Concise Guidelines Series Handbook

A series of evidence-based guidelines for clinical management

2012

ROYAL COLLEGE OF PHYSICIANS

Clinical Standards Department

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The Concise Guideline Series

The Royal College of Physicians says in its Mission Statement 'We *will be relentless in our pursuit of improvements in healthcare and the health of the population. We will achieve this by enhancing and harnessing the skills, knowledge and leadership of physicians in setting challenging standards and encouraging positive change based on sound evidence.'*

Evidence-based clinical guidelines are a key part of standard setting, enabling experts in one speciality to pass on their knowledge and experience to others to improve patient care.

The Concise Guideline Series are evidence-based guidelines for clinical management. These guidelines provide clear and concise recommendations for best practice, and practical tools with which to implement them. Concise Guidelines are

- for generalist physicians and trainees (e.g. those likely to be undertaking acute take or caring for "general medical" patients outside their main specialty)
- designed to address common problems
- designed to fill a gap in the current provision of guidelines
- developed to a specific standard in a robust, repeatable and standardised manner

Concise Guidelines are NOT

- intended to be comprehensive
- intended to replace NICE or other comprehensive guidance
- aimed at specialists
- focused on uncommon or highly specialised clinical topics
- a way for clinicians to get their hobby horse subject published!

Generally, Concise Guidelines are abstracted from a longer ***source*** guideline, either published or under development. They summarise the guidance in the source guideline relevant to non-specialist physicians. They are often developed by specialists to provide advice to non-specialists covering topics such as the recognition or diagnosis of a condition, or the criteria for referral to a specialist or management of common problems.

If there is no source guideline and a full guideline development is planned refer to the *Guideline Development Methodology Handbook*

The Concise Guideline Series (CGS) Team will provide advice on, and support for, the development of both the Concise Guideline and the source guideline.

Developing a Concise Guideline

1. *What is a Concise Guideline?*

Concise Guidelines are evidence-based guidelines for clinical management. They provide clear and concise recommendations for best practice, and practical tools with which to implement them.

Their target audience is non-specialist physicians. This includes trainees and physicians undertaking acute take or caring for "general medical" patients outside their main specialty. They usually address common problems. This may include advice on

- recognition and diagnosis of a disease or condition
- immediate management
- criteria for referral to a specialist
- general medical care (e.g. pain management, emergency oxygen, anaphylaxis)

Concise Guidelines are usually abstracted from a more comprehensive, or ***source*** guideline. Source guidelines may be national guidelines. The relevant material from several NICE guidelines has been developed into a Concise Guideline. For example, the Alcohol guidelineis an abstract of three NICE guidelines.

The source guideline may also be from a specialist society or other similar organisation which has developed a condition or diseased based guideline mainly aimed at specialists but which includes topics useful to the non-specialist (e.g. recognition, referral, etc.). These topics can be abstracted as a Concise Guideline. The British Thoracic Society guidelines are good examples of specialist guidelines http://www.brit-thoracic.org.uk/guidelines.aspx . The Emergency Oxygen guideline was abstracted as a Concise Guideline http://www.rcplondon.ac.uk/resources/concise-emergency-oxygen-use-adult-patients

This Handbook is a guide to abstracting a Concise Guideline from a source guideline. On occasion, there is no source guideline published or under development on the subject in question. In this case, developers will need to undertake a full guideline development process. Guidance on the development of a full guideline can be found in the *Guideline Development Methodology Handbook*

2. *Why write a Concise Guideline?*

There are a vast number of guidelines on all manner of topics. These frequently address a disease or condition from early symptoms through to specialist care. The guidance may be relevant to all the health professionals who care for the patient from primary to tertiary care. With this mountain of reading, busy clinicians find it difficult to keep abreast of the relevant guidance within their own specialty let alone reading lengthy guidance from other specialties. By abstracting the relevant information from the lengthy specialist guideline, specialists are able to advise their non-specialist colleagues on the clinical areas they may encounter when managing patients outside their specialism. As Concise Guidelines are usually published in *Clinical Medicine* they reach over 22,000

physicians worldwide in an accessible format. They are also posted as free downloadable PDFs on the RCP website with links to relevant specialist societies.

3. *How is a Concise Guideline developed?*

For the advice in the Concise Guideline to be credible, the source guideline must have been developed by a rigorous methodology. The standards of guideline development methods are defined by AGREE which provides a tool to validate guideline methodologies. Source guidelines will need to be validated using this tool as part of the development of the Concise Guideline.

