

# Examples of the national guideline programs for development or adaptation of guidelines

*lessons learnt and success stories*

**Arash Rashidian MD PhD**  
**Director of Science, Information and Dissemination**

---

WORKSHOP ON  
NATIONAL PROGRAMME FOR GUIDELINE DEVELOPMENT AND  
ADAPTATION IN EGYPT  
CAIRO  
23-24 NOVEMBER 2022

# Background

- Many guidelines are produced – most lack adequate rigour
  - Local settings
  - Conflicting interests (e.g. pharmaceutical companies or professional societies)
  - Technical and resource capacity for developing quality guidelines
  - Methodological limitations
- National guideline development programs started in 1980s
- International organizations frequently develop guidelines with variable standards



Pile of 855 guidelines in general practices in the Cambridge and Huntingdon Health Authority

Source: BMJ 1998

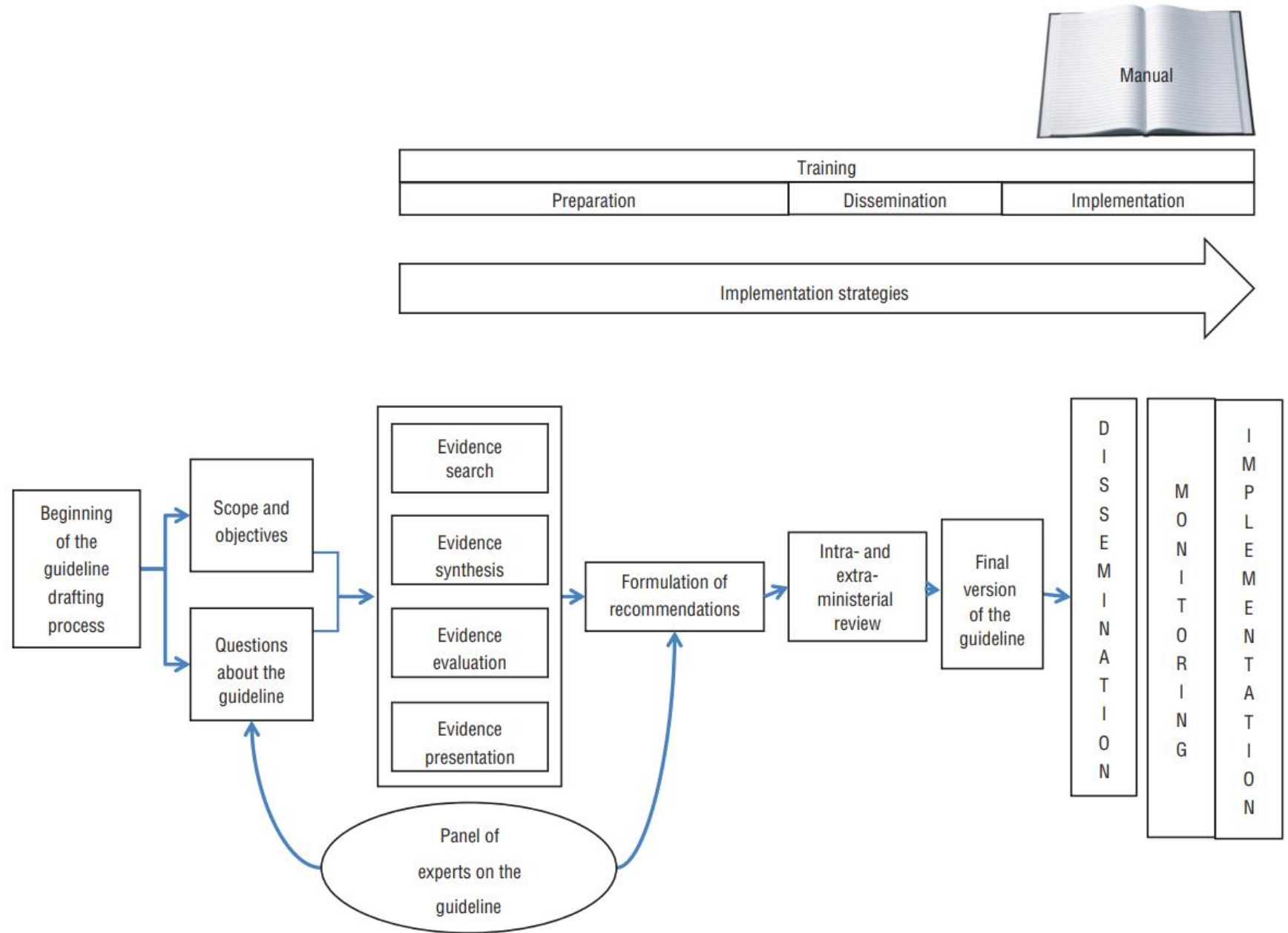
# Example of guideline development handbooks

