

# the ENGINE

The newsletter of the Guidelines International Network



## Contents

Have your say!

G-I-N 2012

G-I-N North America

News from members

Some new relevant literature

Guideline library update

External events

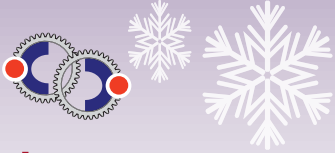
Feedback



## Editorial

- Dear Colleagues,
- The holiday season gives us - hopefully - some "time out" from business life. Beside all the celebrations with our loved ones we might reflect on the past and the future and plan the new years' activities. For my German colleagues and myself, 2012 will be a special year: we are thrilled that G-I-Ns 10<sup>th</sup> anniversary will be celebrated in Berlin during the G-I-N 2012 Conference from 2<sup>nd</sup> until 25<sup>th</sup>. And I am looking forward to meeting lots of you during that event in our beautiful and lively capital.
- G-I-N's 10<sup>th</sup> anniversary is a special time to reflect on lessons learned from our collaboration and to discuss future visions for international partnership. The conference's motto 'Global Evidence – International Diversity' mirrors the opportunities to share evidence globally and to respect local differences while formulating and implementing guidelines in international and regional settings.
- The Scientific Committee, chaired by Ina Kopp (Germany), Keng Ho Pwee (Singapore), and Amir Qaseem (USA) is working on a fine programme. Strategies and successful examples of international collaboration and regional needs will be addressed, and the diversity of the international audience is represented across all sessions. Major topics will be the latest developments in defining standards of quality of guidelines, in the methodology of creating the evidence basis for guidelines and in patient involvement. Plenary sessions, workshops, panel sessions, short oral presentations and posters will be provided by an international panel of invited speakers and abstract submitters.
- The godmothers and godfathers of our Network, those experts who had a major input during its first years, will join us in a plenary session presenting their original ideas in founding G-I-N and reflecting its outcomes during the years. Please do not hesitate to share your individual views with them, and - for preparing this session - have a look at the presentations of the G-I-N birthday workshop, Berlin 2002 ([www.aeqz.de/aeqz/uber/azq\\_veranstaltungen/cpg/abstracts-and-presentations](http://www.aeqz.de/aeqz/uber/azq_veranstaltungen/cpg/abstracts-and-presentations)).
- G-I-N 2012, like all our conferences, will be a perfect opportunity to meet at a beautiful place and to network with new and old colleagues across disciplines from all over the world. We hope that you will use this occasion to develop and strengthen lasting collaborations with people from a wide range of countries and organisations. Don't forget to submit an abstract and book early on [www.gin2012.org/](http://www.gin2012.org/)
- Happy holidays and welcome to Berlin in 2012!
- Günter Ollenschläger PharmD, MD, PhD
- Co-Chair, G-I-N 2012 Conference Berlin





## Have your say!

In October, enGINE reported that one of its organisational members, the National Institute for Health and Clinical Excellence (NICE), will design a communications strategy for G-I-N.

NICE is now calling on all members of G-I-N to submit their views on how the Network communicates – both internally and with external audiences - and to suggest ideas on how these could be improved. So that everyone can get the most out of G-I-N, it is important that the expertise, experience and challenges of members are shared across the Network and that members feel as informed about developments and announcements as they possibly can.

Feedback will help G-I-N to be more interactive, more engaging and more collaborative.

[Click here to complete the short online questionnaire](#). Responses must be received by Sunday 31<sup>st</sup> December 2011.

If you would like to discuss G-I-N's current communications activities or suggest any ideas in further detail, please contact NICE's Project Manager, Paul Cooney directly at: [paul.cooney@nice.org.uk](mailto:paul.cooney@nice.org.uk).



## G-I-N 2012

### “Global Evidence - International Diversity”

#### Be part of the conference: submit an abstract

Abstracts submission is open and we encourage all of you to submit your abstracts for a short oral presentation, workshop, poster or panel session. To view the tracks and guidelines to prepare your abstracts visit [www.gin2012.org/abstracts.html](http://www.gin2012.org/abstracts.html)

Deadline for abstracts submissions is 10<sup>th</sup> February 2012 at midnight.

