation of evidence-based policy and practice in the population health field is that many policymakers and practitioners find it difficult to assess the credibility of research evidence

Setting the scope of project

1. To find out whether there is a need to develop a tool to make assessing research evidence easier
2. If so, what should to do, who should it be targeted at, and how should we develop it?

Project stages:

- 1a. International scoping review
- 1b. Scoping opinions of key people:
 - Informal interviews with
 - Three workshops
2. Developing a tool



Scoping review

Aims

1. Identify any existing resources such as tools, courses, publications or other activities that assist people in weighing up health research evidence
2. Determine whether there is a need for an additional tool to be designed for a particular audience

Scoping review

Searching for existing resources

- Databases (Medline, Pubmed, Cochrane Library)
- Bibliographies of related literature
- Web searches for relevant websites
- iTunes app store, Google Play and book stores

Searches were carried out until the results reached saturation

Sources identified were classified by their intended audiences

Scoping review findings

- Searches identified 1526 items in total
- 122 of these were identified as tools or learning opportunities relevant to population health
- 44 of these had been evaluated
- On testing online tools- they were often time consuming to work through, not user friendly and required a high level of prior critical appraisal skills

Scoping opinions

Informal interviews

- 17 informal interviews
- Professionals involved in knowledge transfer and evidence-informed policymaking
- To inform format and content of workshops
- To create invitation list for the workshops
- To identify materials for the scoping review

Key emerging issues:

1. There is likely a need for a tool
2. Current tools vary in quality

1b. Scoping opinions

Workshops

- Three workshops in March 2012
- 62 participants (people who appraise, or communicate about, the quality of research evidence for Ministers, MPs or Commissioners)
- Two core elements of workshops:
 - Identifying barriers to, and issues surrounding, assessing studies, and to draw on the experts' opinions to identify potential solutions
 - Scoping ideas for a toolkit

QPO Task 2
BARRIERS

TIME

KNOWLEDGE

TECHNICAL SKILLS

RESOURCES

... (other sticky notes)

QPO Task 2
TOOLS/SOLUTIONS

... (handwritten notes and sticky notes)

QPO Task 2
g good population health science
bad population health science

MRC Population Health Research Network

Forum Glossary

RESEARCH RESOURCES QUESTION

CRITERIA

REASONING

DECISION FRAMEWORK

Links

... (flowchart and sticky notes)

... (multiple sticky notes)

... (sticky notes)

QPO Task 2
Telling good population health science from bad population health science

Forum Glossary

... (grid of sticky notes)

QPO Task 2
Telling good population health science from bad population health science

Forum Glossary

... (grid of sticky notes)

... (multiple sticky notes)

QPO Task 2
population health science

Forum Glossary

... (grid of sticky notes)

... (handwritten diagram with a grid and arrows)

Workshop findings

Participants stated that:

- Online sources of pre-appraised evidence are subject to the same biases as primary research – need to teach the process of assessing evidence
- Assessing the quality of studies is complex, demanding skills that might not have been taught to most people
- Problematic concepts:
 - Correlation and causation
 - Scientific uncertainty
 - The use of statistics

Workshop findings

A toolkit for professional audiences should:

- Raise awareness of the research process- how evidence is generated
- Provide users with the necessary questions to allow them to assess a research study's quality

Workshop findings

A tool must contain:

- Explanations of complex concepts:
 - Risk: relative vs. absolute
 - Scientific uncertainty and conflicting evidence
 - Interpreting statistical measures
- Descriptions of different study types and the questions they can be used to answer – traditional evidence hierarchies can be unhelpful
- Examples and case studies that illustrate the process of appraising evidence

Developing the tool: Prototyping

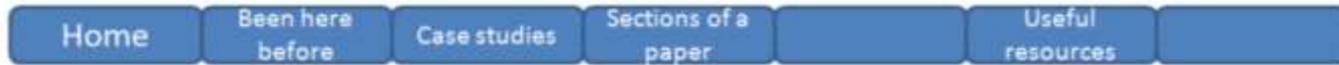
The examples and methodology documents were used to help develop a prototype tool

