**Notes from the CAPSMG open meeting – Sunday 22nd September 2013**

Participants:

* Mona Nasser: Chair
* Cinzia Colombo
* Daniel M Fox
* Roberto D’Amico
* Sally Crowe
* Tianjing Li
* Vivian Welch
* Tracey Howe
* Karen Robinson
* Tom Kenny
* Karmela Krleza-Jeric
* Paula Jean Ziegler
* Jan Clarkson
* Jos Verbeek

RPS = research priority setting, CAPSMG = Cochrane Agenda and Priority Setting Methods Group

**Summary of discussion:**

* As well as developing methods for priority setting, entities also need to consider context, the skills needed for effective stakeholder engagement if desired and the methods for utilising data to inform priorities e.g. population data.
* Entities need to develop a list that explicitly shows what they to realise as new or updated reviews. It needs to reflect priorities in their area of interest but also be made up of robust systematic review questions. Where these lists are being developed factors that currently affect them are; downloads, citations, push from stakeholders, pull of guidance
* There are mixed views about the degree of stakeholder engagement that is possible and desirable for entities to adopt – however systematically searching for others have done in their field will yield examples that could be used to inform priorities development. It is potentially more likely that published descriptions of research priority setting will have involved health professionals, research and policy makers more than consumers.
* The use of guidelines as a trigger for identifying reviews that have important implications for practice – was discussed; two entity examples were described one pre empting guidance – the other using research recommendations from guidelines
* Cochrane entities need to get better at telling the story of why the review is important rationally and emotionally so that funders can see why they would want to fund priority evidence synthesis. You are what you eat quote – “if you eat the Principal Investigator perspective then that is what is reflected in your review portfolio”.
* Priorities for reviews must reflect the trend in major funders (USA, UK, Canada) that want patient orientated/benefit priorities but the group needs to understand that for some countries this is much less developed (where even the argument for priority setting per se has not been initiated). In LMC countries priorities may have a very different focus indeed
* Internally within Cochrane we need to know about each others priorities as it is likely that they will overlap – the new data projects will help with this

**What do we consider to be a successful priority setting exercise?**

In the current literature transparency, accountability and relevance are some key indicators of success, based on current thinking about research priority setting.

**Other success factors (short and long term):**

* Getting all priority reviews updated or initiated
* Balancing the entity priorities with expectations of authors registering titles
* Measure of citations and downloads of priority reviews (e.g. Renal CRG cranberry example)
* Reflection and learning from stakeholder engagement activity
* One group member had a big success vision: “Systematic reviews are satisfying the needs of the customer patients and clinicians (changes practice) guidance (changes practice, and is more visible to policy makers) and applicants of primary research”.

**Actions:**

1. Develop and editorial about using stories to illustrate why a review is important from an emotional as well as the rational perspective (some suggested authors Tom Kenny, Daniel M Fox and Mona Nasser).
2. Encourage collaboration with Robert Dellavalle on using burden of disease as a key item in priority setting
3. Apply for Methods Innovation Group as a source of funding to conduct further methodological approaches embedded in the Cochrane Collaboration
4. Apply for ‘Game changer’ resource as an opportunity to provide an infrastructure for priority setting across the collaboration and training to equip CRGs with the skills to undertake RPS
5. CAPSMG being the broker between the Cochrane Collaboration and other external organisations e.g. guidelines
6. Develop a table of RPS approaches that reflect different resource capacity and successes
7. Develop a communication process inside the co-convenor group of the CAPSM to enhace possibilities to discuss and develop new ideas

Sally Crowe October 2103