


Conversely, if there was good evidence that a strategy had low efficacy or was ineffectual, and that activity was being implemented at that time by CSAHS or other services, this would indicate that there was an opportunity to reorient the resources being used by that service (for example, distraction hearing testing of all seven-month-old babies).

CONCLUSION

In the final analysis, it was recognised that not all interventions lent themselves to this type of evidence-based evaluation (especially not the interventions of a community development type). The relevance and importance of these kinds of interventions need to be assessed by other means than the application of this kind of evidence-based methodology. As Sackett stated, 'evidence based medicine is not restricted to randomised controlled trials and meta-analyses. It involves tracking down the best external evidence with which to answer the clinical question'.¹ He particularly cautioned against purchasers and managers using evidence-based medicine as a means to cut health care costs. In fact, the adoption of the most efficacious interventions to maximise both quality and quantity of health outcomes could increase costs.

This process has proved to be useful in identifying areas of practice where changes in services could achieve improved health, as well as highlighting those areas of practice where additional strategies or services are required but may not yet be in place.

REFERENCES

1. Sackett DL, Rosenberg, MWC, Gray JAM, Haynes RB, Richardson WS. Evidence based medicine: what it is and what it isn't. *BMJ* 1996; 312: 71-72.
2. Alperstein G, Thomson J, Crawford J. *Health gain for children and youth of Central Sydney*. Strategic plan. Sydney: Central Sydney Area Health Service, NSW Health Department, 1996. ISBN 0 7313 0029 7.
3. Canadian Task Force on the Periodic Health Examination, Minister of Supply and Services Canada. *Canadian guide to clinical preventive health care*. Ottawa: Canada Communication Group Publishing, 1994.
4. Welsh Health Planning Forum. *Protocol for investment in health gain. Maternal and early child health*. Cardiff: Welsh Office NHS Directorate, 1991. 

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3. Welsh Health Planning Forum. *Protocol for investment in health gain. Maternal and early child health*. Cardiff: Welsh Office NHS Directorate, 1991.
4. Alperstein G, Thomson J, Crawford J. *Health gain for children and youth of Central Sydney*. Strategic plan. Sydney: Central Sydney Area Health Service, NSW Health Department, 1996. ISBN 0 7313 0029 7.

COCHRANE COLLABORATION

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The Cochrane Collaboration was established in 1993, with the aim of preparing, maintaining and disseminating systematic reviews of the effectiveness of health care. It is expected that systematic reviews of the available evidence will become the first step in creating policies, changing practice and developing appropriate future research.

Development of the collaboration has demanded the personal and financial commitment of large numbers of individuals (clinicians, academics, consumers and policy makers) and organisations (governments, research agencies and charitable institutions) internationally. Currently the Cochrane database collects systematic reviews of randomised and controlled trials.

THE CHILD HEALTH FIELD

A child health field was proposed at the 4th International Cochrane Colloquium because of a perceived need for more reviews in the area of child health.

The aim of the child health field is to promote the interests of children within the collaboration by undertaking reviews that address questions that are important for clinicians and parents in a form that is easily translated into policy and practice. Activities include promoting and publicising the field to relevant professionals, consumers and professional bodies. A child health field database of references is currently being developed.

While the Cochrane centres are responsible for training, the child health field will also take on a content-relevant training role. In Australia, training has already been established through the Centre for Community Child Health & Ambulatory Paediatrics in conjunction with the Department of Biostatistics and Epidemiology of the University of Melbourne, and so far has been provided at the Royal Children's Hospital in Melbourne. In addition, those in the child health field have identified areas within child health where existing review groups will not serve required needs. A planning meeting for a review group on developmental, psychosocial and learning problems was held in 1997 in an attempt to fill one such area of need.

HOW TO BECOME INVOLVED?

Clinicians can become involved in the Cochrane effort in two ways: by becoming users of reviews on clinically relevant areas or by undertaking reviews themselves. To undertake a review requires training, as well as consultation with the review group most relevant to the chosen topic. A commitment must be made to update the review on a yearly basis, for life. This may sound onerous, but in reality, it can be passed on to another reviewer. It is expected that, in future, review group administrators will look for any new trials on topics registered with them and pass them directly to the reviewers.