- Started with selection of health studies
- Identified the questions people must ask to make sense of evidence
- Created storyboards of appraisal process
- Demonstrate the flow of the tool

At each stage the prototypes were developed in consultation with organisations and individuals with a range of research knowledge and experience

Developing the prototype

Telling good science prototype

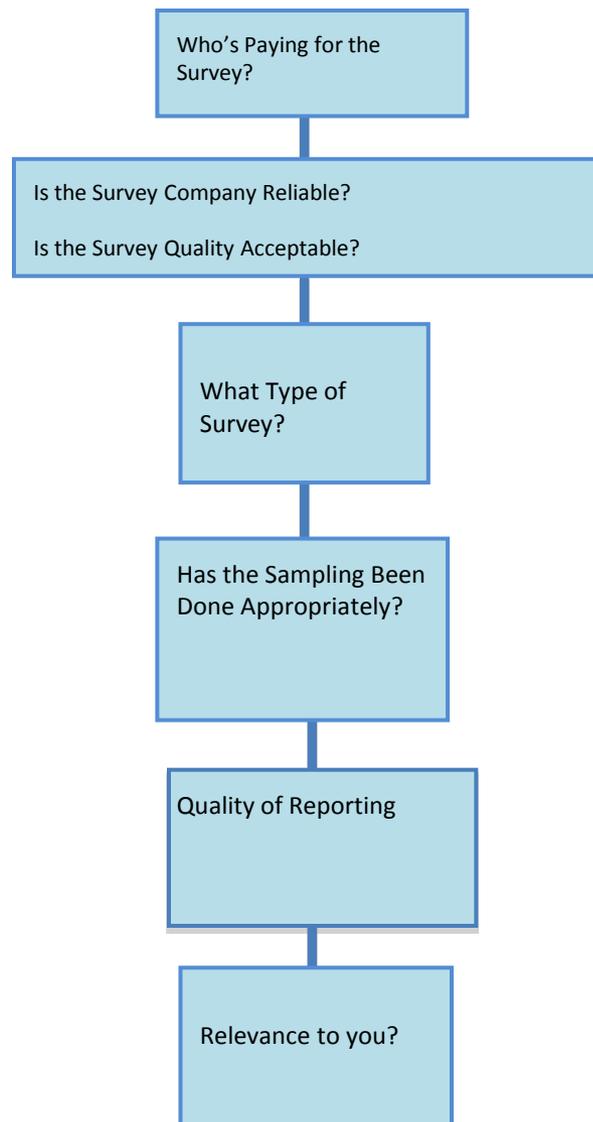


This tool will help you to weigh up the strengths and weaknesses of health studies you may have heard or read about, such as on TV or radio or in a newspaper, magazine or online.

Many reports about research studies make claims about how the study can be applied to human health decisions. This tool will help you work out how credible those claims are.

[Get started](#)

Getting the algorithms correct



Developing the tool: Content

We worked with a specialist in population health science with an excellent knowledge of research methodologies to produce:

- a document detailing the different types of research methods
- the questions to ask to assess their credibility
- a flowchart of the different steps to assess different study types