(Ansari & Rashidian, 2012)

Handbook	Publication year	country of origin	General audience or targeting specific diseases	Website
National Institute for Health and Clinical Excellence (NICE)	2009	UK	General	<a href="http://www.nice.org.uk">www.nice.org.uk</a>
Swiss Centre for International Health (SCIH)	2011	Swiss	General	<a href="http://www.swisstph.ch/">http://www.swisstph.ch/</a>
Scottish Intercollegiate Guidelines Network (SIGN)	2008	Scotland	General	<a href="http://www.sign.ac.uk">www.sign.ac.uk</a>
World Health Organization (WHO)	2012	International	General	<a href="http://www.who.int">www.who.int</a>
Canadian Medical Association (CMA)	2007	Canada	General	<a href="http://www.accesscopyright.ca">www.accesscopyright.ca</a>
New Zealand Guidelines Group (NZGG)	2001	New Zealand	General	<a href="http://www.nzgg.org.nz">www.nzgg.org.nz</a>
National Health and Medical Research Council (NHMRC)	1998	Australia	General	<a href="http://www.health.gov.au/nhmrc">www.health.gov.au/nhmrc</a>
American Society of Clinical Oncology (ASCO)	2011	USA	Specific	<a href="http://www.asco.org">www.asco.org</a>
The Chartered Society of Physiotherapy (CSP)	2006	UK	Specific	<a href="http://www.csp.org.uk">www.csp.org.uk</a>
International Diabetes Federation (IDF)	2003	International	Specific	<a href="http://www.idf.org">www.idf.org</a>
Advisory Committee on Health Research (ACHR)	2006	International	General	<a href="http://www.who.int/rpc/advisory_committee">www.who.int/rpc/advisory_committee</a>
World Stroke Organization (WSO)	2009	International	Specific	<a href="http://www.world-stroke.org">www.world-stroke.org</a>
Cancer Care Ontario (CCO)	2011	Canada	Specific	<a href="http://www.cancercare.on.ca">www.cancercare.on.ca</a>
Council of Europe (CE)	2001	International	General	<a href="http://www.social.coe.int">www.social.coe.int</a>
U.S. Preventive Services Task Force (UPSTF)	2008	USA	General	<a href="http://www.preventiveservices.ahrq.gov">www.preventiveservices.ahrq.gov</a>
Australian Health Policy Institute (AHPI)	2008	Australia	Specific	<a href="http://healthpolicystudies.org.au/">healthpolicystudies.org.au/</a>
Regional Centre for Quality of Health Care (RCQHC)	2003	Regional	Specific	<a href="http://www.RCQHC.org">www.RCQHC.org</a>
Royal College of Psychiatrists (RCP)	1994	UK	Specific	<a href="http://www.rcpsych.ac.uk">www.rcpsych.ac.uk</a>
World Confederation for Physical Therapy (WCPT)	2006	International	Specific	<a href="http://www.wcpt.org">www.wcpt.org</a>

# Chile

(Herrera et al 2017)



# Chile

(Herrera et al 2017)

## Problems and barriers in implementation

- 1. Ideas and perceptions regarding CPGs in general and in Chile**
  - Need to clarify the role, function, scope, and objectives of CPGs, and the role of stakeholders in their preparation and implementation
  - Different perceptions of the value of CPGs according to the issues they address
- 2. Designing and preparing CPGs**
  - Need to improve the format of CPGs
  - Need to have a version of the guidelines aimed at patients and their families
  - Need to go further in the implementation of recommendations made in CPGs
- 3. Managing and disseminating CPGs**
  - Difficulty in accessing CPGs, for various reasons
  - Need for a plan to disseminate CPGs among end users
  - High turnover of human resources at the different levels of care
  - Need for professionals to receive ongoing training about the content and use of CPGs
- 4. Implementing CPGs**
  - Need to emphasize implementation when developing CPGs
  - Need for a standardized process to guide CPG implementation and monitoring
  - Need for human and economic resources to implement CPGs