Submit **HERE**





## Discover the programme: foreseen plenary sessions and knowledgeable speakers

International experts in fields relevant to guidelines will be presenting in five plenary sessions. The Scientific Committee has been busy these past months working on the plenary sessions and we would like to give a short preview.

### 1. 10 years of G-I-N: Lessons learned and future vision.

The opening plenary will be dedicated to the Network itself with an interactive podium discussion where past and present G-I-N Chairs and vice-chairs are invited to take part.

### 2. One guideline methodology for all?

Lectures will provide an overview of the DECIDE project, new developments in GRADE and challenges in developing health systems recommendations.

### 3. Do guidelines make a difference?

This session will address prerequisites and results starting with the presentation of the G-I-N position paper on standards in guidelines. In addition, we look forward to hearing about the effects of guidelines on quality of care and patient outcomes from Jeremy Grimshaw (University of Ottawa, Canadian Cochrane Network and Centre). Finally, we look forward to being provided with insights into performance measures methodology presented by Joachim Szecsenyi (AQUA-Institute for Applied Quality Improvement and Research in Health Care, Goettingen, Germany).

### 4. Patient involvement in guideline development

This topic will include a systematic review on the topic patient involvement methodology, presentation of the toolkit developed by G-I-N PUBLIC and the patient perspective: experience being a patient representative in a guideline development group.

### 5. Knowledge Translation 2020

The closing plenary will look into the future addressing technical innovations, the concept of shared decision-making, patient decision aids and behavioural aspects of learning. We really look forward to hearing Sir Iain Chalmers in the closing lecture on barriers to implementation: research reporting bias and biased research agenda setting.

Please note that this program may still evolve as the Scientific Committee will further pursue its aim to create an exciting program looking for more enthusiastic and knowledgeable speakers. More information will be provided during the coming months via the conference website, email and enGINE.





## Pre and post conference courses under development

After the success of the pre-conferences courses held in 2010 and 2011 G-I-N would like to pursue its educational efforts and propose new courses in 2012.

The G-I-N Board is investigating relevant themes in close collaboration with the Scientific Committee. These courses will be announced at a later date.

Registration open		January 2012
Abstracts submissions close		10 <sup>th</sup> February 2012
Notifications of abstracts acceptance		1 <sup>st</sup> April 2012
Early registration ends		30 <sup>th</sup> April 2012
Conference		22 <sup>th</sup> -25 <sup>th</sup> August 2012

## Sponsorship opportunities

Are you interested in promoting your organization to the international guideline world?

While the scientific committee is working on the development of a stimulating program we would like to provide you with the opportunity to become sponsor and/or exhibitor at the conference.

With the success of the conference heavily reliant on financial support, we are asking you: Are you willing to sponsor the next G-I-N conference?

A full list of sponsorship opportunities is available on the conference website at <http://gin2012.org/sponsorship.html>

If you or your organization are not in a position to sponsor next year's event, perhaps you have contacts who may. In such case, please forward any names or associations that you think may be interested in sponsoring the conference to [daniel@conferencepartners.ie](mailto:daniel@conferencepartners.ie) who is managing the sponsorship for G-I-N 2012.

Join our mailing list to be regularly updated on the conference.

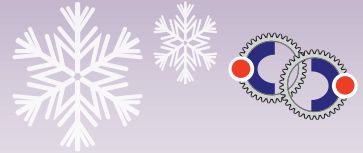
To learn more about the conference and Berlin please visit [www.gin2012.org](http://www.gin2012.org) We also encourage speak to speak about the conference with colleagues and provide you with communication tools via our dedicated web page: [http://gin2012.org/comm\\_tools.html](http://gin2012.org/comm_tools.html)

We are looking forward to seeing you all in Berlin at the end of August 2012.



Images of Berlin © Wolfgang Scholvien / [www.visitberlin.de](http://www.visitberlin.de)





# G-I-N North America events and activities

## G-I-N North America Webinar Series

In January 2012 G-I-N North America, in collaboration with Kaiser Permanente, will launch a webinar series to explore issues of relevance to the North American guideline community and to generate interest in G-I-N, G-I-N North America, and related conferences.