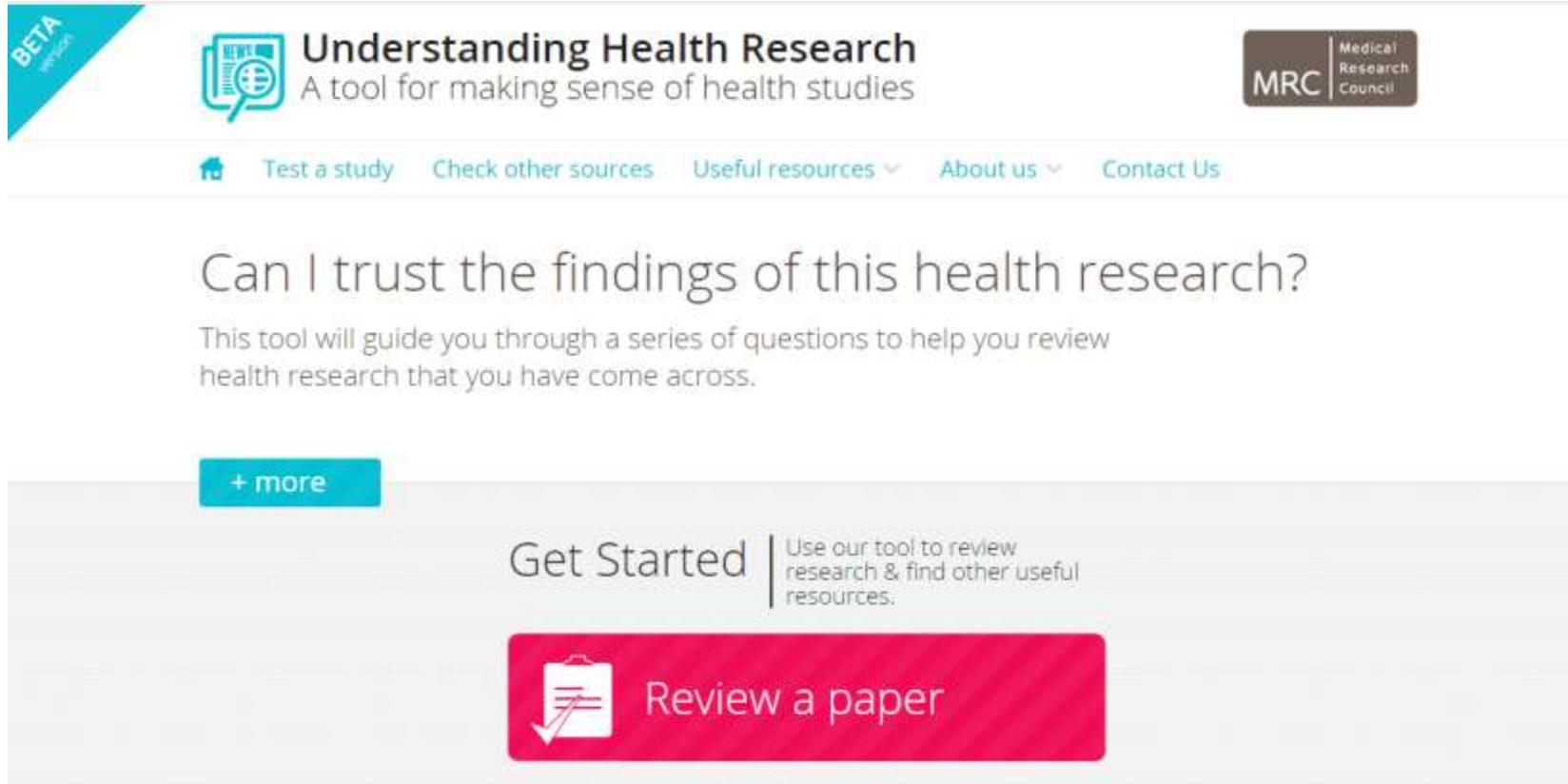
Developing the tool: Content

- The tool is equipped to evaluate the following types of research:
 - Surveys
 - Administrative data
 - Trials
 - Observational studies
 - Qualitative studies
 - Reviews

Developing the tool: Testing and evaluation

- Several rounds of iterative testing have taken place and continue to take place (with scientific experts and a variety of public and professional audiences)
- Tool has been continually tested and adjusted for understandability, usability and functionality
- The beta version of site has been created to be soft launched in December 2014
- Testing and refinement of the tool will continue
- Plans for future evaluation of tool in development

Current version of the tool



The screenshot shows the top section of a website. On the left, there is a teal triangle with the word 'BETA' in white. Next to it is the title 'Understanding Health Research' with a magnifying glass icon over a document, and the subtitle 'A tool for making sense of health studies'. To the right is the MRC Medical Research Council logo. Below the title is a navigation menu with links: 'Test a study', 'Check other sources', 'Useful resources', 'About us', and 'Contact Us'. The main heading is 'Can I trust the findings of this health research?' followed by a paragraph: 'This tool will guide you through a series of questions to help you review health research that you have come across.' Below this is a '+ more' button. At the bottom, there is a 'Get Started' section with a vertical line separating the text 'Get Started' from the description 'Use our tool to review research & find other useful resources.' Below this is a large red button with a white icon of a document with a checkmark and the text 'Review a paper'.

