

How can clinical trialists serve the needs of clinicians and patients more effectively?

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HOW CAN CLINICAL TRIALISTS SERVE THE NEEDS OF CLINICIANS BETTER?



BIOGRAPHY

Dr David Tovey FRCGP, is the Editorial Director for *BMJ Knowledge*, which is the division of the *BMJ* Group which produces *Clinical Evidence* and its counterpart for the public, *Best Treatments*.

Clinical Evidence is the source of the best available evidence on the effects of common clinical interventions. Published by the *BMJ* since 1999, it is available to more than one million clinicians worldwide, and has been translated into 7 different languages.

Dr Tovey worked as a General Practitioner in an urban practice in South London for 15 years until 2003. During that time he also undertook roles in continuing professional development for primary care professionals, and was a clinical governance lead for a Primary Care Group.

Since coming to the *BMJ* as Deputy Editor of *Clinical Evidence* under Fiona Godlee, Dr Tovey became Editor when Dr Godlee became Editor of the *BMJ*, and subsequently moved to his present role as Editorial Director for *BMJ Knowledge*.

ABSTRACT

Clinical trials are a key element of the infrastructure that moves medicine forward and enables health professionals to respond authoritatively to patients' questions. But clinical trialists could support clinicians more effectively. In this presentation I will draw on our experience at *BMJ Clinical Evidence* to make some suggestions.

I will concentrate on two areas: first, how trials are constructed and conducted; and second, how they are reported. I will use the PICO structure (**P**opulation, **I**ntervention, **C**omparison, **O**utcomes) to demonstrate areas where best study design and reporting practice do not always appear to be followed.

For health professionals, the task is often to place the research evidence into the context of an individual patient in a consultation. To facilitate this, trials need to be grounded in populations that match those encountered in routine practice, and to reflect real clinical questions and outcomes that matter to patients, including harms. Reporting should include a review of what is already known; accurately reflect the precision of findings; provide absolute as well as relative effects, and harms as well as benefits, as well as indicating in a structured and meaningful way questions that remain open for further research.

RELEVANT COMPETING INTERESTS

Grants/Research Support:	None
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Other:	None

CONTACT DETAILS

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