

Practice Guidelines

“Clinical practice guidelines” method

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This document summarises the method for developing a practice guideline according to the “Clinical practice guidelines” method (CPG).

GENERAL DESCRIPTION OF THE METHOD

- The CPG method is the one to be considered first when developing a clinical guidance. However, the “formal consensus” method should be considered if at least 2 of the following criteria are met:
 - ▶ literature of a high level of evidence does not exist or is insufficient;
 - ▶ the topic can be presented in easily identifiable clinical situations (lists of indications, criteria, etc.);
 - ▶ controversy requiring an independent group to identify and select among several alternatives the situations in which a practice is considered appropriate.
- The purpose of the CPG method is to produce a small number of concise unambiguous recommendations, graded according to the identified levels of evidence, which address the questions asked.
- The CPG method involves 2 groups of active participants and has 4 phases.
- Since the aim is to develop a practice guideline, there is a preliminary project scoping phase (see scoping-memorandum guide).

PARTICIPANTS

WORKING GROUP

Multidisciplinary, multiprofessional group ideally of 15 to 20 professionals and representatives of patients and users of the Healthcare system, including a chairperson, a HAS project manager and a project officer.

Its members must have a good knowledge of professional practice in the field relevant to the topic to be investigated and must be capable of assessing the relevance of the published studies and the various clinical situations evaluated.

- The project officer searches the literature to identify and select the relevant references.
- The project officer critically analyses and summarises the available literature in the form of an evidence report.
- The working group drafts the recommendations to be submitted to the peer review group.
- After the external peer review phase, the working group finalises the recommendations according to the peer review group's assessments and comments.

PEER REVIEW GROUP

30 to 50 professionals and representatives of patients and users of the healthcare system. Can be widened to representatives of medical specialities, professionals or civil society members not present in the working group.

- It gives a formal opinion on the content and form of the initial version of the guideline, in particular its applicability, acceptability and readability.
- The members offer an advisory opinion on an individual basis and do not meet together as a group.
- When societal issues play a part in differences in practice or in differences of opinion regarding practice, a public consultation can be held to obtain the views of involved parties who have not been appointed or even identified before.

The project manager ensures that:

- the groups are made up according to the requirements of the scoping memorandum;
- there is a balanced representation within the groups in terms of the type of practice, the various currents of opinion, and geographical diversity.

PROCEDURE FOLLOWED IN THE METHOD

SYSTEMATIC REVIEW AND SYNTHESIS OF THE LITERATURE PHASE

An evidence report and a list of suggested recommendations are drawn up and submitted to the working group.

- It is carried out by the report author(s).
- The drafting of the evidence report is preceded by a phase of literature searching and critical analysis of the data, which allows the studies to be assigned a level of evidence.

DRAFTING OF THE INITIAL VERSION OF THE GUIDELINE PHASE

The members of the working group, together with the chairperson of the working group, the report author, and the project manager, draft the initial version of the guideline to be submitted to the peer review group.

- At the working group's meetings the evidence report and the suggested graded recommendations are discussed in the light of the data and existing practice.
- For an expert consensus, a suggested recommendation will appear in the text of the guidelines submitted to the peer review group if it gets the approval of at least 80% of the working group's members.

PEER REVIEW PHASE

An analytical report is written drawing together all the scores and comments of the members of the peer review group and, where applicable, of the participants in the public consultation.

- The project manager emails to the members of the peer review group the evidence report, the initial version of the guideline, and the questionnaire that each member uses to give an individual opinion.
- For each suggested recommendation, the questionnaire shows a discrete numerical scale running from 1 to 9 together with a box for comments.

FINALISATION PHASE

The final version of the evidence report, the guidelines and a summary of the guideline are drawn up and the validated versions of these 3 documents are disseminated.

- After analysis and discussion of the peer review group's scores and comments, the guidelines are amended by the working group according to precise rules.
- The final version of the texts is submitted to the HAS bodies responsible for validation.
- By validating the 3 documents, the HAS Board gives authorisation for their dissemination.