BETA

Understanding Health Research
A tool for making sense of health studies

MRC | Medical Research Council

[Test a study](#) [Check other sources](#) [Useful resources](#) [About us](#) [Contact Us](#)

Can I trust the findings of this health research?

This tool will guide you through a series of questions to help you review health research that you have come across.

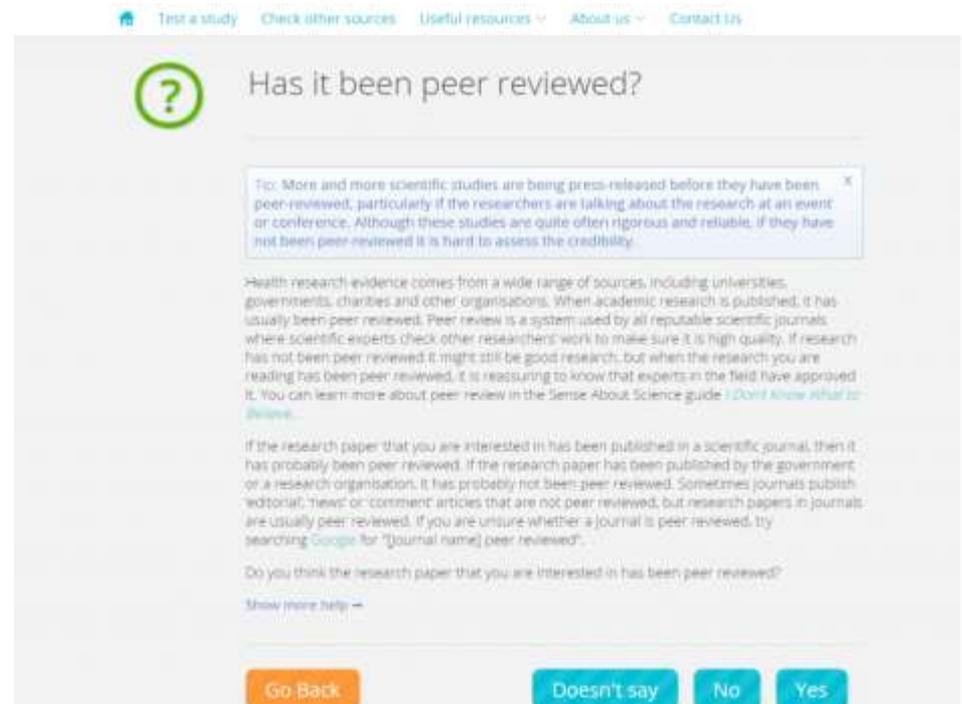
[+ more](#)

Get Started | Use our tool to review research & find other useful resources.

 Review a paper

Tool process

- Tool walks the user through process of obtaining research paper if they do not already have it
- Begins by taking the user through a series of basic questions assessing research quality (i.e. Whether it has been peer reviewed, if ethical procedures were followed, etc.)
- Tool then takes user through specific questions relating to the methodology their paper describes (i.e. Survey, trial, etc.)





[Test a study](#) ▾

[Check other sources](#) ▾

[Examples](#)

[Useful resources](#)



Has the study been published in an academic journal?

A simple test of the credibility of a study is whether it has been published in an academic journal. If you found out about the study on a website or in a newspaper look for it mentioning the name of a journal.

