Improving the Practice of Updating Guidelines

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Abstract

In order to adequately describe updating procedures during original development, it is important to ensure best practices are followed during guideline development and that this process is appropriately and transparently described during a guideline’s update.

Background

Guidelines require regular updating to ensure that they reflect current research. Due to time and resource constraints, developers often use an abridged process to update guidelines instead of following the original guideline development process. In order to ensure that best practices are considered, it is important to document the guideline development and, subsequently, to both follow and appropriately document the guidelines updated.

Objectives

To evaluate current practices in guideline development update processes, and provide insight into how developers can improve practice.

Methods

The Centre for Effective Practice was engaged by the Canadian Partnership Against Cancer to assist in the redevelopment of its SAGE directory, a publicly available directory of English language cancer control clinical practice guidelines. Part of this project entailed the identification, review, and evaluation of all CPAC addressing the cancer care continuum published since mid-2012.

This project presented a unique opportunity to evaluate current practitioners’ guideline update processes and provide insight into how developers can improve their practice. For purposes of the larger SAGE project all guidelines were first evaluated by applying all items of the Figuer of Development domain (RoD) as an initial quality threshold. Those scoring over 60% in the RoD domain were then evaluated using the full AGREE II instrument.

Results

In order to evaluate the quality of updating guidelines in the practices reviewed, Item #4a from the RoD domain was examined for all guidelines, and additionally considered according to guideline quality.

Discussion

An appropriate procedure for updating a guideline should be considered at the original guideline development stage, but this information is rarely included, as shown by the results of the AGREE II instrument.

After reviewing AGREE II Item 2 on over 50 guidelines some trends emerged regarding best practices. Guidelines that achieved a full 7 on this item included the following elements:

1) A full AGREE II guidelines will be reviewed and updated at least annually.

2) At three year intervals, there will be a full search of the literature from the date of the last search to identify any new evidence which would change a recommendation.

3) Details of the procedure for updating the guideline will be clearly detailed in the update of the guideline content and the process for updating or reaffirming recommendations

For any section of the guideline which needs updating, the members of that subgroup will meet to review the evidence and agree changes. The re-drafted sections of the guideline will be sent to the full GDG for approval before publication.

Panel meetings are held at least, in-person meetings, by telephone conference, or by telephone conference with web conferencing. [...] each response or comment gathered from the institutional Review is reviewed and discussed by the panel.

The NCC recruits a new GDG to undertake the work to update the guideline, using the usual recruitment process...

Other Considerations: Best Practices for Updating Guidelines

In addition to adequately describing updating procedures during original development, it is important to ensure best practices are followed during guideline updates and that this process is appropriately and transparently documented.

Conclusions

It is important that updated guidelines follow the same rigorous process as newly developed guidelines, but this isn’t always the case, or isn’t always appropriately described. It is paramount that guideline developers consider providing a clear description of the future update process when developing a new guideline, and that this process is appropriately and transparently described during a guideline’s update.

References


3) A procedure for updating the guideline is provided, for guidelines scoring >60% RoD.

4) The original GDG members will be asked to notify the chair at any time, if new evidence makes any aspect of the guideline unusable.

“[...] the review work will begin for each guideline topic three years after publication to identify new research [...] An expert workshop will convene to determine the need for new and revised recommendations [based on search results].”

“ [...] the chair or a designee, will take clinical responsibility for maintaining the guideline. GDG members will be asked to notify the chair at any time, if new evidence makes any aspect of the Guideline unusable.”

Figure 3. AGREE II Scores for Item 2a on Item #4a ‘A procedure for updating the guideline is provided’, for guidelines scoring >60% on RoD.

Unsurprisingly, of those guidelines that did not meet the 60% RoD threshold (n=12), the majority scored very poorly in the update section, with 86% scoring ≤4 (Figure 3), and 64% (n=76) scoring ≤3.

Scoring for guidelines that deemed higher quality given their 60% RoD score in the RoD (n=32) were more surprising. Of these guidelines, almost half (46%) still scored ≤4, or less on Item 4a (n=20).

Figure 4. AGREE II Scores for Item 2a on Item #4a ‘A procedure for updating the guideline is provided’, for guidelines >60% RoD threshold.

It was clear that many of the guidelines, despite approximately 90% being revised, failed to detail the update of the guideline content and the process for updating or reaffirming recommendations

Conclusion

We would like to thank the Canadian Partnership Against Cancer for the opportunities their SAGE project presented for evaluating clinical practice guidelines, as well as Louise Zitzelsberger and Kenny Wan for their leadership on the project.

Figure 5. Best Practices for Reporting on Methodology in Updated Guidelines

Best Practices for Updated Guidelines

Details transparent guideline development methodology including original search strategy

Describe update procedure (including updated data and results) in a way that is easily distinguishable from original guideline references

Ensure new recommendations or changes to previous recommendations are easily identifiable and that all recommendations (new and updated) are clearly linked to evidence (or explicitly stated if based on expert opinion)

Clearly present the update panel with indication of those members who were part of original guideline panel

Figure 5. Best Practices for Reporting on Methodology in Updated Guidelines

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The AGREE II guidelines will be reviewed and updated at least annually.

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At three year intervals, there will be a full search of the literature from the date of the last search to identify any new evidence which would change a recommendation.

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The original GDG members will be asked to notify the chair at any time, if new evidence makes any aspect of the Guideline unusable.

Figure 2. AGREE II Scores for Item 2a on Item #4a ‘A procedure for updating the guideline is provided’ for all guidelines reviewed

Figure 2 shows the range of reviewer scores for item 2a on the AGREE II tool. A procedure for the updating the guideline is provided’ for each guideline, from 1-7 with 1 being ‘strongly disagree’ and 7 being ‘strongly agree’. Of 66 guidelines, 32% scored a 1 (n=182), while 11% (n=63) scored a 7. Overall, 62% received a score of 4 (n=552).

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