Many organisations and specialist societies have accreditation by NHS Evidence as complying with the AGREE standards. There is list of these organisations on https://www.evidence.nhs.uk/accreditation/accreditation-decisions. If the source guideline has not previously been validated as complying with AGREE criteria by an NHS Evidence accredited organisation, the Steering Group will validate the source guideline against the AGREE criteria.

Developers can find more information on methodologies in the companion to this document *Guideline Development Methodology Handbook* and on the AGREE website http://www.agreetrust.org/

4. *What topics make a good Concise Guideline?*

The purpose of the Concise Guideline is to help the non-specialist physician make an informed decision quickly and with confidence. Therefore, in abstracting information, think what is relevant to consultant or trainee physicians who are seeing patients with conditions outside of their specialty, on a medical take for example. Also, areas of general medical interest (e.g. *Emergency Oxygen*, *Assessment of Pain in Older People*) make good topics.

For a given condition recognition, diagnosis, immediate management and referral criteria are usually relevant topics . Examples of questions addressed in recent guidelines include:

[Emergency Oxygen - http://www.rcplondon.ac.uk/resources/concise-guidelines-emergency-oxygen-use-adult-patients]

- How to assess hypoxaemia (clinical, early warning score systems, oximetry, arterial and capillary blood gases).
- How to assess hypercarbia/hypercapnia.

[Occupational Asthma http://www.rcplondon.ac.uk/resources/diagnosis-management-and-prevention-occupational-asthma-concise-guideline]

- What questions should a physician ask a patient of working age who presents with symptoms of asthma?
- Which diagnostic procedures are helpful in confirming a diagnosis of occupational asthma?

5. *Applying to develop a Concise Guideline*

1. Discussing your ideas

Contact the Advisor clinical.standards@rcplondon.ac.uk in the first instance, who can advise on what will and won't make a good Concise Guideline. It saves a lot of time and effort to make contact at an early stage.

2. Topic approval

Complete Section A of the Development Proforma (Appendix 1) and submit it to the Advisor for review by the Concise Guidelines Steering Group. They will provide guidance on what is relevant to the non-specialist physician.

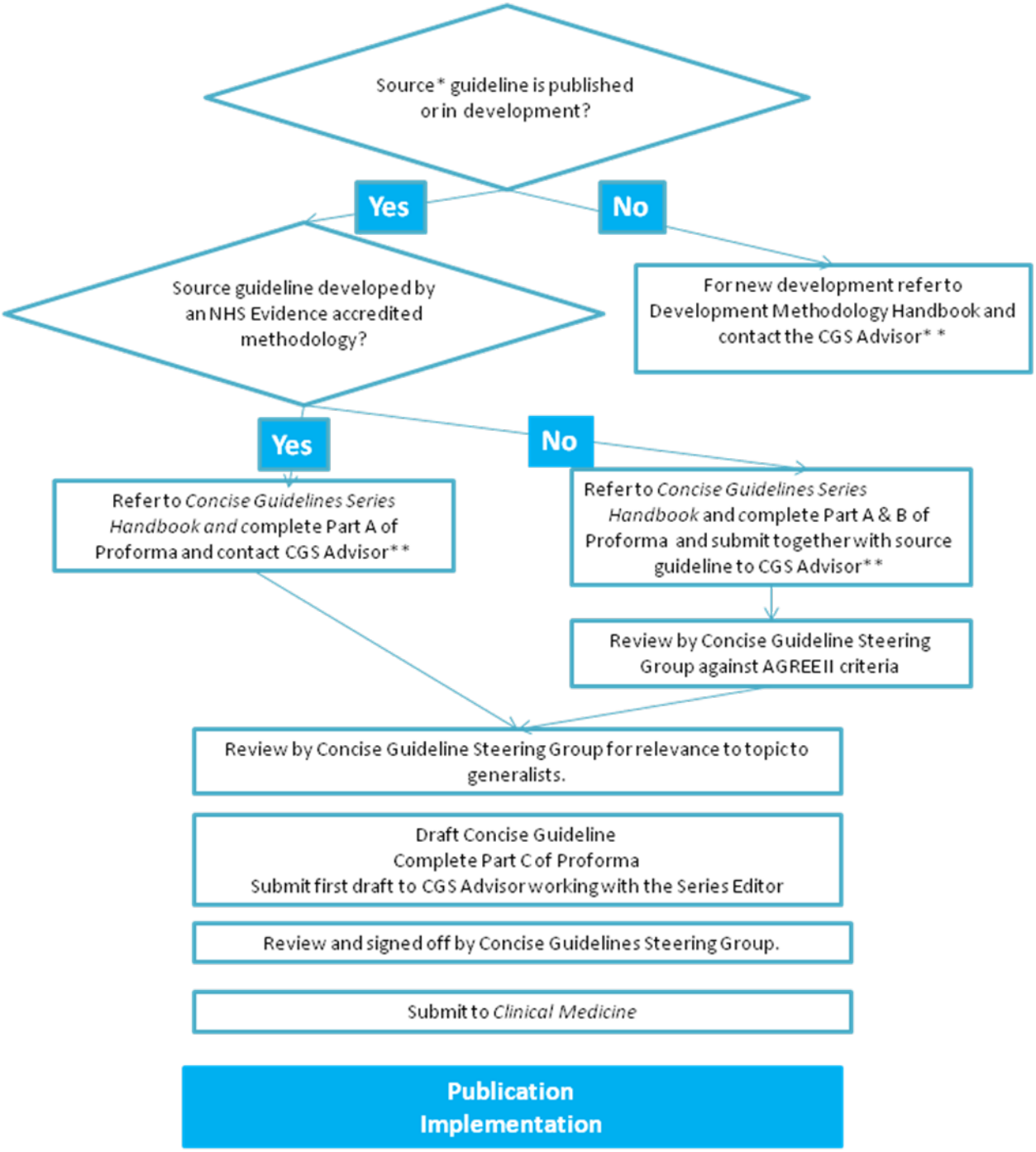
If the source guideline was not developed by an NHS Evidence organisation (See Section 3 above), Section B of the proforma should be completed and submitted together with the source guideline and supporting documents at the time of application, or if the source guideline is still in development, submit it when it is complete. If the source guideline was, or is, being developed by an NHS Evidence accredited methodology, Section B need not be completed.