Yes

No

Doesn't say

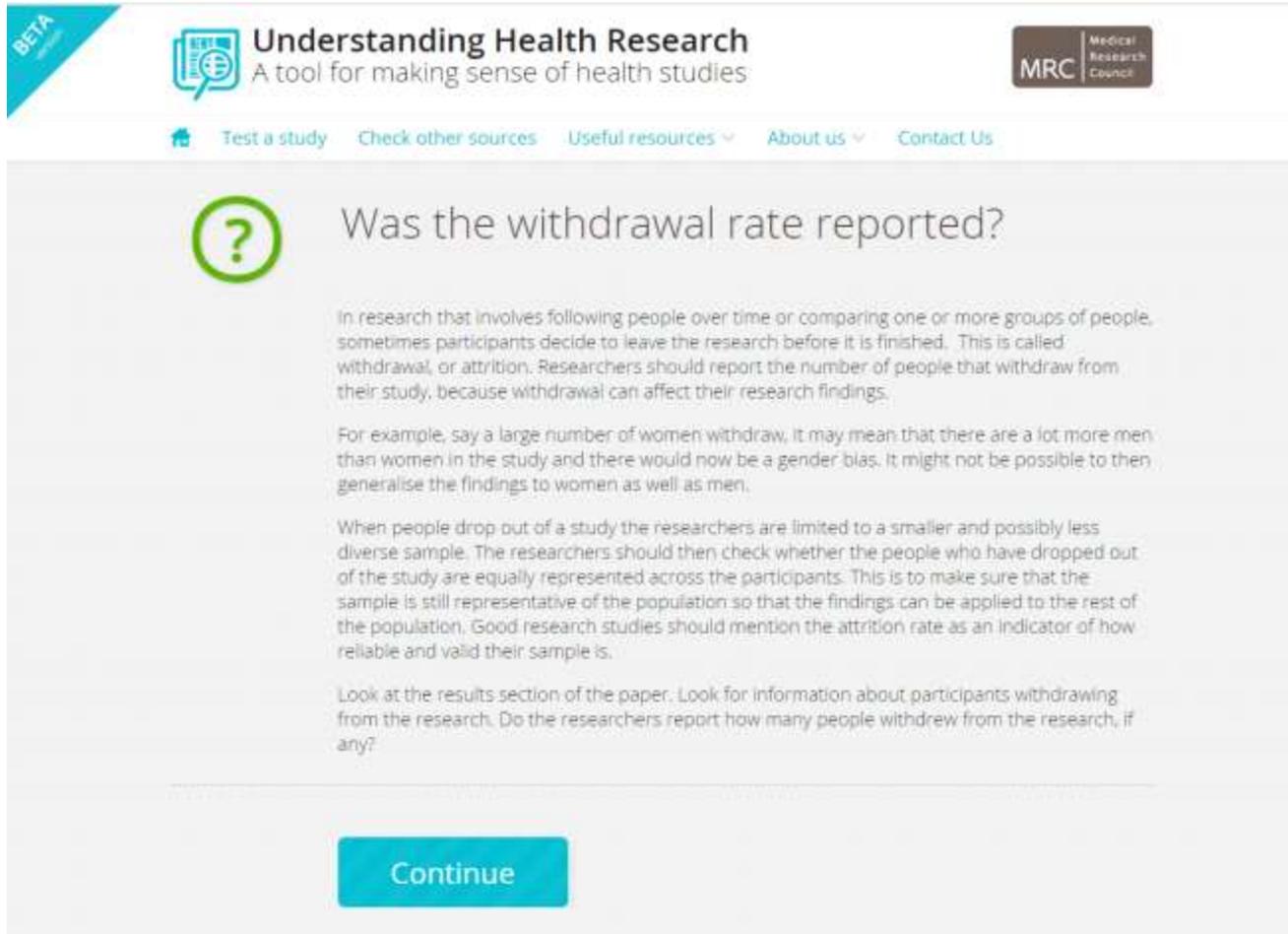
Progress | [Go to Summary](#)



Trust Rating |



Method-specific quality criteria page



BETA

 **Understanding Health Research**
A tool for making sense of health studies



[Test a study](#) [Check other sources](#) [Useful resources](#) [About us](#) [Contact Us](#)

Was the withdrawal rate reported?

In research that involves following people over time or comparing one or more groups of people, sometimes participants decide to leave the research before it is finished. This is called withdrawal, or attrition. Researchers should report the number of people that withdraw from their study, because withdrawal can affect their research findings.

For example, say a large number of women withdraw, it may mean that there are a lot more men than women in the study and there would now be a gender bias. It might not be possible to then generalise the findings to women as well as men.