The first webinar “New Institute of Medicine Standards for Trustworthy Guidelines: Implications for the North American Guideline Community” will take place on Thursday, January 19<sup>th</sup>, 2012 from 1:00 p.m. to 2:30 p.m. Pacific Standard Time (PST). Rick Shiffman is the featured speaker with Rich Rosenfeld as moderator. The objectives of this first webinar are for participants to gain:

1. Knowledge of the Institute of Medicine Standards for Trustworthy Guidelines
2. Insights into how the standards were developed and what they mean for North American guideline developers
3. Understanding of potential challenges in implementing the standards
4. Opportunities for collaboration to share solutions and best practices

The second webinar is planned for February 2012 and will feature Chris Schmid discussing “New Institute of Medicine Standards for Trustworthy Systematic Reviews: Implications for the North American Guideline Community.”

Further information about the webinars is available from Gladys Tom at Kaiser Permanente ([Gladys.I.Tom@kp.org](mailto:Gladys.I.Tom@kp.org)).



## December 2012 Conference

G-I-N North America will co-sponsor with the New York Academy of Medicine a two-day conference on “Guidelines, Policy, and Practice,” to be held at the New York Academy of Medicine ([www.nyam.org](http://www.nyam.org)) on December 10<sup>th</sup>-11<sup>th</sup>, 2012. The conference, co-chaired by Peter Wyer and Richard Rosenfeld, is crafted around the following key themes:

- ⊙ From bench to trench: how evidence and guidelines shape health care policy
- ⊙ What makes a clinical practice guideline trustworthy?
- ⊙ Managing the message: advocates, the media, and guideline dissemination
- ⊙ Making it happen: adapting, implementing, and tracking

Plenary sessions will explore controversial, state of the art topics and numerous parallel workshop/breakout sessions will offer attendees the opportunity to acquire specific skills and knowledge that will allow them to more effectively engage in guideline development, adaptation, and implementation.





## News from members

### Australian Commission on Safety and Quality in Health Care

The Australian Commission on Safety and Quality in Health Care was established in 2006 to lead and coordinate improvements in safety and quality in health care across Australia.

It has a wide range of functions involving promotion, support and encouragement of improvements to health care safety and quality in Australia. It also collects, analyses and disseminates information relating to health care safety and quality matters. Current areas of work include: partnering with consumers, health care associated infections, medication safety, clinical communication, and recognition and response to clinical deterioration. The Commission is now developing a set of national goals for safety and quality of healthcare in Australia.

Legislation passed in July 2011 made the Commission an independent statutory authority and gave it an expanded role including promotion and supporting the implementation of standards, guidelines and indicators relating to health care safety and quality, and monitoring of their impact.

Further information can be found at [www.safetyandquality.gov.au](http://www.safetyandquality.gov.au).



### Instituto de Investigaciones Clínicas, Colombia



The Instituto de Investigaciones Clínicas at the National University in Colombia is an academic unit within the School of Medicine, designed to provide technical and methodological support to researchers, clinicians, post graduate students, patients and official health agencies.

Clinicians with masters' degrees in clinical epidemiology, biostatistics, health economy, social sciences among other professionals form the faculty of the Institute, which provides services in methodological skills for researchers, teaching courses, seminars, postgraduate workshops in evidence based medicine and systematic reviews. A formal postgraduate magister in clinical epidemiology is offered to specialist, primary care physicians, biostatisticians, pharmacists, and registered nurses.

The Institute has been involved in evidence based clinical guidelines in the last ten years, since the creation of the Iberoamerican guidelines network. In this decade, the Institute has acted as a consultant of the Ministry of Health and leads the national program in evidence based clinical guidelines with the official support of the central government. Guidelines in Colombia have addressed topics in tropical medicine, infectious diseases, pregnancy and maternal health and more recently in cancer screening, chronic diseases and substance abuse topics.

