

Scoping and key questions for a clinical practice or public health guideline

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

Importance of scoping for in guideline development or adaptation

- A key part of the planning process
- Ensures share understanding of the key issues to be addressed by the guideline
 - Responding to the needs
- Determines the timeline and resources needed
- A key step to clarify roles and responsibilities and areas of focus

Importance of scoping for in guideline development or adaptation

- “Scoping is the process of defining what the guideline will and will not include” (WHO, 2012)
- Determine:
 - the areas of practice or policy to which the guideline applies
 - the priority topics
 - the individuals and/or populations that the recommendations are intended to affect
 - important outcomes – both benefits and harms – that may result.

How to scope the guideline (WHO, 2012)

- Develop the first draft
- Consult key stakeholders
- Revise the draft

Steps for developing the scope

- Search the literature – for existing guidelines, systematic reviews, health technology assessment reports and key report
- Sharpen the focus – Step back and ask if you need to include all these topics
- Formulate key questions – PICO format
- Consider human right and gender issues
- Review the scope with the GDG
- Consider timeline and budget issues
- Finalize it!

Scoping a guideline

- What covered in the scope of a clinical practice guideline
 1. Why the guideline is needed
 2. Target group (who is it for?)
 1. Patient groups
 2. Professional groups
 3. For what setting of care
 4. Areas of care affected

Example of a scope

• NICE guidelines for hypertension

Area of care	What NICE plans to do
Measuring blood pressure	No evidence review: retain recommendations from existing guideline.
Diagnosing hypertension	Review evidence: update existing recommendations as needed.
Monitoring blood pressure	Review evidence: update existing recommendations as needed.
Assessing cardiovascular risk and target organ damage	No evidence review: retain recommendations from existing guideline.
	No evidence review: retain recommendations from existing guideline.
	Review evidence: update existing recommendations as needed.
	Review evidence: update existing recommendations as needed and include adults with type 2 diabetes.
	Remove recommendations 1.7.1, 1.7.2, and 1.7.4: refer to NICE guidelines on medicines adherence (CG76) and medicines optimisation (NG5).
	Review evidence: new area in the guideline.

Areas not covered by the guideline

These areas will not be covered by the guideline.

- 1 Preventing hypertension.
- 2 Screening for hypertension.
- 3 Specialist management of secondary hypertension (that is, hypertension arising from other medical conditions).
- 4 Non-pharmacological interventions (e.g. supplements, acupuncture, herbal remedies).

Why questions are important

- The search for evidence and its synthesis follow clinical questions set in advance
- Final recommendations will be based on the questions
- Questions will help to plan and manage time and workload
- They will also determine the final format of the guideline
- It is very important to think through and develop questions

Six steps

- Convert clinical problem into answerable questions
- Get hold of the best evidence
- Critically appraise the evidence
- Use clinical expertise to interpret the evidence
- Integrate with patient's preferences
- Evaluate performance

Warm-up

- What do you believe to be the most important unanswered question in your field?
- Try and write it down accurately and succinctly

Different type of questions

- Background questions
 - Ask for general knowledge
 - Two components
 - why, what, where, how
 - about disease or disorder
- Foreground questions (key questions)
 - Ask for specific knowledge about managing patients
 - Three components
 - Population / patient
 - Intervention / comparison
 - Clinical outcome

Central issues in clinical work

- Clinical findings
- Etiology
- Diagnosis
- Prognosis
- Therapy
- Prevention
- Communicating with patients

General structure of a clinical question

- The most famous structure is known as PICO
 - Population, Intervention, Comparison (optional) and Outcome
- The structure implies the minimum requirements for a clinical question
 - I.e. a question for which a useful answer is sought

Making PICO's! (from "[Anatomy of a Question](#)")

PICO	Ask yourself	Example
Population (patient/condition)	How would I describe a group of patients similar to mine?	In adults who require orthopaedic surgery
Intervention (drug, procedure, diagnostic test, exposure)	Which main intervention, prognostic factor, exposure ...	does heparin therapy ...
Comparison (optional)	What is the main alternative to compare with the intervention?	when compared to non-treatment
Outcome	What can I hope to accomplish, measure, improve or affect?	reduces post-surgical PE rate ...

Questions relevant to the scope of a guideline for screening

1. Does screening for X reduce Morbidity and/or Mortality?
2. Can a group at high risk for X be identified on clinical grounds?
3. Are there accurate (i.e. sensitive and specific) screening tests available?
4. Are treatments available that make a difference in intermediate outcomes when the disease is caught early, or detected by screening?
5. Are treatments available that make a difference in morbidity or mortality when the disease is caught early, or detected by screening?
6. How strong is the association between the intermediate outcomes and patient outcomes ?
7. What are the harms of the screening test?
8. What are the harms of the treatment?

Further issues...

- Appropriate study designs
 - generally RCTs, but may vary
- Timing of measuring the outcomes (follow up period)
- Issues surrounding outcomes (e.g. cough or distress instead of PE; or radiological evidence)
- Several reported outcomes