When people drop out of a study the researchers are limited to a smaller and possibly less diverse sample. The researchers should then check whether the people who have dropped out of the study are equally represented across the participants. This is to make sure that the sample is still representative of the population so that the findings can be applied to the rest of the population. Good research studies should mention the attrition rate as an indicator of how reliable and valid their sample is.

Look at the results section of the paper. Look for information about participants withdrawing from the research. Do the researchers report how many people withdrew from the research, if any?

[Continue](#)

Tool output

- In the end, the tool provides a summary of all quality criteria and how the user assessed them, leading them to an overall rating of 'you seem to trust this paper' or 'you do not seem to trust this paper'
- User is directed to additional resources for further reading, including robust systematic reviews
- Overall, the process of using the UHR tool should support the user to gain the skills to assess research quality *for themselves* rather than providing a prescriptive 'good' or 'bad' rating



[Test a study](#) ▾

[Check other sources](#) ▾

[Examples](#)

[Useful resources](#)



Summary |

Negative sign

Positive sign



You said that the study type was appropriate for the question being asked.



You said that the trial had not been randomised.



You said that the study had been published in an academic journal.

Overall, it looks like this health study is quite reliable, but there are flaws in the approach that make it less than ideal.

[Start again](#)

[Continue](#)

Progress | [Go to Summary](#)



Trust Rating |



Next steps: finalise and disseminate

- Make changes based on feedback from testing
- Finalise and launch toolkit (December 2014)
- Disseminate final toolkit:
 - Collaborate with MRC Comms on communication strategy
 - Ensure tool will be disseminated widely to key target audiences

Develop it for further use?



- Public (patients, service users, parents etc.)
- Students – teaching tool (possible CPD course)
- Researchers / Peer reviewers

Next steps: finalise and disseminate

- Make changes based on feedback from testing
- Finalise and launch toolkit (Autumn 2013)
- Disseminate final toolkit:
 - Collaborate with MRC Comms on communication strategy
 - Ensure toolkit will be disseminated widely to key target audiences

Contact details

Email: shona.hilton@glasgow.ac.uk

Website: www.sphsu.mrc.ac.uk/research-programmes/pe/

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**The journey to developing the....Understanding Health Research
A tool for making sense of health studies**

**Dr Shona Hilton, MRC Programme Leader
MRC/CSO Social and Public Health Sciences Unit, University of Glasgow**

Wednesday 5th November, 2014

These are summary notes to accompany the presentation made by the above named speaker, as one of the knowledge exchange seminar series organised by the Fuse knowledge exchange group and is to be read in conjunction with the slide set, available on the Fuse website.

Shona Hilton commenced her presentation by introducing the Unit she works for in Glasgow (slides 2 and 3), where over a hundred researchers are based. She indicated that her interests were around how research messages get into the public domain, analysing what happens when research findings are part of the public discourse and developing ways to make research accessible. This is expanded on in the aim (slide 4) and the objectives (slide 5). The starting point for the work was that the scientific research in itself is not enough to create change (see slides 6 and 7) – representation in the media and the public domain in general is key. This was illustrated with reference to the purported MMR vaccine connection with autism (slides 8-12), where, in particular, the Royal Free Hospital press conference of February 1998 stoked a public perception that single vaccines should replace the combined MMR vaccination regime. Despite the absence of a scientific evidence base the publicity surrounding the announcements about single vaccines affected MMR vaccine uptake (see Slide 12 for a graph depicting this) and also other vaccines as well, illustrated on the same slide. This continued to have an impact in 2001 when the then Prime Minister, Tony Blair refused to comment publicly about whether his son Leo would be having the MMR vaccine (slides 13 and 14). Subsequently the Lancet paper which began the controversy was retracted and the main professional involved in the mis-perceptions, Dr Wakefield was struck off the medical register (slide 15). The lesson from this was that the original statements by Dr Wakefield and the way they were handled in the press undermined a successful public health programme, although this has to be balanced by the fact that the media can be supportive to public health measures (the examples of the ban on smoking in public places and the HPV vaccination programme were given). Three main possible reasons for the impact of the MMR scare are given on slide 17. These are considered further in the next paragraph.