A practical manual for developers has been issued recently and is broadly available by internet. This manual offers very useful information about the whole process of guidelines design, construction and implementation and every chapter is the result of a systematic review on every step in developing evidence based guidelines.

The National University has funded a project to launch ten guidelines for high cost, tertiary care problems in surgery, intensive care, the rational use of radiologic images in the diabetic foot, the right use of contrast media in radiologic procedures and in cardiovascular protection. This project included, for the first time in Colombia, economical analysis and equity reflections, to build sound recommendations sensitive to our cultural and financial context.

In the last two years, the Institute has led a national project under the direction of the Ministry of Health and the Science and Technology Agency in Colombia in association with the prestigious Universidad the Antioquia in Medellín, and the Universidad Javeriana in Bogotá, to develop guidelines on focused topics in our health care system. This is intended to be the starting point toward a new strategy to improve health care delivery in Colombia, regardless of economic income, social status or insurance programs and coverage. We have developed the technical and methodological skills to promote the use of evidence based health care, to construct clinical guidelines according to strict quality criteria, while remaining sensitive to the cultural context and our economical realities. The collaboration program within the mentioned universities moves now towards a national agency of health technology assessment to help government agencies, physicians, providers, patients and policy makers to inform decisions about new or known technologies to be incorporated as services in our health care programs.





All this has been possible due to the collaboration of international groups like NICE, New Zealand Guidelines Group, McMaster University, Cochrane collaboration, Redeguias Iberoamericana, Guiasalud, and G-I-N. With their continuous support and advice we have improved our knowledge and methodological skills and have had the marvellous opportunity to discuss our local problems and limitations. All of these provide a very interesting source of inspiration.

The Institute is proud to be an organizational member of G-I-N and an official member of the Cochrane collaboration with a recognized systematic review group in sexually transmitted infections. We have had the privilege to attend to the annual G-I-N conferences as speakers or participants. Every meeting has been an opportunity to meet charming and generous people from all around the world and to learn from their experience.

We also have been founders of Redeguías Iberoamericana, the Spanish, Portuguese and Latin American network, a marvelous opportunity to contribute with the promotion of evidence based medicine, systematic reviews and clinical guidelines in the region.

We are aware of the challenge and responsibilities of being a G-I-N member. We will not disappoint the expectations. We need the G-I-N support since there are a lot to learn, but we also know that we have a lot to share!

Rodrigo Pardo, MD. MSc.

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Website: [www.medicina.unal.edu.co/invesclinica](http://www.medicina.unal.edu.co/invesclinica)

## Duodecim guideline process approved by NICE

The process used by Duodecim Medical Publications to produce Evidence Based Medicine Guidelines (EBM Guidelines) and Evidence Summaries has been formally approved by NICE's Accreditation Programme. Duodecim, based in Finland, is the first non-UK organisation to have its guidance production process accredited by NICE since the Accreditation Programme began in 2009. The independent Accreditation Advisory Committee concluded that 21 of the 25 criteria for assessment had been met by Duodecim. The Committee commended Duodecim on their "comprehensive" process. The final accreditation report is available at [www.evidence.nhs.uk/Accreditation/Pages/AccreditationDecisions.aspx](http://www.evidence.nhs.uk/Accreditation/Pages/AccreditationDecisions.aspx)

The NICE Accreditation Programme evaluates the processes used to develop guidance, which is defined as 'systematically developed statements to guide decisions about appropriate health and social care to improve individual and population health and wellbeing.' This definition covers, for example, clinical guidelines, referral guidelines, public health guidelines, policy guidance, clinical summaries and best practice statements, including public health and social care.

Although UK organisations are the priority for the Programme, applications from international organisations producing English language guidance relevant to the UK care setting are considered for accreditation. It is recommended that international guidance producers contact NICE before submitting an application to verify their eligibility ([NHSEvidenceAccreditation@nice.org.uk](mailto:NHSEvidenceAccreditation@nice.org.uk)). NICE charges a registration fee to cover costs for processing accreditation applications from international guidance producers.

