Guidance for PAG clinical guideline development and publication

On behalf of British Society for Paediatric & Adolescent Gynaecology

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Introduction

The British Society for Paediatric and Adolescent Gynaecology (BritSPAG) aims to provide the membership and the wider network of practitioners with national policy and practice guidance. The objective of the guidance is an agreed framework of clinical practice and service delivery in the field of paediatric and adolescent gynaecology (PAG) which includes complex gynaecological anomalies (CGA).

National evidence-based Clinical Guidelines are systematically developed recommendations which assist clinicians and provide material for patient information and facilitate decision making.

It is expected that systematic reviews and randomised controlled trials will form the basis of recommendations. However randomised control trials are often lacking in the field of Paediatric Adolescent Gynecology (PAG) and Congenital Gynaecological Anomalies (CGA). This coupled with small case series of rare anomalies make synthesis of evidence challenging. Case series and good practice points based on expert opinion may form the basis of most recommendations. Recommendations for good practice may also be made on the basis of safety and efficacy where an adequate evidence base may be lacking. It is precisely the lack of randomised control trials and systematic reviews that leads to wide variation in practice and BritSPAG aims to bring about some uniformity in key areas.

The BritSPAG also encourage the production of joint guidelines with the RCOG and other specialist societies like BSGE, BFS, BMS.

Criteria

A **BritSPAG** guideline should meet the following criteria:

- **The guideline** should address an area of clinical practice that is relevant to PAG and CGA.
- **The purpose** of a guideline is to assist and not mandate clinical practice.
- **The subject matter** may be suggested by any BritSPAG member and should be approved by the executive committee.
- **The topic** should not have been covered by RCOG or NICE in the last 3 years.
- A **guideline development group** (GDG) will write the guideline

Guideline Development Group

The GDG should ideally be multidisciplinary and the role of the different members and authors should be clearly defined. It is expected that the GDG will comprise of BritSPAG members. However, the multidisciplinary nature of the group would mean that the authorship is not restricted to members alone. Patient representative involvement is appropriate and encouraged in the development of the guidelines. Any conflict of interest should be declared.

A **GDG lead** should be identified who should ensure the following.

- The **patient population** to whom the guideline will be applicable should be defined

- The **scope** of the guideline should be defined.

- Joint guidance may be co-produced with other bodies such as the RCOG

- Interested authors are invited to present the proposal to BritSPAG with an outline and synopsis of about 200 words

- A timeline should be provided by the GDG to the executive committee for completion of the guideline for comments from the executive.

***The clinical guideline should comprise of*:**

- Identification of MESH terms and search criteria.
- A systematic review of the scientific evidence within a defined period
- Grades of evidence
- Recommendations made and linked to grade of evidence
- References
- Identification of key areas for research and auditable standards.

The GDG lead should ensure that all GDG members agree their ***first draft*** version of the guideline before sending it to the executive. The executive sends comments back to GDG. The GDG responds to the comments and send back to the executive committee which then circulates the agreed draft to the wider membership for comments. The feedback is forwarded to the GDG lead who responds and sends back ***final draft*** for publication on the BritSPAG website.