Development Proforma			
	Complete these sections at application and send to the Advisor		Complete at first draft submission
	Section A	Section B	Section C
Source Guideline development process NOT NHS Evidence Accredited	√	√*	√
Source Guideline development process is NHS Evidence Accredited[1]	√		√
	* Should be submitted as soon as source guideline is finished		Update Sections A&B with any changes and re-submit

If a *de novo* development of a source guideline is planned, refer to *Guideline Development Methodology Handbook* and complete the application in that Handbook.

[1] See https://www.evidence.nhs.uk/accreditation/accreditation-decisions for a list of organisations which have NHS Evidence accreditation

Developing a Concise Guideline



* Larger comprehensive guideline from which the Concise Guideline will be abstracted.

** clinical.standards@rcplondon.ac.uk

6. *Writing the Concise Guideline*

When the topic has been approved, the next step is to draft the guideline. The text should be clear and unambiguous and the guideline well laid out so that the recommendations are accessible quickly. A care pathway or algorithm which is a visual summary of the recommendations, usually in a single page, helps the busy clinician enormously. Other tools which help implementation include proformas, check lists and defined audit criteria (e.g. outcome measures).

Writing for Clinical Medicine

The guideline will usually be published in the RCP journal *Clinical Medicine* (subject to the approval of the editor). This version will also be posted on the RCP website as a PDF.

A description of the methods [the Development Proforma] will be made available in an electronic version on the RCP website. Implementation tools (e.g. management algorithms, proformas, check lists, outcome measures) approved by the Guideline Development Group (GDG) may also be published on the website.

If funding/sponsorship permits an extended PDF or printed booklet may also be produced that includes both the guidance and the implementation tools, etc.

The guidelines will be edited according to RCP house style and the authors will see proofs. The RCP holds copyright of the material.

The guideline published in the journal will not be longer than 2,500 words (i.e. five printed journal pages). This includes all text, the abstract, figures, tables, headings, acknowledgements, references, etc.

As a rough guide, the total double-spaced manuscript should be no more than 10 sides of A4.

1. Abstract

No more than 150 words and a list of up to 10 key words.

2. Introduction

Usually no more than 1 printed page (two sides of A4) describing why the guideline is necessary, how it arose, and particular issues surrounding the condition or its treatment.