## Important developments

PROSPERO: an international prospective register of systematic reviews

PROSPERO is the first open access online facility to prospectively register systematic reviews of the effects of interventions used in health and social care from all around the world. The aim of the register is to increase transparency in the review process and guard against selective reporting; making it obvious if the research that is published differs from what was planned at the outset. By providing information about reviews in progress, PROSPERO should help reduce unplanned duplication and may assist in the planning and timing of guideline development.

The Centre for Reviews and Dissemination (CRD), at the University of York, UK, developed and launched the register in February 2011 following an international consultation, which identified 22 required items and 18 optional items as the minimum dataset for registration. PROSPERO's web-based registration platform offers free public access, both for searching and registration and is open to all prospective registrants at [www.crd.york.ac.uk/prospéro/](http://www.crd.york.ac.uk/prospéro/).



Registration requires the completion of the minimum data set, the clarity of which is checked on submission. Once accepted, records are published on the database as a permanent entry and a unique identification number issued; links to resulting publications are added once available. Registration processes with major producers of reviews are being developed, including an electronic upload mechanism for protocols from the Cochrane Library.





There has been enthusiastic international support for the principle of systematic review registration from funders, producers, publishers and users of systematic reviews, including G-I-N. A number of commissioning agencies, starting with the National Institute for Health Research (NIHR) and the Canadian Institutes of Health Research (CHIR), have made registration a requirement of systematic review funding. PLoS, BMJ and the new BMC journal Systematic Reviews are supporting the initiative by asking in their instructions to authors that where a systematic review has been prospectively registered, the registry number be included in the abstract.

By mid November 2011 we have 216 records on PROSPERO, with registered reviews being undertaken in 28 different countries. An evaluation of the registration process is planned for early 2012, but comments and suggestions are welcome at anytime ([crd-register@york.ac.uk](mailto:crd-register@york.ac.uk)). We look forward to building on the successful start to this service and achieving the ultimate aim of improving the quality of systematic reviews and the decisions that rely upon them.

*Alison Booth, on behalf of the PROSPERO advisory group.*



G-I-N promotes systematic development of clinical practice guidelines and reduction of duplication of efforts. The principle of prospective registration of systematic reviews can also participate to these goals and G-I-N supports it.

## Survey findings on a Clinical Guideline development course

The April 2011 issue of "enGINE" contained a demand-assessment survey on a short-course proposed by the National Collaborating Centre for Women's and Children's Health (NCC-WCH). We would like to take this opportunity to thank all those who took the time to respond to this survey and the editorial staff for giving us the opportunity to feedback on our findings.

We were interested in finding out what both the individual and their organisations would find useful in a short course on developing clinical guidelines. Fifty people, of whom 26 were systematic reviewers and 15 clinical guideline developers, responded. The majority (96%) of respondents indicated that content specific learning and new methodologies/software would be of interest to them personally, while sessions by commissioners, international experts, practical sessions and blended learning (online/webinars) would be of interest to their organisations.

When asked what respondents thought would be useful in the short course responses were as follows:

To respondents	To respondents organisations
cost (26%)	cost (32%),
scope for problem-solving (20%)	course materials (20%),
variety of teaching methods (17%)	ability to replicate the course for their colleagues (20%)
non-prescriptive content (17%)	

These responses have been taken into account when planning the content of this course resulting in the course

- ⊙ being competitively priced compared with other evidence-based medicine courses
- ⊙ having problem-solving sessions as well as group work,
- ⊙ making the course materials available online for all attendees

The course has now been approved by our host institution, the Royal College of Obstetricians and Gynaecologists (RCOG). The course is targeted towards guideline developers and all healthcare professionals and providers interested in learning the key concepts involved in the design and production of high quality clinical guidelines. It will be assumed that participants will have prior experience of conducting systematic reviews. Participants should also have a good command of English.

The inaugural course is to be held at the RCOG in London on May 8<sup>th</sup>-10<sup>th</sup> 2012 (For additional details and/or to book your place on this course, please go to [www.rcog.org.uk/events/clinical-guideline-development-course](http://www.rcog.org.uk/events/clinical-guideline-development-course)).

