

Commentaire

Changing course in electronic seas: rapid publication of brief recommendation statements by the Canadian Task Force on Preventive Health Care

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Since its inception (originally as the Canadian Task Force on the Periodic Health Examination) the Canadian Task Force on Preventive Health Care has provided rigorous reviews of the scientific literature on clinical prevention. On the basis of the systematic reviews, this expert panel generates evidence-based recommendations covering important aspects of prevention in medical practice and public health. To date, over 90 specific problems have been evaluated, and the work is continuing.

The usual process has been to publish the task force reports in medical journals, usually *CMAJ*. The first report was published in 1979.¹ The task force has also published a book, the *Canadian Guide to Clinical Preventive Health Care*.² However, new opportunities are presented with the increasing reach of the Web (data from the CMA's 2000 Physician Resource Questionnaire showed that 72% of physicians had access to the Internet and, of these, 78% used the Web on a daily or weekly basis;³ preliminary data from the CMA's 2001 survey indicate that 83% of physicians have access to the Internet).

Beginning in this issue (see page 1888)⁴ the task force will publish summary recommendation statements in *CMAJ* for recommendations of interest to physicians. On occasion, and for selected topics, the task force will publish its recommendations together with the in-depth review (e.g., the report on breast self-examination published in this issue [see page 1837]⁵). The full technical reports of the systematic reviews and recommendations will be available from the task force office (see the end of this article for contact information), and structured abstracts of the full reports will be posted online (www.ctfphc.org). Also, authors of the systematic reviews upon which the recommendations are based will be encouraged to submit the reports to peer-reviewed, indexed journals.

We have made this change for 2 important reasons. First, we want the task force's recommendations to be made available as quickly as possible. In the past, publica-

tion was delayed, often for a considerable time, while the technical report underwent editing to a size manageable by most print journals and then went through a process culminating in peer-reviewed publication. In the interim, new evidence was sometimes published, the evaluation of which could further delay publication. The new process means the evidence is likely to be current when the recommendations are published, and it allows the authors of the systematic reviews more freedom to select journals to which to submit, and to update their reviews if new evidence emerges in the interim. Second, these new summary statements focus on practice recommendations and clinically relevant information, which will help busy clinicians get to the "bottom line" quickly.

On behalf of the task force, I hope you will find this new format useful, and I welcome your comments.

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