



THE ROYAL AUSTRALIAN COLLEGE OF GENERAL PRACTITIONERS

Evidence Based Medicine

[Summary Statement](#)

[Aim](#)

[Background](#)

[Position of the RACGP](#)

[Recommended Role for Individual GPs](#)

[Strategies](#)

[References](#)

[Notes](#)

Summary Statement

1. The RACGP supports the EBM approach, which entails "the conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients".
2. EBM is a useful tool for assessing the value of specific clinical interventions on the basis of rigorous and systematic evidence. Clinical guidelines based on EBM should not be used as a "cookbook" for interventions but should augment clinical skills and experience.
3. It is essential that clinical research address the broad range of questions relevant to General Practice and that the use of EBM is critically assessed within a General Practice setting.
4. The College will promote an evidence-based approach within its programs wherever appropriate.
5. The RACGP will implement strategies in relation to other bodies to promote appropriate use of EBM in General Practice. These strategies include liaison with the NH&MRC to ensure that clinical guidelines are relevant to GPs and with Divisions of General Practice concerning dissemination of information about EBM as well as development of local guidelines.

Aim

To assess the implications of the Evidence Based Medicine (EBM) movement for the RACGP, General Practice and GPs and to advise about the use of EBM to maximise quality of care.

Background

- Most practitioners have a commitment to quality care and attempt to practise on the basis of their knowledge of the most effective management strategy for a particular condition.

- In the last few decades the amount of information concerning available treatment and management options for many conditions has increased exponentially. This development has particular relevance for General Practice given the breadth of conditions managed.
- Attention has recently been focused on the evidence of unexplained variability in service delivery generally that may reflect variation in quality of care, some of which may compromise health outcomes.¹
- EBM has gained prominence within this context and at a time of increased pressure on governments internationally to demonstrate value for money in Health.
- Sackett et al² **define** EBM as entailing "the conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients".
- The **process** of using EBM is defined as the finding, appraising and utilising of current research information as the basis of rational decision making. Such a process entails asking appropriate questions; seeking the best available evidence to answer such questions; examining the evidence for validity and usefulness; applying the results taking account of the needs and preferences of each patient and evaluating the results,³ ie integrating clinical expertise with the best available clinical evidence from systematic research.⁴
- Within EBM, randomised control trials are commonly regarded as the "gold standard" methodology assessing the effectiveness of different forms of intervention, although other methodologies are used to assess evidence in relation to areas such as the natural history of an illness or diagnostic accuracy of tests.
- EBM as an approach to clinical practice has its origins in clinical epidemiology which is grounded in biomedical science.
- The focus of EBM was initially on the effectiveness of interventions in secondary and tertiary care but this has now widened to include Primary Care. The Australasian Cochrane Centre has a strong primary health care focus. The Primary Health Care part of the collaboration co-ordinates EBM activities in primary health care, including General Practice.
- The advantages of EBM include potentially greater access to systematic reviews of the literature and to clinical support based on such analysis. Clinical support can, for example, be incorporated into daily practice through the availability of clinical guidelines developed on the basis of accepted evidence. To be more effective clinical guidelines or prompts should be integrated into information systems developed for General Practice.
- Ideally this should help practitioners to decrease inappropriate variability in medical practice and to practise according to emerging research evidence. The increased accessibility of such information to consumers also has the capacity to support a collaborative approach to problem solving in General Practice by practitioner and patient.
- In General Practice, a variety of views have been expressed about EBM. Many GPs have welcomed the opportunities provided by EBM although the limited availability and adoption of appropriate information systems by GPs constrains the accessibility of clinical support.

- Concerns that GPs have been expressed, either about EBM, or its possible use include that:
 - clinical guidelines may be based on evidence which is not applicable to General Practice and may be seen as prescriptive, rather than as a guide, Such an approach could reduce General Practice to "cook book" medicine. A rigid protocol would be inappropriate for the complexities of conditions presenting in General Practice and may therefore not improve health outcomes. Such a "cook book" approach would underestimate the importance of clinical judgement in particular circumstances and fail to empower practitioner or patient
 - the dominant philosophy within EBM has, until now, led to an emphasis on research questions that may be answered by quantitative data. EBM hierarchies of evidence place non-quantitative research at the lowest level. Such an approach can lead to an exclusion of other questions which necessitate the use of qualitative data and for which conclusive answers are harder to find. Some GPs feel that the widespread acceptance of EBM could lead to pressure to wait for a high level of evidence prior to clinical intervention and that this would be unnecessarily restrictive for General Practice
 - reducing outcomes to measures such as resultant life expectancy, which have typically been used in EBM to assess the effects of specific interventions, may not be appropriate in an ageing population with an increased prevalence of chronic conditions. In these circumstances measures which address quality of life (or death) may be more important
 - the extent to which findings based on research conducted in settings other than General Practice can be transferred to or sustained in the General Practice setting
 - narrowly focussed clinical practice guidelines could be misused to inappropriately impute negligence to GPs adopting different management strategies in complex cases which have adverse outcomes.
- The role [\[Note1\]](#) of the GP entails management of a broad range of conditions, which may be presented in an ill defined way, and which may reflect not only pathology but also the patient's socio-environmental circumstances.
- To be relevant for General Practice, EBM needs to broaden its approach to be able to assess the effectiveness of management options which cannot be evaluated with quantitative data from randomised control trials. EBM needs to be applied with due consideration to a multiplicity of physical, social and economic factors relevant to the patient and to weigh alternative management options in order to reach a diagnosis and agreed management plan.^{5,6}
- The relevance of EBM to the RACGP - The RACGP Training Program curriculum includes a broad component "Critical Thinking and Research" which aims to promote well developed analytical skills. GP registrars will be required to demonstrate critical appraisal skills when reviewing literature, an understanding of EBM, a patient centred approach and an ability to analyse information critically and to evaluate the implications for practice.

