

Riyadh, Saudi Arabia; ⁴Alexandria Centre for EB Clinical Practice Guidelines, Alexandria University, Alexandria, Egypt

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Background Despite the availability of clinical practice guidelines (CPGs) on the management of diabetes mellitus type 2 (DMT2), optimal control is not achieved in many parts of the world.

Objectives To assess whether recent nationally-endorsed DMT2 CPGs refer to Cochrane reviews that relate to the recommendations of these CPGs.

Methods MEDLINE, EMBASE, guideline agency websites and Google were searched for CPGs written in English on the management of DMT2 in any practice setting published between Jan 2008 – Jan 2013. Four raters independently appraised each CPG using the AGREE-II instrument. The Cochrane Library (CL) was searched for published reviews using ‘Diabetes mellitus, Type 2’ [MeSH]. Reviews published one year prior to the CPG’s publication date were considered ‘available’ reviews. Two reviewers independently assessed their relevance for the CPGs’ recommendations.

Results Five CPGs were identified. The highest scores were for ‘clarity-of-presentation’ and the lowest were for ‘applicability’. The CL search retrieved 45 reviews; 7 of them were assessed as irrelevant. The Canadian-2008, the Australian-2009 and the UK-NICE-2008/2009 guidance referred respectively to 80%, 85.7% and 93.8% of “potential” Cochrane reviews. The American-Diabetes-Association Standards of Medical Care in Diabetes 2013 cited 9/38 and the Malaysian 1/18 recent review. This variation in the uptake of relevant Cochrane reviews was not directly related to the rigour-of-development domain score.

Implications for Guideline Developers, Adaptors, Implementers, and/or Users Despite the increased production of Cochrane reviews, guidelines developers do not consistently refer to them. This needs to be explored and the practical means for maximising their uptake should be entertained.

008 PRINCIPLES FOR THE DEVELOPMENT OF SPECIALTY SOCIETY CLINICAL GUIDELINES

¹G Fulda, ²C Wolffkiel, ³W Smith Begolka, ⁴D Campos-Outcalt, ⁵R Groman, ⁵K Rubin, ⁶C Davidson, ⁷C May, ⁸M Starkey, ⁸A Qaseem. ¹Society of Critical Care Medicine, Mt Prospect, USA; ²American College of Occupational and Environmental Medicine, Elk Grove Village, USA; ³American Academy of Dermatology, Schaumburg, USA; ⁴American Academy of Family Physicians, Kansas City, USA; ⁵American Association of Neurological Surgeons, Rolling Meadows, USA; ⁶American Academy of Pediatrics, Elk Grove Village, USA; ⁷American College of Cardiology, Washington, DC, USA; ⁸American College of Physicians, Philadelphia, USA

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Background In 2011 the Institute of Medicine (IOM) issued a report “Clinical Practice Guidelines We Can Trust” and “Standards for Systematic Reviews”. These documents represent an idealised approach to guideline development. The Council of Medical Specialty Societies (CMSS) was challenged to provide leadership on a pragmatic pathway for developing “Trustworthy” guidelines. CMSS representing 38 societies and the Clinical Practice Guideline (CPG) group is the largest of nine component groups.

Context The IOM Trustworthy report contains 20 standards addressing transparency, conflict of interest and other recommendations. Guidelines International Network (GIN) published a set of 11 key components for high quality and trustworthy

guidelines. Reconciling and applying these standards is challenging for specialty societies who by their very nature may be insular and sometime resource limited.

Description of Best Practice The CPG writing group including representatives from AAD, AAFP, AANS AAP, ACC, ACP, ACOEM and SCCM developed a set of 80 principles that were approved as policy by the CMSS Board in late 2012. These Principles include areas that a specialty society should, must or may consider in developing their own guidelines development methodology.

Lessons for Guideline Developers, Adaptors, Implementers, and/or Users These areas correspond to those outlined by the IOM and GIN but are intended to detail more specific issues that specialty societies are confronted by such as balancing panel expertise and potential bias. The overriding CMSS concepts include a practice approach to extensive evidence review, transparent conflict of interest management and broad stakeholder involvement. The CMSS Principles are intended to be interpreted transparently by member societies developing clinical practice guidelines.

009 ETHICAL PRINCIPLES IN GUIDELINES, IT IS NEVER ENDING STORY

^{1,2}R Lisenik, ¹K Klikova, ¹D Osinova, ^{1,2}S Doubravska, ¹K Ivanova. ¹Centre for Clinical Practice Guidelines, Palacky University, Olomouc, Czech Republic; ²Northwick Park Hospital, London, UK

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Background Bioethical principles should be an integral part of all guidelines. Recently, there has been a movement towards ethical principles to be explicit in guidelines. They should be systematically evaluated.

Objectives We have done a systematic review on ethical principles in guidelines and developed an instrument for evaluation of ethical principles in guidelines based on the AGREE II instrument.

Methods The Questionnaire and User’s guide have been developed and tested. The questionnaire covers basic ethical principles, i.e. respect for autonomy, beneficence, non-maleficence and justice, as well as other very important issues such as health professional-patient relationship and inter-professional collaboration. The last question is whether a particular CPG contains examples of ethical dilemmas. New domain on equity was added. A pilot version of case reports for some domains was developed. The instrument will be disseminated, implemented, evaluated and updated if needed.

Results Instrument for evaluation of ethical principles in guidelines.

Discussion: Useful instrument for the evaluation of ethical principles in guidelines has been developing.

Implications for Guideline Developers/Users The instrument can be used during guideline development process as well as during implementation and for evaluation of the quality.

010 “ETHICS CONSULTATION” AND “CLINICAL ETHICS COMMITTEES” (CECs) IN MEDICINE: ENTIRELY “EXPERIMENTAL” AND NOT YET “FIT FOR PURPOSE”

^{1,2}M Stratling, ²B Sedemund-Adib. ¹University Hospital of Wales, Anaesthetic Department, Cardiff, UK; ²Luebeck University, Department of Anaesthesiology, Luebeck, Germany

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