# Chile

(Herrera et al 2017)

## Implementation strategies

- Implementation strategies
- Draft an official document for public-sector and other actors to define the role of CPGs in the process of providing people with care, and reach a consensus regarding their definition and scope in Chile.
- Draft a ministerial circular on the roles and functions of different stakeholders involved in preparing and implementing CPGs.
- Prepare a document of recommendations aimed at institutions of higher education to incorporate the process of preparing and implementing CPGs into the curriculum network.
- Strengthen coordination among the entities that participate in preparing evidence-based decision-making (CPGs for HTA).
- Appoint someone to be in charge of implementing CPGs at the central and regional levels.
- Update the chapter on implementation in CPG development manual and incorporate implementation strategies, and prepare an executive summary of this document for distribution among experts on the guidelines panel.
- Prepare a framework document defining an action plan for managing the preparation, dissemination, implementation, monitoring and training processes.
- Evaluate the possibility of creating an autonomous technical agency in charge of preparing CPGs.

# Iran

- MoH involvement in guideline development since 2001
- A revised national plan was developed in 2006-2008
  - Rashidian A, Yousefi-Nourai R, Hajjarizadeh R, Jafari N, Haghdoost AK et al. (Tehran University of Medical Sciences and MoH)

# Seven steps for adapting and updating existing clinical practice guidelines (Rashidian et al, 2006-2008)

1. [Scoping](#) and clinical questions
2. Establishing the guideline development team
3. [Searching for existing clinical guidelines](#)
4. [Appraising clinical guidelines](#) for relevance, coverage and validity
5. [Updating evidence, where required](#)
6. [Updating and re-writing of recommendations](#)
7. Developing implementation protocols and indicators, and research recommendations



*Table 1. Categories and subcategories of CPGs adaptation challenges*

Category	Subcategory	Code
Basic challenges	Believing in the necessity of CPGs adaptation	Utility of CPGs content Necessity to review guidelines Strengthening supervision Restriction of authority
	Attention to CPGs adaptation in evaluation and reward systems Access to financial resources	Value of adaptation in reward systems Value of adaptation in performance evaluation systems Preparation of financial resources Allocation of adequate budget
	Supervision of adaptation process	Systematization of order, confirmation and implementation process Scope of CPG application parallel works
Operational Challenges	Adaptation methodology	Principled adaptation method Usability of CPG evaluation tools Possibility of production of supportive evidence for alternative recommendations Quality of comprehension from content and its transmission
	Adaptation team	Composition of team members Competency of team members Commitment of team members Conflict of interest of team members
	Consensus on interdisciplinary issues	Variety of stakeholders in interdisciplinary issues New interdisciplinary issues
	Change of programs and topics with a need to adapt prioritized new CPGs External barriers in the work progress path	Pressure due to change in priorities Sabotage of reviewers and external evaluators Managerial changes

# South Africa (Wilkinson, 2018)

- 285 CPGs since 2000 (171 had been developed in the past 5 years)
- Developers
  - national and provincial departments of health (DoH), professional societies and associations, ad hoc collaborations of clinicians, Council for Medical Schemes
- Focus
  - DoH: high-burden conditions (HIV/AIDS, tuberculosis and malaria)
  - Others: non-communicable diseases.
- No formal co-ordination or prioritisation of topics for CPG development
- Different versions of the CPGs were identified

# Turkey (Yasar 2016)

- 401 guidelines from 44 professional societies
- Quality of CPGs were assessed with the AGREE II instrument
- **Findings:**
  - scope and purpose: 64%
  - **stakeholder involvement: 37.9%**
  - **rigour of development: 35.3%**
  - clarity and presentation: 77.9%
  - **applicability: 49.0%**
  - editorial independence: 46.0%.

# Czech Republic (Kulgar 2019)

- In 2018, there were about 123 professional healthcare organizations which have developed around 1933 guidelines
  - expert opinion, or consensus, or recommendations
  - lack a systematic evidence-based approach
- National Guidelines Project established in 2018
  - by the Czech Health Research Council (CHRC), Ministry of Health of the Czech Republic (MH) and the Institute of Health Information and Statistics
- Plan: developing 40 trustworthy clinical practice guideline in 5 years
- Progress
  - Establishing a Guarantee committee (key stakeholders and policy makers)
  - Appraisal (methodological) committee
  - Development of a national methodology
  - Processes for topic generation and priorities
  - Processes for guideline development and approval