

# **CARI process for choosing guideline topics**

## **Background**

We have limited resources for guideline development. So it is important to identify topics that are most suitable for guideline development. Topics should be chosen for the impact they will have on the practice of medicine. Guidelines should address a specific health care need, there should be an expectation that change is possible and desirable, and if a guideline is followed – that there is potential to improve the quality of care and/or patient outcomes.

## **Criteria for choosing topics**

Is there a clear problem that will likely be resolved by developing a guideline as to most appropriate practice?

Is the problem/objective related to clinical decision making or the organisation of health services?

Is the problem associated with significant health burden?

Is the problem associated with significant health cost?

Is the problem associated with significant variation in practice or outcomes?

Does the problem have issues related to risk management?

Is there sufficient evidence available to review to justify developing a guideline?

Is the scope of the guideline topic narrow enough to be thoroughly explored with the time and resources available?

Is the topic a condition where effective treatment is proven and mortality or morbidity can be reduced?

Is there a perceived need for the guideline, as indicated by a network of relevant stakeholders?

## **Topic selection process**

The CARI Steering Committee will suggest the topic/s for new guidelines to the DNT Committee, after members of the ANZSN and the RSA have been asked to suggest topics in areas that they believe warrant a guideline. Members of the public will also be asked (via the CARI website and by direct contact with consumer organisations) to suggest a guideline topic for development. A short proposal will need to be provided for each suggested topic. These will be assessed by the Steering Committee using the selection criteria listed above. Potential guideline topics will need to be discussed and prioritised at the annual end of year CARI Steering Committee meeting. A Suitability Screen Tool will be used to assist in the process of prioritisation. This tool (see below) identifies the extent to which the proposal fulfils the selection criteria and also probes whether the benefits that are likely to arise from a successful implementation of the guideline recommendations will outweigh the efforts required to develop it.

At the end of year meeting, the Steering Committee will be presented with fully worked up guideline proposals and will sort these into a ranked list from which the new topics for the following calendar year will be drawn. To assist with this process, the Suitability Screen Tool used by the New Zealand Guidelines Group will be adopted. Topics ranked highest will be included in CARI's proposed programme. Proposals which are not ranked high enough to be accepted into the programme will be reconsidered at the next annual meeting. If the proposal still receives a low

ranking on its second reading it will be rejected. The resulting topics for guideline development will form the proposed CARI programme and will be forwarded to the DNT Committee for approval.

### **Suitability screen tool**

A suitability screen is a systematic process used to establish how successful the development of a guideline is likely to be. Efforts are best directed to guidelines that can demonstrate significant positive changes in outcomes are likely based on valid scientific studies. The Steering Committee should consider the questions in the Suitability Screen and discuss at the end of year meeting.

The following questions make up the Suitability Screen:

1. Is there a suitable individual who can be the “owner” (Convenor) for the guideline?
2. Can the proposed change be measured (health status, cost)?
  - Is there a gap between current and optimal practice?
  - Are there outcomes that can be measured?
  - Can the data be captured?
3. Is there a suitable guideline already available that could be adapted?
4. What does a brief literature search reveal?
  - Is there adequate literature to make an evidence-based decision about appropriate practice?
  - In some clinical circumstances (where interventions have known harms and unproven benefit) a lack of evidence may be used to make recommendations about appropriate practice.
5. Will the proposed practice change result in sufficient change in outcomes (health status, provider and consumer satisfaction, cost) to justify the effort?
  - How big is the gap?
  - How much effort will it take to close the gap?
6. Is there a reasonable likelihood that we could implement the change?

### **Guideline application procedure**

When a group or individual proposes a guideline topic to CARI, their suggestion will be discussed at the next CARI Steering Committee meeting. If it is decided that the proposed topic has the potential to meet the selection criteria, a scoping search will need to be carried out by the CARI Office. This will involve a very broad search of the literature regarding the condition that is to be the guideline topic. The intent will be only to establish the general extent of the literature in the clinical area to see if there is likely to be sufficient good quality evidence to make an evidence-based guideline feasible.

Searches will be restricted to systematic reviews produced by the Cochrane Collaboration and randomised controlled trials (RCTs) identified from either Embase or Medline during the previous 3 years. Where RCT evidence is likely to be limited for ethical or practical reasons, the search may be extended to cover observational studies.

Members of the Steering Committee will use their clinical judgement to decide if there is a need for a guideline in this area and to determine the broad scope of the

guideline. Once this has been established, the CARI Office will work with the original proposer on the preparation of a formal proposal to be submitted to the Steering Committee.

The guideline application form will ask for the following information:

1. A summary of the clinical problems and outcomes to be addressed
2. Details of the group/s or institution/s supporting the proposal
3. A brief background to the clinical topic which will be addressed by the proposed guideline
4. Evidence of variation in practice in the management of the condition
5. An indication of the benefits likely to arise from the development and successful implementation of the guideline
6. A definition of the patient group to which the guideline will apply
7. A definition of the aspects of management of the clinical condition which the proposed guideline will address and an indication as to whether the guideline will apply to primary or secondary care, or both
8. An indication of the health care professionals potentially involved in developing the guideline
9. An indication of the size and strength of the evidence base which is available to support recommendations on effective practice, citing key supporting papers
10. Details of any existing guidelines or systematic reviews in the field.