Thank you once again,

*Hugh McGuire*

*Senior research fellow and course co-ordinator, National Collaborating Centre for Women's and Children's Health*

## As always the enGINE would like to know more about you!

Please get in touch to tell us about you, your organisation, your work programme, your ambitions. Perhaps even your problems – the G-I-N community could have the answers you are looking for!





# Some new relevant literature

Thanks to Leena Lodenius at Duodecim we now have a formal search strategy in place. We can now update the list of relevant literature on the website almost as soon as a new paper is made available and listed in PubMed. We already have more than 400 entries in this database and encourage G-I-N members to subscribe to the feeds available on the pages [www.g-i-n.net/library/relevant-literature](http://www.g-i-n.net/library/relevant-literature) and [www.g-i-n.net/library/literature-updates](http://www.g-i-n.net/library/literature-updates) (note: you have to be logged in to be able to do so).

We include here editors' pick of papers (abstracts by authors if available) retrieved during the period October - November 2011.

Bloemendal E, Weenink JW, Harmsen M, Mistiaen P. [Adherence to Dutch clinical guidelines: a systematic review] Naleving van Nederlandse richtlijnen: een systematische review. 2011 [www.nivel.nl/pdf/Rapport-Naleving-Nederlandse-richtlijnen.pdf](http://www.nivel.nl/pdf/Rapport-Naleving-Nederlandse-richtlijnen.pdf)

Cuello Garcia C A, Pacheco Alvarado K P, Perez Gaxiola Go. Grading recommendations in clinical practice guidelines: randomised experimental evaluation of four different systems. *Archives of Disease in Childhood*. 96(8):723-8, 2011 Aug.

**Objective:** To evaluate the effect of presenting a recommendation in a clinical practice guideline using different grading systems to determine to what extent the system used changes the clinician's eventual response to a particular clinical question.

**Design:** Randomised experimental study.

**Setting:** Clinician offices and academic settings.

**Participants:** Paediatricians and paediatric residents in private and public practice in Mexico.

**Intervention:** Case notes of a child with diarrhoea and a question about clinician preference for using racecadotril. The same evidence was provided in a clinical recommendation but with different presentations according to the following grading systems: NICE (National Institute for Health and Clinical Excellence), SIGN (Scottish Intercollegiate Guideline Network), GRADE (Grading of Recommendations Assessment, Development and Evaluation) and CEBM (Centre for Evidence-Based Medicine, Oxford).

**Main outcome measure:** Mean change in direction from baseline response (measured on a 10 cm visual scale and a Likert scale) and among groups.

**Results:** 216 subjects agreed to participate. Most participants changed their decision after reading the clinical recommendations (mean difference 0.7 cm, 95% CI 0.29 to 1.0;  $p < 0.001$ ). By groups, mean change (95% CI) from baseline was 0.04 (-0.68 to 0.77) for NICE, 0.31 (-0.41 to 1.05) for SIGN, 2.18 (1.48 to 2.88) for GRADE and 0.08 (-0.52 to 0.69) for CEBM ( $p = 0.007$  between groups). In a final survey, a small difference was noted regarding the clarity of the results presented with the GRADE system.

**Conclusion:** The clinician's decision to use a therapy was influenced most by the GRADE system.

Gale EAM. Conflicts of interest in guideline panel members. *BMJ* 2011; 343:d5728 ([www.bmj.com/content/343/bmj.d5728.full.pdf](http://www.bmj.com/content/343/bmj.d5728.full.pdf))

A change in the culture of medicine is needed; legislation is not enough.

It has been said that "it is difficult to get a man to understand something when his salary depends upon his not understanding it,"<sup>1</sup> and the medical profession has been slow to understand the importance of conflicts of interest. The linked study by Neuman and colleagues (doi: 10.1136/bmj.d5621) reports the prevalence of financial conflicts among guideline panel members in the United States and Canada. Of the 14 guidelines considered, six came from government sponsored organisations, six from specialist or professional organisations, and two from private non-profit organisations; three were from Canada and the remainder from the US.

