Reviewer's report

Title: Methods on the move: a critical reflection on two decades of "negotiating" Cochrane standards and protocols for producing qualitative evidence syntheses

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Reviewer: Mark Petticrew

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This paper aims to examine the extent to which authors of qualitative evidence syntheses (QES) engage with Cochrane.

This is a useful topic to consider, but the main problem with the paper is that it contains a huge number of blanket, unsupported statements which often do not seem to me to be well-founded, or argued through. Many of these seem wide of the mark and some seem to be based on a misunderstanding or misrepresentation of what Cochrane actually does, or has done in the past. There are many statements which make factual claims which need some evidence to back them up (e.g. a reference, or some evidence, or a supporting argument). This evidence is often missing.

Papers that report opinions (e.g. editorials), are of course important and a critical reflection on these issues is to be welcomed. However much of this paper seems to be based on assumption, and many of the assumptions are not spelled out; in some cases there is actual evidence one way or another, which is not supplied. If the paper is based on the authors' personal experience, then this needs to be made clear. (Given the authorship, presumably the paper as currently written reflects the assumptions of all the Qualitative and Implementation Group – though these are not named anywhere in the manuscript, and it is not clear from the QIMG website who these are).

I have listed some of the examples of unsupported claims below.

Major compulsory revisions

On page 1 there is a statement that “It also celebrates the start of an exciting adventure looking forward towards synthesizing findings from different types of research designs”. This statement means that only now - 20 years after Cochrane was set up – is Cochrane including study designs other than RCTs. Yet anyone involved in Cochrane would be able to point to reviews and review groups which have done this for many years, and have advocated that others do this (and helped them to do so). I don’t know when the non-randomised studies group was set up (its homepage is disabled) but it is far from new. EPOC has been around a long time. Other review groups have included non-RCT evidence for a long time.

Page 3: “Search procedures are becoming more transparent over time” – this
needs unpicking and some evidence to back it up.

Page 3: “there is a growing interest in the critical appraisal of potentially relevant articles as an obligatory passage point for inclusion”. I’m not clear what this means – can you explain? Can you provide some evidence of this “growing interest”?

“However, the number of protocols and titles proposing a role for QES or mixed-methods reviews has grown rapidly over the last two years...” This statement that needs some backing up with some evidence - How much has it grown?

Page 4: “Misperceptions on the focus of the CC still persist, particularly in qualitative researchers”. In general this section of the paper needs evidence - clear examples and more discussion than appears at present. What sort of resistance? From whom?

Page 4: “Part of this line of argument is a legacy of the predominantly quantitative research training received by many of those clinicians who became involved in the early years of CC and on the influence from the evidence-based movement on the development process of the Cochrane Collaboration”. This needs unpicking. Presumably it means that the epidemiological underpinnings of the EBM movement had a strong influence on how Cochrane review methods developed. But this needs setting out much more clearly. It is also quite a bald statement which ignores the fact that many of those involved in Cochrane and systematic reviews from the early days were not clinicians. (What about all those information scientists for example? The statisticians? The epidemiologists?)

“The initiators of the CC might have decided to limit the scope of the reviews because they needed to achieve quick wins, in order to show some worked examples to interested parties...”

This sentence seems a bit vague. They might, or they might not. Is there any evidence one way or another?

Page 5:

“However, this broadening in scope has not necessarily resulted in the migration of significant numbers of diverse reviewers towards the Collaboration”...again, what evidence is there for this? What is meant by “diverse reviewers”?

“we need to consider the available expertise and resources in CC to diversify and evolve the Cochrane ‘gold standard’ intervention effectiveness review approach towards wider questions and diverse types of evidence”.

This needs unpicking. What do you mean by “wider question” and “diverse evidence”? It is also worth pointing out that many of the reviews which Cochrane has done even in the early days are rather “wide”. They are not all reviews of “simple” medical interventions.
“The CC has made very good progress lately in considering mixed method evidence synthesis.”

In what way do you consider that the CC has made “very good progress”?

“We expect this to change in the light of a new Handbook chapter on complex interventions that incorporates diverse sources of evidence to address complex questions, and marks a significant change in the policy of the CC”.

This is a large claim – that CC policy has actually changed. Can you back this up?

“The engagement of authors interested in QES is slowly increasing” – can you say more about this? How do you know that this is the case?

“Early attempts to broaden the scope of the Collaboration, and transform the policy toward the type of evidence to be considered in reviews produced by CC, encountered an implicit assumption that such proponents first had to acknowledge the predominance of effectiveness even to bring their argumentation to the discussion table”.

Again this is a large statement which needs some evidence to back it up. Is it based on the authors’ experience? If so then this needs to be made clear.

“Topics such as QES are not considered sufficiently mainstream for inclusion in the Handbook section outlining the standardised review process, rather they were perceived as more advanced or ‘exotic’ techniques that could be considered by review authors who had the necessary resources and manpower to do something ‘extra’.

Perceived by whom? What is this statement based on?

“This imperative for standardization requires that review authors relinquish, albeit willingly, control of their scientific work in favour of the agreed standard. Such a standard may be characterised as becoming ‘attached to a plethora of specific concerns, developments, drives’ of a particular community’ (Timmermans & Berg, 2003).

I am not sure that all Cochrane authors would agree that this is why they follow protocols. It is not just a matter of simply becoming “attached to a plethora of concerns”. I am “sure” there is something to do with a concern for reliability and validity. I think this blanket statement either misrepresents or misunderstands why most people (e.g. reviewers) follow methodological standards. I am pretty sure it is not just out of some sheepish quality - as the authors’ choice of this particular quote from Timmermans and Berg implies.

“These situation show that standardization to a certain extent is a thoroughly political process and evolves in response to ongoing negotiations between different agencies, none of whom is in control of all the issues at stake”
It is probably true that standardization is a political process- but the discussion in this paper does not really explore this, or show this.

“In this article we have demonstrated how standardization has penetrated many corners of CC.”
I disagree that this article has shown this.

Minor essential revisions
On page 1 there is a reference to how Cochrane Collaboration (CC) celebrates a “retrospective series of Accomplishments” - surely all accomplishments are retrospective?

Page 3: It is stated that narrative reviews are done when there is “heterogeneity of results”. It is also done when there is heterogeneity in interventions and populations – this is probably more common than statistical heterogeneity (which is different from “heterogeneity of results” – which surely every review has – unless every included study has identical findings) in public health reviews.

The references appear to be in random order.

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Needs some language corrections before being published

**Declaration of competing interests:**
None