

DRAFT ACPGBI Guideline Strategy

Michael Davies Sept 2022

Background:

- It has previously been agreed by the Executive of the ACPGBI that Guideline Development remains a key part of the role of ACPGBI, to guide members in high quality clinical practice. This fits with the mission statement of the ACPGBI:

“We are a society that seeks to advance the care of patients with bowel problems and to ensure we promote best clinical practice”.

- Evaluation of published guidelines and their frequency of citation demonstrate the importance and interest in guidelines:

Citations for the journal / impact factor (Source - N.Smart):

CODI – 0% of top 10 / 9% of top 100 cited papers 2016-2020

DCR – 50% of top 10 / 15% of top 100 cited papers 2016-2020

This has an additional effect on IMPACT factor, which currently is adversely affecting Colorectal Diseases (Scientific Importance but also financial benefit to ACPGBI)

- There has been a significant recent change in the methodology required for Guideline Development. This necessitates use of AGRE II (AGREE-S) and GRADE tools. This has led to an improvement in the standard of clinical guidelines which previously have been generally of poor quality and is a requirement for acceptance for publication of guidelines. This has created a number of problems for ACPGBI in the development of guidelines:
 - 1) Limited knowledge of newer guideline methodology amongst Colorectal Specialists
 - 2) Need for Methodological Support
 - 3) A very significant increase in the volume of work required to undertake stages of guideline development process especially: Literature Search, PICO's, Grading
 - 4) Cost of development of guidelines
- There is therefore a need for ACPGBI to develop its process and support for writing guidelines (this is in-line with other organisations such as ESCP and EAES).

Objectives:

To enable the ACPGBI to produce 2-3 high quality guidelines p.a. which will be at a standard suitable for publication in Colorectal Diseases.

Requirements to take ACPGI Guideline Development forward:

- 1) **Adoption of current guideline methodology** by ACPGBI in development of guidelines: “Association of Coloproctology of Great Britain & Ireland Advice on Production of Clinical Guidelines and Position Statements” is on the ACPGBI Website and has recently been updated to include modern Methodology (February 2021).

2) Expertise in Guideline Development:

Currently ACPGBI retains a Guideline Methodologist Professor Jos Kleijnen (£10000 p.a.). He provides guidance in Guideline Development (including Symptomatic FIT Guideline and Anal Fissure Guideline). There is limited experience in Colorectal specialists in guideline methodology.

Formation of a Guideline Committee would provide a focus to advise and guide subcommittees in the development of guideline (see attached Draft Terms of Reference). There are a small number of individuals who have experience and a particular interest in Guideline Development and would be interested.

3) Guideline Methodology Training:

- Professor Kleijnen had confirmed that provide tailored training in Guideline Development at no additional cost.
- There is online training available (INGUIDE Levels 1-3):
 - Level 1 = panel member
 - Level 2 = methodologist
 - Level 3 = chair
 - Level 4 = trainer

(Only 3 level 1 UK CRS (self-funded), No level 2 (yet... Cost ~ £1200))

4) Funding:

- **Potential Costs:**

- Methodologist
 - Guideline Development Members (Travel etc – minimise by use of Virtual Meetings)
 - Personnel (Research / Clinical Fellow) to undertake Literature Search and Review
 - Publication
- **Potential Sources of Funding:**
 - ACPGBI (commitment at last Strategy Meeting to spend £25000 p.a)
 - UEG (United European Gastroenterology) Annual Grants Process supporting research and advancing clinical standards (ESCP have received funding from UEG – Carolynne Vaisey)

5) Joint Guideline Development:

It may be beneficial to consider a guideline strategy with regard to other organisations. This might include joint production of guidelines or regular communication to avoid risk of duplication. Potential organisations for joint guideline development may include:

- i) BSG - a number of joint guidelines produced including Symptomatic FIT Guideline and Colorectal Polyp Follow Up Guideline
- ii) ESCP – no joint guidelines but 2 current guidelines in development involved ACPGBI members (Anal Fistula – Chair Phil Tozer (Proctology Subcommittee Chair) and Pilonidal Sinus – Chair Asha Senapati (Former ACPGBI President). There was resistance to collaboration last year when approached by Steve Brown (President ACPGBI) but I am informed with new ESCP personnel this has changed.