Five (four government sponsored) guidelines provided no conflict of interest statement, but their participants had presumably been screened, because only four of 77 panellists seemed to have a conflict. Six of 12 named chairpersons had a conflict, as did 138 of the 211 panellists who provided a disclosure statement; 12 more failed to disclose an interest, and 10 others received research funding from industry. Only 61 (29%) had no potential financial ties.<sup>2</sup>

The guidelines in question related to the management of diabetes and hyperlipidaemia.

Kastner M, Estey E, Bhattacharyya O. Better guidelines for better care: enhancing the implementability of clinical practice guidelines. *Expert Review of Pharmacoeconomics & Outcomes Research*. 11(3):315-24, 2011 Jun.

The potential of clinical practice guidelines to promote evidence-based care has not been consistently realized. This article outlines how modifying guidelines, and specifically their implementability (the perceived characteristics that influence their use in practice), could be an inexpensive way to improve care. The article uses a planned action model, Graham's knowledge-to-action framework, to illustrate how this framework can be applied in the context of an ongoing research initiative. It describes each step from knowledge synthesis, to barrier analysis, intervention development and evaluation of a guideline implementability tool that could facilitate uptake of guidelines in clinical practice. This tool targets guideline developers, so that better guidelines may result in better care.





Mickan S, Burls A, Glasziou P. Patterns of 'leakage' in the utilisation of clinical guidelines: a systematic review. *Postgrad Med J* 2011;87:670-679 (<http://pmj.bmj.com/content/87/1032/670.full.pdf>)

**Background:** Research evidence is insufficient to change physicians' behaviour. In 1996, Pathman developed a four step model: that physicians need to be aware of, agree with, adopt, and adhere to guidelines.

**Objective:** To review evidence in different settings on the patterns of 'leakage' in the utilisation of clinical guidelines using Pathman's awareness-to-adherence model.

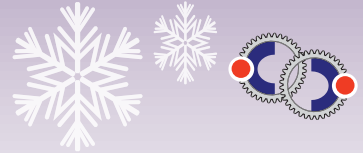
**Methods:** A systematic review was conducted in June 2010. Primary studies were included if they reported on rates of awareness and agreement and adoption and/or adherence.

**Results:** 11 primary studies were identified, reporting on 29 recommendations. Descriptive analyses of patterns and causes of leakage were tabulated and graphed. Leakage was progressive across all four steps. Median adherence from all recommendations was 34%, suggesting that potential benefits for patients from health research may be lost. There was considerable variation across different types of guidelines. Recommendations for drug interventions, vaccination and health promotion activities showed high rates of awareness. Leakage was most pronounced between adoption and adherence for drug recommendations and between awareness and agreement for medical management recommendations. Barriers were reported differentially for all steps of the model.

**Conclusion:** Leakage from research publication to guideline utilisation occurs in a wide variety of clinical settings and at all steps of the awareness-to-adherence pathway. This review confirms that clinical guidelines are insufficient to implement research and suggests there may be different factors influencing clinicians at each step of this pathway. Recommendations to improve guideline adherence need to be tailored to each step.

Van der Wees PJ, Moore AP, Powers CM, Stewart A, Nijhuis-van der Sanden MWJ, de Bie RA. Development of Clinical Guidelines in Physical Therapy: Perspective for International Collaboration. *Physical Therapy*. 2011 Oct;91(10):1551-63 (PMID: 21799137)





# Guideline Library update

New data in the International Guideline Library - 30<sup>th</sup> September to 9<sup>th</sup> December 2011