Slide 18 sets out the first reason for the reduction in uptake of the MMR vaccine – “Was it public mistrust of politicians?” Some ‘celebrated cases’ may have fostered mistrust, for example the reporting of the then Agriculture Minister, John Gummer trying to persuade the British public that beef was safe by eating a burger with his young daughter (slide 19) and the former Health Secretary, Stephen Dorrell announcing a probable link between BSE and vCJD (slide 20). This kind of media coverage can be very influential (for a quote expanding on this point, see Slide 21.) Some theoretical ideas about the impact of the

media were put forward, including, media influence (as a current example, we now know more about ebola, albeit well into the developing epidemic), cultivation theory (which says that the more exposure a subject gets, the more it is believed, and social amplification of risk (as a model for knowledge exchange). Politicians and policymakers have many demands on their time and may not understand research sufficiently to be able to make good use of it (see Slides 22-24 which expand on these points).

Slide 25 sets out the second reasons for the reduction in uptake of the MMR vaccine, “Was it lack of confidence in the evidence base by health professionals?” This stimulated a study to “explore issues around how research findings, particularly contentious findings are reported to health professionals” (slides 26-30). The study had three elements, surveying health professionals, analysing journal contents and in-depth interviews. The journals analysed are listed in Slide 28. When a comparison was made of the key events in the MMR controversy and articles in journals, it was found that there was a key gap in debate when articles dropped in the year 2000 (see slide 29). The main conclusions of the study are listed in Slide 31. Critically, health visitors and practice nurses suffered a reduction in confidence in talking about the MMR vaccine with their clients and they wanted “a tool with guidance in how to help distinguish robust, replicated findings from poorer quality or single studies”. It was clear that evidence providers could have done better (slide 32).

Consequently work on a tool to help make sense of health studies started, set up as a 3 year project – see Slides 33 and 34. The names of the project team are listed in Slide 35. The starting point was that there was a barrier to implementation of evidence based policy because of difficulties on the part of policymakers and practitioners in assessing the credibility of research evidence (Slide 36). Initially, it was important to establish if there was any tool already available that assessed research evidence and the details of a scoping review are shown in slides 37-42. In particular a key finding was that there were 122 tools relevant to the subject area already available but required a high level of skills in many cases to use (see Slide 41). Following the scoping exercise 3 workshops were held explore in greater depth with a cross-section of over 60 people the key issues that needed to be addressed by any tool. These findings are summarised in Slides 45-47. Work then started on prototyping the tool (Slides 48-50), which, at the time of the seminar was almost in place after a long period of development. In particular considerable time has been invested in getting the algorithms correct (for an example see Slide 50). A specialist in population health science with knowledge of research methodologies was engaged to support the process (see Slide 51) and the types of research which the tool covers is listed on Slide 52. The testing programme for the tool is described in Slide 53. At the time of the seminar the tool was in the final stage of refinement and evaluation was being planned. The tool was demonstrated (see Slides 54-58). The basis of this is a series of questions to support the user’s review placed in lay terms. The output of the tool is to summarise the results and give an overall verdict, (see Slide 59). In addition at the time of the seminar some blind testing had been done, and, as some variation in results had emerged, the summary idea may be reviewed.

The anticipated next steps leading to dissemination of the tool are set out on Slides 60-62 and an invitation extended to the audience to test out the tool for themselves. One possibility would be to develop the tool for lay use. The speaker’s contact details are shown

on Slide 63. Once the tool is live (expected at the time of writing to be December 2014) it will be refined and a facility built in for people to comment.

Discussion

Discussion took place on the following topics:

- A function for registering professional opinion of existing papers
- Scope for using the tool for teaching critical appraisal skills, and as a way of doing hands on training. A suggestion was made that journal clubs could exploit the tool.
- A mobile app was suggested
- Can the tool be used for non-academic papers? For example, to test the accuracy of press releases for possible discrepancies when compared with the source papers
- A possible application to a sexual health network was mentioned
- One issue identified was that the tool revolved around single papers and that to assess a body of evidence a systematic review would still have a place
- The application of the tool to evaluate website providers of evidence was identified as an entirely new and different project to the subject of the seminar
- The scope for industry partners to disseminate the tool was touched upon

AR – 24th November 2014