This should provide the clinician with the key information:

- what is the subject of the guideline?
- what is the purpose of writing the guideline?
- why is it relevant to non-specialist physicians and in what circumstances?
- why is it important to follow the recommendations?

Please write in short paragraphs with subheadings/bullet points, and avoid lengthy prose.

Where relevant this section may also provide important information to aid the clinician's understanding of the problem and approach to management.

- This may include a simple explanation of pathophysiology, etc., especially where this is not well understood by non-specialist physicians and understanding could help to improve uptake of the guideline.
- If a guideline represents an update, based on recent evidence, it may be relevant to summarise that evidence to explain the change in recommendations.
- Information may be included in the text or in boxes /figures/ tables.

3. Scope and Purpose

- Define the subject of the guideline.
- Describe the overall objective(s) of the guideline.
- List the major health question(s) covered by the guideline.
- Detail the population (patients, public, etc) to which the guideline is intended to apply.

4. Recommendations (See *Guideline Development Methodology Handbook* for further information on writing recommendations)

There may be a brief narrative introduction followed by a table of the recommendations with grading (e.g. SIGN) or strength (e.g. GRADE) of recommendation listed in the right-hand column.

- Write in short sentence with subheadings/ bullet points and avoid lengthy prose. Use bold text and bullet points to make guidance easy to read at a glance.
- Check that recommendations are unambiguous and clear to the non-specialist.
- Present the different options for management where appropriate.
- Key recommendations should be easily identifiable.
- The health benefits, side effects and risks should be considered and where relevant, alternative treatment/care options should be clearly stated.

5. Limitations of the guideline

- Present the strength of the evidence and any areas of uncertainty
- Describe the judgments made in determining the balance of benefits and harms when formulating the recommendations
- Explain the applicability to different patient groups including any differences in age, gender or race
- Include any potential biases in the conclusions or recommendations

6. Implications for implementation

- Provide advice and/or tools on how the recommendations can be put into practice
- Describe facilitators and barriers to its application
- Discuss any potential resource implications of applying the recommendations
- Give some ideas of monitoring and/or auditing criteria

7. Acknowledgements, references

- If the guideline has been published in full elsewhere it is usually not necessary to give full membership and affiliations of the guideline development group (GDG)
- Please give key references only

8. Appendices

Appendices may include examples of key tools for implementation. These will typically be in boxes, tables or figures.

Key tools may include:

i. screening / assessment tools

ii. flowcharts / decision trees

iii. proformas / protocols / audit tools.

Other tools may be referenced or included in electronic form on the website.

Points of style

By way of example, a typical article might comprise:

- two printed pages for the guideline itself
- one printed page of text
- one printed page for a figure/table
- one printed page for acknowledgements, references, names of guideline development group members as appropriate.

Authorship and GDG

For the purpose of the article, the GDG is usually represented by 1–3 lead authors. Full names and affiliations of the GDG membership are not usually included. If considered essential, these must be allowed for within the overall space allocation.

Standard units and abbreviations

Standard units should be used consistently throughout the text. Abbreviations should be spelt out in full at their first mention and thereafter abbreviated. Please use generic names for drugs (brand names may follow in brackets where necessary).

References

References should appear in the text as superscript numbers, set after any punctuation, and numbered in order of appearance. Multi-author references should give the names of up to five authors, unless there are more than five authors, in which case the first three only should be given, followed by *et al*. Journal titles should be abbreviated according to PubMed http://www.ncbi.nlm.nih.gov/projects/linkout/journals .

References should be set out as follows.

Rivers E, Nguyen B, Havstad S *et al.* Early goal-directed therapy in the treatment of severe sepsis and septic shock. *N Engl J Med* 2001;345(Suppl 1):1853–8.

Firth JD. The clinical approach to the patient with acute renal failure. In: Winnearls C, Cameron JS, Ledingham D, Davidson AM (eds), *Oxford textbook of nephrology*, 2nd edn. Oxford: Oxford University Press, 1997:1557–82.

Illustrations

Figures can be accepted in electronic format (except PowerPoint). Each figure should be presented in a separate file. Please do not embed artwork in a Word file in the middle of text. Figures will usually be redrawn to house style.

Captions to figures should be presented as a separate list.