Organisation	Title
KNGF (NL)	KNGF Guideline for Physical Therapy in patients with Stress Urinary Incontinence (2011)
MoH (SG)	Bipolar Disorder
MoH (SG)	Management of Gambling Disorders
MoH (SG)	Schizophrenia
NICE (UK)	Arthroscopic femoro-acetabular surgery for hip impingement syndrome (IPG408)
NICE (GB)	Balloon dilatation of the Eustachian tube (IPG409)
NICE (GB)	Caesarean section (update) (CG132)
NICE (GB)	Closure of anorectal fistula using a suturable bioprosthesis plug (IPG410)
NICE (GB)	Colorectal cancer: the diagnosis and management of colorectal cancer (CG131)
NICE (GB)	Drainage, irrigation and fibrinolytic therapy for post-haemorrhagic hydrocephalus in preterm infants
NICE (GB)	Endoscopic transluminal drainage of pancreatic pseudocyst and pancreatic necrosectomy (IPG411)
NICE (GB)	Longer-term care and treatment of self-harm (CG133)
NICE (GB)	Magnetic resonance image-guided transcatheter focused ultrasound for uterine fibroids (IPG413)
NICE (GB)	Management of hyperglycaemia in people with acute coronary syndromes (CG130)
NICE (GB)	Mifamurtide for the treatment of osteosarcoma (TA235)
NICE (GB)	Minimally invasive oesophagectomy for cancer or high-grade dysplasia of the oesophagus (IPG407)
NICE (GB)	Ranibizumab for the treatment of diabetic macular oedema (TA237)
NICE (GB)	Single port laparoscopic nephrectomy (IPG414)
NICE (GB)	Ticagrelor for the treatment of acute coronary syndromes (ACS) (TA236)
NICE (GB)	The VeriQ system for assessing graft flow during coronary artery bypass graft surgery (MTG8)





## External events

### 2012

<b>1<sup>st</sup>-4<sup>th</sup> February</b>	<b>International conference on health informatics</b> Vilamoura, Algrave, Portugal
<b>16<sup>th</sup>-18<sup>th</sup> April</b>	<b>9<sup>th</sup> Annual World Health Care Congress</b> Washington DC, USA
<b>2<sup>nd</sup>-6<sup>th</sup> June</b>	<b>17<sup>th</sup> Annual Meeting of the International Society for Pharmacoeconomics and outcomes research</b> Washington DC, USA
<b>10<sup>th</sup>-12<sup>th</sup> June</b>	<b>14<sup>th</sup> biennial European conference of the Society for Medical Decision Making (SMDM)</b> Oslo, Norway  The conference venue will be the Department of Health Management and Health Economics, University of Oslo. On-line abstract submission can be submitted until 15 February 2012. The organizers also welcome proposals for short courses and a limited number of scholarships to attend the conference are available.  For further information visit the conference website: <a href="http://www.smdm2012.com">www.smdm2012.com</a>
<b>23<sup>rd</sup>-27<sup>th</sup> June</b>	<b>HTAi Annual Meeting: HTA in Integrated Care for a Patient-Centered System</b> Bilbao, Spain
<b>4<sup>th</sup>-7<sup>th</sup> July</b>	<b>Wonca Europe Conference 2012: "The Art &amp; Science of General Practice"</b> Vienna, Austria
<b>11<sup>th</sup>-14<sup>th</sup> October</b>	<b>20<sup>th</sup> Cochrane Colloquium</b> Nanning, China
<b>31<sup>st</sup> October - 4<sup>th</sup> November</b>	<b>6<sup>th</sup> International conference of EB health care teachers and developers: "EBM 20 years later: new challenges"</b> Taormina Italy

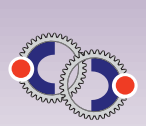
### 2013

<b>June 2013</b>	<b>20<sup>th</sup> Wonca World Conference Prague: "Family Medicine: Care for Generations"</b> Czech Republic
<b>14<sup>th</sup>-18<sup>th</sup> July 2013</b>	<b>21<sup>st</sup> International Union for Health Promotion and Education (IUHPE) World Conference</b> Pattaya, Thailand

### 2015

<b>2015</b>	<b>17<sup>th</sup> World Confederation of Physiotherapy Congress</b> Singapore
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## Watch for the next issue

The next issue of  
*enGINe* is planned to  
be published in  
**April 2012**

If you wish to include  
some information  
please send your pieces  
by **20<sup>th</sup> March 2012** to  
[office@g-i-n.net](mailto:office@g-i-n.net)



### **EDITORIAL TEAM**

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*Stuart Neville*

*Magali Remy -Stockinger*

⊙ Keeping busy working on enGINe, M. Kaila and M. Remy-Stockinger

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