

# Stepping down but not out

**Derek Richards**

*Editor*

November this year will mark the 20<sup>th</sup> year since the publication of the first issue of Evidence-based Dentistry, initially as a supplement of the BDJ before going on to become a stand-alone journal. Having been involved with the journal since the need to establish an Evidence-based Dentistry Journal was mooted at a workshop held in Oxford in December 1994, the time has now come for me to pass on the Editor's role. Next year I will be retiring from the NHS after 41 years' service, so we shall be looking for a replacement in time for the first issue of next year. Information about applying for the position can be found in the News section of this issue.

In my editorial in the last issue I posed the question about whether we had reached a point where we were now conducting too few trials in dentistry. This has stimulated a response from Dr. Viteri-García and his colleagues from the Oxford Datalab who point out that the issue might be not a lack of trials but a failure to report them.

Looking back at the past 20 years we have seen a steady increase in both the number of trials and the number of systematic reviews available in dentistry. The Cochrane Oral Health Group has been at the forefront in producing high quality systematic reviews for dentistry, however many of these reviews continue to highlight in their findings that there is a lack of high-quality studies to answer the questions that are being asked.

Improving the quality of dental research is a topic I have addressed many times in editorials over the years and while there have been improvements, there is still much to be done. Guidelines and standards for both the conduct (<http://www.spirit-statement.org/>) and reporting of trials are now widely available on line, the Equator-Network (<http://www.equator-network.org>) holding an extensive collection.

In addition to the general quality level of dental research another challenge is the broad range of outcomes measured by researchers.

The lack of common or core outcomes measures continues to present challenges to systematic reviewers. The COMET (Core Outcome Measures in Effectiveness Trials) Initiative (<http://www.comet-initiative.org/>) aims to bring people interested together to facilitate the development of common outcomes sets, and there is some ongoing work in a number of dental areas including caries, periodontal disease and cleft lip and palate. Improving the quality of conducting and reporting research should facilitate the production of good quality reviews to drive and inform practice.

However, even where we have good evidence the translation of research into practice and policy continues to present challenges, as evidence of good practice is not readily adopted and where ineffective interventions are not stopped.

So while the past 20 years of this journal have seen progress in developing the evidence base of dentistry there is still much to be done in developing evidence-based practice (EBP) in the profession. The core EBP skills<sup>1</sup> of

- Asking answerable questions (ASK)
- Searching for the best evidence (ACQUIRE)
- Critically appraising the evidence (APPRAISE)
- Applying the evidence (APPLY)
- Evaluating the outcome (ASSESS)

still need to be taught to individual clinicians, as do research methods to future dental researchers. One of the things that this journal has done over the years, I hope, has been to bridge the gap between the researcher and clinician and I hope that this is something that my successor will continue to do.

1. Dawes M, Summerskill W, Glasziou P et al; Second International Conference of Evidence-Based Health Care Teachers and Developers. Sicily statement on evidence-based practice. *BMC Med Educ* 2005; **5**: 1. Review

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