Submission for publication

Please supply:

- a title sheet, giving the full title, authors' names, degrees etc (see above) and telephone, email and fax numbers
- a list of members of the GDG, giving for each member their title (e.g. Dr, Professor), job (e.g. consultant neurologist), institution, and place
- the names of participating organisations whose logos are to appear on the front
- a TIFF or JPEG of each organisation's logo in black and white, in as high a resolution as possible

Permissions

Permission should be obtained by the author to reproduce material, such as figures or tables, taken from other publications. Written permission from the copyright holder (usually the publisher) should be obtained and given to the Publications Department with the text. An acknowledgement of the source of the figure or table should be given at the end of the caption or under the table.

Concise Guidelines cannot be published until the Publications Department has received copies of permissions granted.

Publication

The guidelines will be edited according to RCP house style and you will see proofs. The RCP holds copyright of the material as a whole, and the following will be stated in each publication:

'All rights reserved. No part of this publication may be reproduced in any form (including photocopying or storing it in any medium by electronic means and whether or not transiently or incidentally to some other use of this publication) without the written permission of the copyright owner. Applications for the copyright owner's written permission to reproduce any part of this publication should be addressed to the publisher. In the case of tools, it may also be necessary to contact the original author'

7. *Submitting the Concise Guideline draft*

The Advisor, clinical.standards@rcplondon.ac.uk, will be available for advice during development. When the first draft of the guideline has been written, it should be submitted for review by the Concise Guidelines Steering Group. Developers should update and complete the relevant sections of the Development Proforma (Appendix 1) which should be submitted with the draft..

The Steering Group will verify that questions posed in the Proforma have been adequately answered, that the guideline is an accurate representation of the source guideline and that it meets the Concise Guidelines criteria.

The Advisor will provide feedback and agree a timetable for submission and approval of the final draft for publication in *Clinical Medicine*. The Series Editor will provide advice on writing for the *Clinical Medicine* audience and will work with authors on the draft. The final draft must be submitted to the Editor of *Clinical Medicine* at least two months prior to publication.

8. *Publication*

The Concise Guideline will usually be published in *Clinical Medicine* with supporting material as space permits. *Clinical Medicine* is distributed to over 22,000 physicians worldwide. It is also posted as free downloadable PDFs on the RCP website linked to the websites of relevant specialist societies.

If specialist societies or other relevant organisations wish to produce a longer booklet version (either online PDF or printed or both), please email the Publications Department: Publications@rcplondon.ac.uk for more information on costs, funding and promotion of booklet versions.

9. *Implementation*

Clinical Standards Department staff can advise on dissemination and implementation including national audits. Contact the Advisor.

10. *Reviewing and Updating Concise Guidelines*

Clinical practice may change if new evidence becomes available making the guideline obsolete and perhaps putting patients at risk. As part of the submission process a review date for the guideline

should be given. This is usually based on when the source guideline will be updated. If at any time before the review date, any of the recommendations in the Concise Guideline become out-of-date, please inform the Advisor **clinical.standards@rcplondon.ac.uk**.

When the guideline is scheduled for review, the Advisor will contact the lead about:

- Any plans for review
- If any evidence has changed since the guideline was published such that it would alter any of the published recommendations
- Whether, pending review, the guideline should (select one)
    - Remain as it stands on the website
    - Remain with a interim statement of amendment
    - Be withdrawn until it has been revised

If a statement of amendment is required it should include

- Details of which recommendations are likely to be changed by new evidence
- References to new evidence which has changed the recommendation
- Any plans for formal update

If the guideline does not need updating, the review date will be changed and the guideline will remain on the RCP website. If the guideline requires updating, this will be noted until the guideline is revised. After revision, the Concise Guideline will be entirely replaced . If a Concise Guideline is out of date, or the clinical standards advisor is unable to facilitate an update, it will be marked as out of date on the website.

11. *The Concise Guidelines Series*

The Concise Guidelines Series is managed by the Clinical Standards Department of the Royal College of Physicians. The Concise Guidelines Series Steering Group oversees the work of the Series. The Steering Group is chaired by the Director of Clinical Standards. It is a mix of clinicians with an interest in clinical effectiveness, methodologists and members of the specialist societies, the Clinical Standards Department and the Publications Department. Members liaise with specialist societies to encourage guideline development.

The Steering Group meets quarterly, but does business by email between meetings. All members of the Steering Group comply with the Declarations of Interest Policy (Appendix 3) and complete the form annually.

