

Involvement in multidisciplinary guideline development

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The presentation

- Based on
 - Personal experience of working on behalf of NICE
 - Experience of CSP involvement in NICE guidelines, leading a NICE guideline and being a stakeholder
- Themes
 - International programmes of multidisciplinary guideline development
 - Getting involved with multidisciplinary guidelines
 - Value and limitations of multidisciplinary guidelines

Clinical guidelines should



1. Be systematically developed
2. Help practitioners and patients make decisions about appropriate healthcare

Institute of Medicine (1992). Guidelines for clinical practice: from development to use. (eds Field MJ, Lohr KN). National Academy Press, Washington DC.



Growing methodological consensus

- Broad agreement internationally and interprofessionally about methodology for guideline development
 - Core principles (SIGN):
 - Development carried out by a multidisciplinary group
 - Systematic review conducted to identify and critically appraise evidence
 - Recommendations explicitly linked to the supporting evidence
- <http://www.sign.ac.uk/guidelines/fulltext/50/index.html>***

In physiotherapy – an equally systematic approach



- European Region of WCPT – Framework for clinical guideline development in physiotherapy

<http://www.physio-europe.org/download.php?document=64&downloadarea=17>

- WCPT Keynote: Clinical guidelines 2 – Developing the guidelines

<http://www.wcpt.org/common/docs/ClinicalGuidelines2.pdf>

Effective decision-making?



- Multidisciplinary clinical guidelines deal with the complete package of care for a particular disease or clinical problem
- Multidisciplinary clinical guidelines allow patients and practitioners to consider all the options, and their relative effectiveness, before deciding on a course of action
- Uniprofessional clinical guidelines may only deal with some of the options available

Physiotherapy involvement in NICE Guideline Development Groups in England



Becoming a Guideline Development Group (GDG) member

- Process:
 - Invitation to professional association from developers
 - Nomination made by professional association
 - Willingness to be represented by / represent others
- Training and briefing
- Promoting a patient-centred, holistic approach



Being a GDG member - assessing and using evidence

- Responsibility for examining all the evidence
- Emphasis on high quality RCTs and systematic reviews
- Use of consensus in the absence of evidence
- Potential for the skewing of recommendations where there are gaps in the evidence?



GDG dynamics



- Commitment to multidisciplinary guideline development but ...
- Psychosocial factors – implications for validity of guideline

Pagliari & Grimshaw (2001). *The potential influence of small group processes on guideline development*. Journal of Evaluation in Clinical Practice

- Tendency for doctors to dominate
- Physiotherapist members of GDGs need to know their research evidence, be confident about clinical contribution and be well equipped to present their case

How can professional associations support GDG members?

- Good briefing
- Network of peers
- Mentoring
- Regular liaison and problem solving



Involvement in multidisciplinary guideline development as a stakeholder



Stakeholder experience

- Important part of guideline development – opportunity to have your say (whether on GDG or not)
- Identifying ‘experts’
- Costly for coordinating organisation
- Being heard





Making a case for professional associations to be involved in guideline development

- Be visible, seen to be well informed about national guidelines programme
- Methodology manuals all say guideline development should be multidisciplinary; many have a stakeholder process
- Relevance of topic to physiotherapy
- Specialist knowledge, able to develop relevant clinical questions
- Knowledge of research and databases relevant to PTs, facilitating access to the evidence
- Interpreting the evidence of relevance to PTs and putting it into a clinical context
- Ensuring all aspects are considered – psychosocial and rehabilitation – not just medicines
- Ensuring all aspects of care considered, not just medical – especially things of importance to patients – promote complete patient pathway