



Belgravia House  
62 - 64 Horseferry Road  
London SW1P 2AF

T: +44 (0) 20 7202 0721  
F: +44 (0) 20 7202 0751  
E: [info@rcvsknowledge.org](mailto:info@rcvsknowledge.org)  
Twitter: [twitter.com/rcvsknowledge](https://twitter.com/rcvsknowledge)

## 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).<sup>1</sup>

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 tools<sup>2-4</sup> 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



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