

displayed in traditional PDF format and DECIDE A and B formats. Throughout the lecture participants will answer questions with 'Clickers' and be randomly assigned to alternative presentation formats by concealed allocation and blinding, through the use of eyepatches.

Results We will present results from the trial at the conference.

Discussion If our approach of integrating randomised trials into educational sessions is feasible and provides valid results we will conduct multiple such trials in DECIDE.

Implications for Guideline Developers and Users Optimised GL presentation formats and sufficient conceptual understanding, as researched in this trial, should facilitate the uptake of trustworthy CPG and application of research evidence in practice.

029

CLINICAL PRACTICE GUIDELINES FOR AUSTRALIAN GENERAL PRACTITIONERS: HOW IMPLEMENTABLE ARE THEY?

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Background Many guidelines have been published that are relevant to Australian general practitioners. However, it is unclear whether these guidelines have the attributes required for facilitating implementation.

Objectives To determine the proportion of current Australian general practice guidelines that have incorporated the attributes required for facilitating implementation.

Methods We conducted an audit of the National Health and Medical Research Council Clinical Guidelines Portal to identify guidelines published between 2007 and 2011 that listed general practitioners (GPs) as a primary user and examined them for attributes identified in literature as facilitating implementation.

Results A total of 146 guidelines targeting Australian GPs were identified in our study. Approximately 46% of these guidelines were developed by "collaborating authors", with 27% and 19% developed by "government organisations" and "not-for-profit organisations", respectively. Almost half (43%) of the guidelines did not state the methodology used, with 33% using "expert opinion" and only 16% using "systematic literature reviews". Only 14% of the guidelines were endorsed by professional colleges and only 10% of the guidelines were government-approved. Additional resources to facilitate guideline uptake were included for only 23% of the guidelines.

Discussion While some attributes of implementation have been incorporated into general practice guidelines, many are absent from most of these guidelines. Given the rapid growth in evidence-based guidelines in Australia, it is imperative that clinical practice guidelines incorporate the attributes necessary for facilitating implementation.

Implications for Guideline Developers/Users Developing an evidence-based guideline implementability framework may be useful for improving the development and dissemination of guidelines.

030

PRIMARY CARE PHYSICIANS' VIEWS ON RELEVANCE OF CLINICAL GUIDELINE RECOMMENDATIONS: DELPHI PANEL

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Background National clinical guideline developers, such as the UK's National Institute for Health and Clinical Excellence (NICE), produce high quality guidelines, yet primary care practitioners (PCPs) may question the relevance of the evidence and recommendations to a primary care (PC) population.

Objectives To evaluate PCPs' views about the relevance of NICE clinical guidelines to PC.

Methods An online Delphi panel of 28 PCPs, recruited regionally and nationally, reviewed 14 guideline recommendations: 8 supported by PC relevant evidence and 6 by evidence from elsewhere. Panellists scored recommendations twice, on a scale of 1–9 (9 = highly relevant for PC), before and then again after reading a summary of the evidence, including study setting and population. They also commented on factors influencing guideline validity and PC implementability.

Results 25 PCPs (89%) completed the Delphi. Overall mean scores were 7.4 (range 6.2–8.2) before reading the evidence summary, and 6.6 (4.6–8.3) after. Mean scores for the 8 recommendations supported by PC evidence were 7.4 before and 7.2 after (change -0.2). Mean scores for the 6 with evidence from elsewhere were 7.4 before and 5.8 after (change -1.6). Factors perceived to influence implementation included clarity, brevity, and relevance to PC.

Discussion PCPs' ratings of PC guideline validity dropped when they became aware that substantial supporting evidence for the guidelines had come from non PC settings. The relevance of the evidence to PC patients was important.

Implications for Guideline Developers/Users Developers should explicitly describe the relevance of available evidence for PCPs and their patients.

031

IF RAPID REVIEWS ARE THE ANSWER, WHAT IS THE QUESTION?

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Background The Institute of Medicine recommended standards for systematic review, but some guideline developers find the standards time and resource intensive. Rapid reviews are becoming a popular method to appraise and summarise evidence. But what are rapid reviews and do they replace or rely on systematic review?

Objectives To clarify major differences between rapid reviews and systematic reviews, especially aims, methods and uses for guidelines and policy.

Methods Overview of reviews and examination of organisational policies for rapid review focusing on reasons users request rapid review, methods used to produce them, and the uses of those syntheses.

Results There is no standards methodology for producing rapid review, nor is there consistency in intended use. Some organisations rely on systematic reviews to produce rapid review, while others incorporate short cuts in systematic review process. In addition to faster production, some users of rapid review are seeking product that is more clinically relevant and ready for implementation.