- The RACGP QA and CME Program is promoting an approach to continuing education which attempts to operationalise evidence based education and QA practice. Such an approach encourages GPs to participate in effective activities for improving patient health outcomes and requires an emphasis on evidence based medicine and guidelines.
- The RACGP Therapeutics Unit has reviewed evidence of the most effective use of drug therapy for particular conditions and made recommendations available to GPs consistent with Quality Use of Medicines.

Position of the RACGP

The RACGP considers that:

- The RACGP endorses the view expressed by David Sackett that "the practice of EBM is a process of life long, self directed learning" ² in which doctors learn how to practise evidence based medicine, seek and apply evidence based summaries produced by others and accept evidence based guidelines developed by professional colleagues and strengthened by other strategies to improve clinical performance
- EBM provides a useful tool for assessing the value of specific clinical interventions on the basis of rigorous and systematic evidence
- It is crucial that the skills and judgements of clinicians in the practical setting are respected and enhanced by EBM rather than being supplanted
- It is essential that those involved in an evidence based approach address the broad range of research questions relevant to General Practice using the most appropriate research methods rather than considering only those which may be addressed by the use of quantitative data. To be more relevant to General Practice, EBM will need to extend its focus to include assessment of evidence from different research disciplines of the best management strategy in the complex situations presenting to General Practice
- It is important that clinical guidelines formulated on the basis of assessed evidence are developed by practising clinicians in such a way as to provide useful assistance in practical settings rather than merely as a "recipe" for intervention
- It is essential that the use of evidence based guidelines is evaluated by GPs in a General Practice setting to identify use, limitation and benefit.
- Increasingly many GPs will practise in a multidisciplinary context, and where appropriate, clinical guidelines should be constructed in a multidisciplinary environment so that they are able to promote effective teamwork in relevant practice settings.

Recommended Role for Individual GPs

The RACGP recommends that:

- GPs seek sufficient understanding of EBM in order to be able to critically evaluate it and benefit from its advantages.

Strategies

The RACGP will:

- continue to advocate for the use of evidence from the broad range of quantitative and qualitative research approaches necessary to inform the bio-psycho-social perspective of General Practice
- request Faculties to hold discussion forums to stimulate informed debate and understanding of EBM
- encourage research into the effectiveness of EBM in General Practice
- ensure that the RACGP Training Program maintains curriculum content relating to EBM and includes appropriate use of EBM in the criteria used for assessing practices for suitability to be teaching practices for the Training Program
- continue to stress an evidence based approach as the basis of QA and CME
- ensure that the RACGP QA & CE Program rewards GP acquisition of skills in critical evaluation and EBM practice
- continue to provide GPs with information on the recommended use of drug therapy for particular conditions bearing in mind that such recommendations provide guidance only as an aid to clinical judgement in particular circumstances
- ensure that the RACGP Resource Centre enables GPs to gain access to the literature on EBM as well as the clinical supports that are available
- continue to advocate strongly for the introduction of information systems relevant to General Practice which incorporate appropriate clinical supports
- develop criteria against which EB clinical guidelines may be evaluated for suitability for General Practice
- advocate with the NH&MRC that all guidelines applicable to GPs are referred to the RACGP for advice on their suitability for use by GPs and be provided in an easily accessible format
- liaise with Divisions of General Practice about their possible role in dissemination of information about EBM and in the development of guidelines with input by local GPs.

References

1. Eddy DM Clinical decision making: from theory to practice. JAMA 1990;263: 287-290
2. Sackett DL, Rosenberg WMC, Gray JAM et al Evidence Based Medicine: What it is and what it isn't Brit Med J 1996 312:71-72
3. Sackett David L and Rosenberg William M C The need for evidence based medicine Journal of the Royal Society of Medicine Vol 88 Nov 1995
4. Moulding N, Fahy N, Foong LH, Yeoh J, Silagy C Weller D A Systematic Review of the Current Status of Evidence Based Medicine and its Potential Application to Australian General Practice. Report to the Commonwealth Department of Health and Family Services. Department of General Practice, Flinders University of South Australia January 1997

5. Peterson C and Martin C Integrating methodologies in general practice research. Australian Family Physician 1998;27 (Suppl 1): S5-S6
6. Veale B M and Mant A Incorporating Evidence Based Medicine (EBM) into General Practice (Submitted to the Australian Family Physician).

Notes

1. The RACGP defines General Practice as "that portion of the health care system which provides initial, continuing, comprehensive and coordinated medical care for individuals, families and communities which integrates biomedical, psychological and social understandings of health".

Publication Date: 8 April 2001

Authorised By: Office of the CEO