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The BMJ Press Release

The BMJ launches a new series to get the latest trial evidence into practice

Journal provides rapid guidance based on new evidence to improve patient care

This week, **The BMJ** launches a new series called 'Rapid Recommendations' - a collaboration with an international group of researchers and doctors, working together with patients - to quickly and reliably transform research evidence into clinical practice recommendations.

It's impossible for an individual doctor to keep up with the latest research or understand whether they might alter their practice. And it can take years for new evidence to filter into guidelines, during which time patients often receive outdated care.

The BMJ wants to change this by publishing a short set of recommendations soon after new potentially practice-changing evidence becomes available.

The project also aims to tackle problems with guidelines. For instance, they may be written by those from a limited range of medical specialties and may not consider issues that matter most to patients. Guideline authors may also have financial, intellectual or professional interests which might alter the recommendations they make.

“We hope to demonstrate that state of the art systematic reviews and trustworthy guidelines can be created and published rapidly,” says Dr Per Olav Vandvik, an internist and methodologist at The University of Oslo, who has led the project.

“This project includes several things that are important to the BMJ,” says Dr Helen Macdonald senior clinical editor at The BMJ and GP, “transparency, partnership with patients, and producing content authored by those with fewer relevant financial ties with industry.

We want their colourful and graphic format to help demystify recommendations, and the text to explain the balance of benefit, harm and uncertainty which we hope will help doctors make better decisions with their patients.”

Each guideline panel - made up of patients, front-line clinicians, researchers, guideline experts and The BMJ - will use the GRADE approach (a system used to assess the quality of evidence) for creating and presenting evidence summaries and making recommendations, she explains.

Each panel will also consider patient values and preferences, the quality of the evidence, the magnitude of benefits and harms, and other key practical issues.

The first article in the series looks the latest research for a new type of heart valve surgery known as transcatheter aortic valve implantation (TAVI), compared to open heart surgery for patients with severe aortic stenosis.

After considering the new evidence, the panel recommend that TAVI is likely the best choice for patients with aortic valve disease.

We hope that guideline makers will take their recommendations and adapt them for their system. Readers will find the recommendations, evidence summaries and consultation decision aids in publicly available digital formats, for use at the point of care on the magicapp (an online platform for guidelines and evidence summaries that can be used and shared).

“We want to show that guideline panels need not have worrisome conflicts of interest; that patient, generalist, and allied health professional panellists improve guideline quality; and that recommendations used in guidelines can facilitate shared conversations and decision-making at an individual level,” concludes Dr Vandvik.

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Note to Editors

Editorial: Introduction to BMJ Rapid Recommendations

<http://www.bmj.com/content/354/bmj.i5191>

Education: Transcatheter or surgical aortic valve replacement for patients with severe, symptomatic, aortic stenosis at low to intermediate surgical risk: a clinical practice guideline

<http://www.bmj.com/content/354/bmj.i5085>

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