



31 July 2023

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# Guidelines for Clinical practice guidelines

(original version)

This document is intended to support projects concerning the development and implementation of clinical practice guidelines

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## 1 Why develop and use appropriate guidelines?

Clinical practice guidelines are evidence-based recommendations for health and care. Their purpose is to foster appropriate care, attempting to reduce and control overuse, underuse and misuse of care. Thus, guidelines aim to improve quality of care for patients, setting out the clinical care that is suitable for most patients with a specific condition. Guidelines have to be based on the best available research evidence and developed using a standard process. Although they are advisory, they should be taken into account by healthcare and other professionals as well as by patients. Indeed, patients' perspectives and the actual clinical situation (e.g., comorbidities) should also be considered when making health related decisions.

There is no national and coordinated structure developing guidelines in Switzerland. However, a few guidelines are produced by national bodies (e.g., vaccination recommendations). In addition, several medical associations or groups have produced guidelines. Nevertheless, the methods of development are often weak, lacking methodological support and resources, mostly based on expert consensus.

Guidelines are most useful when there is a need to improve quality of care, for instance in presence of overuse of care (e.g., smarter medicine or similar approaches), underuse of care (e.g., preventive or health promotion guidance), or large variations between and within geographical areas, medical or care specialty, or healthcare networks, for instance.

## 2 Developing high quality guidelines, a fastidious process

Developing guidelines anew is a much demanding process, which starts with establishing the objectives, assembling stakeholders' representatives, including professionals performing and prescribing the intervention or treatment, primary care providers, nurses, other allied health professionals, and patients. The evidence should be based on systematically collected research results (e.g., systematic reviews<sup>1</sup>); the evaluation of the level of evidence and strength of recommendations should be done by trained individuals (GRADE<sup>2</sup>). One should acknowledge that the available evidence is much too often weak, leading to uncertainty that must be properly considered. Failing to acknowledge uncertainty of evidence and relying essentially on expert opinion and consensus may lead to inappropriate guidance. Developing proper guidelines requires much expertise, time and costs. Furthermore, regular updating of guidelines is necessary to adjust recommendations to new existing evidence. Recommendations, guidance for developing guidelines, and examples, do exist internationally (NICE<sup>3</sup>, ÄZQ<sup>4</sup>, SIGN<sup>5</sup>, GIN<sup>6</sup>, AGREE<sup>7</sup>). Potential conflicts of interest matter and should be identified and declared.

## 3 Adapting high quality guidelines, an alternative approach

An alternative is to adapt high quality updated guidelines developed by experienced agencies elsewhere. An adaptation process has been developed and tested, which is largely used worldwide (ADAPTE<sup>8</sup>). The adaptation has to be made to the context of the country, or region, and healthcare system where to be adapted for. The adaptation process still requires local capacities and skills, but is less demanding. However, adapted guidelines should also be updated when needed as "dynamic" guidelines, when new evidence becomes available. High quality guidelines could be obtained from experienced agencies and consortiums. For instance the Guidelines International Network proposes a library of guidelines as well as tools and support (<https://g-i-n.net>)<sup>6</sup>. Also, NICE<sup>3</sup> and SIGN<sup>5</sup> do have a long experience in developing high quality guidelines. The quality of existing guidelines can be evaluated using the AGREE tools<sup>7</sup>.

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1 For instance Cochrane systematic reviews -[www.cochranelibrary.com/](http://www.cochranelibrary.com/)

2 Grading of Recommendations Assessment, Development and Evaluation (GRADE) -[www.gradeworkinggroup.org/](http://www.gradeworkinggroup.org/)

3 National Institute for Health and Care Excellence (NICE) - [www.nice.org.uk](http://www.nice.org.uk)

4 Ärztliche Zentrum für Qualität in der Medizin (ÄZQ), Leitlinien - [www.aezq.de/aezq/publikationen/leitlinien](http://www.aezq.de/aezq/publikationen/leitlinien)

5 *Scottish Intercollegiate Guidelines Network* (SIGN)- [www.sign.ac.uk](http://www.sign.ac.uk)

6 Guidelines International Network (GIN) - [g-i-n.net/](http://g-i-n.net/)

7 Appraisal of Guidelines for Research and Evaluation (AGREE) - [www.agreetrust.org/](http://www.agreetrust.org/)

8 Guidelines adaptation tool (ADAPTE) - [g-i-n.net/get-involved/resources](http://g-i-n.net/get-involved/resources)

#### **4 Implementing guidelines and monitoring their effectiveness are mandatory**

Last but not least, clinical practice guidelines will not contribute to improve quality of care if they are not properly implemented. Guideline implementation needs also a rigorous and demanding investment. The implementation process could be facilitated by some tools (e.g., GIN's Guideline Implementation Planning Checklist<sup>6,7</sup> and the GuideLine Implementability Appraisal tool (GLIA)<sup>9</sup>). Furthermore, the evaluation and monitoring of actual improvements in practices following the introduction of guidelines in the framework of an implementation project should be monitored.

#### **5 Possible support of the Federal Quality Commission (FQC)**

FQC may possibly support the development and implementation of clinical practice guidelines, **if**:

1. There is an important need to improve quality of care (e.g., documented overuse, misuse, or underuse of care).
2. Guidelines are developed following state-of-the art guidance for developing guidelines.  
- Guideline adaptation to the Swiss context can be part of the project.
3. The project must describe how clinical practice guidelines will contribute to improve quality of care.
4. The implementation phase must be described in detail.
5. The impact of guidelines on quality of care must be assessed.
6. The sustainability of the intervention (after the end of the project) must be discussed.

FQC can grant financial aid to support national or regional quality development projects that include the development and implementation of guidelines (maximum 50% of the total budget).