When a Concise Guideline topic is proposed, the Steering Group will review the application to ensure that the questions being answered are those most important to the non-specialist physician and will provide advice on this. They will also review the feasibility of development within the resources and provide advice on methodology. Advice and support during development is provided by the Advisor (clinical.standards@rcplondon.ac.uk) who gives the Steering Group quarterly updates on each project.

The Steering Group will review the content of the first draft against the scope and for its relevance to non-specialist physicians as well as validating the methodology. (See Section 3). The Steering Group will then sign off the final draft for publication by *Clinical Medicine*.

Further information

- Royal College of Physicians Concise Guidelines Series website lists all previous guidelines and advice on methodology.

  http://www.rcplondon.ac.uk/resources/clinical-resources/concise-guidance-good-practice

- AGREE II documents the criteria for rigorous guidelines http://www.agreetrust.org/
- All guidelines will be measured against the NHS Evidence criteria detailed in *Models and advice for guidance development* https://www.evidence.nhs.uk/documents/accreditation/s-content-quality-accreditation-admin-pro-forma-templates-etc-accreditation-support-nhs-evidence-accreditation-models-final.pdf
- For a list of organisations which have NHS Evidence Accreditation see https://www.evidence.nhs.uk/accreditation/accreditation-decisions
- The Scottish Intercollegiate Guidelines Network has detailed advice on every aspect of developing a guideline and a good methodology for Concise Guidelines http://www.sign.ac.uk/
- The NICE development manual has detailed advice on every aspect of developing a guideline including choosing a group, declarations of interests, involving patients, etc.
- http://www.nice.org.uk/media/5F2/44/The_guidelines_manual_2009_-_All_chapters.pdfThe National Guidelines Clearing House lists most of the guidelines developed from all over the world and is a good place to make sure that you aren't re-inventing the wheel http://www.guideline.gov/
- The Cochrane Collaboration, the Health Technology Assessment and the Centres for Reviews and Dissemination all list evidence reviews. It may be that someone has already reviewed all or part of what is in your guideline.

  http://www.cochrane.org/

  http://www.hta.ac.uk/

  http://www.crd.york.ac.uk/crdweb/

- GRADE - Grading of Recommendations Assessment, Development has developed a transparent approach to grading quality of evidence and strength of recommendations. http://www.gradeworkinggroup.org/
- A paper that evaluates the relative merits of different methodologies:

  Baker A, Potter J, Young K , Madan I; The applicability of *grading systems for guidelines; 2011; Journal of Evaluation in Clinical Practice; Volume: 17: 758-762.*

- Format for references is as per PubMed http://www.ncbi.nlm.nih.gov/projects/linkout/journals

Appendix 1. The Development Proforma

Royal College of Physicians

Concise Guidelines Series Development Proforma

Instructions

Use this form for the development of a Concise Guideline abstracted from a source guideline developed or in development. This form will serve as a record of development and will be published on the web at the time of publication of the Concise Guideline.

Development Proforma			
	Complete these sections at application and send to the Advisor*		Complete at first draft submission
	Section A	Section B	Section C
Source Guideline development process NOT NHS Evidence Accredited	√	√*	√
Source Guideline development process is NHS Evidence Accredited[2]	√		√
	* Should be submitted as soon as source guideline is finished		Apdate Sections A&B with any changes and re-submit

If a *de novo* development of a source guideline is planned, refer to *Guideline Development Methodology Handbook* and complete the application in that Handbook.

* clinical.standards@rcplondon.ac.uk

[2] See https://www.evidence.nhs.uk/accreditation/accreditation-decisions for a list of organisations which have NHS Evidence accreditation

Section A: Developing a Concise Guideline

Lead Author/ applicant:

Name	Qualifications (e.g. FRCP)	Position

Contact Details:

Address	Telephone / Fax	E-mail

Co-Authors:

Name	Qualifications (e.g. FRCP)	Position

Producer/producing organisation:

Name of organisation	Interests / specialty area	Address

Time scale:

Start date:	(Anticipated) Finish date:

Budget:

How is/was the guideline development funded?

What steps are being /were taken to ensure editorial independence from the funding body?

1. **Title of Concise Guideline:**
(a provisional title may be provided at application stage)

2. **Will the Concise Guideline be: (Select one)**

☐ abstracted from a published *source* guideline?

☐ abstracted from a source guideline currently in development?

☐ result from a new guideline development? (Refer to *Guideline Development Methodology Handbook* and complete the application in that Handbook)

☐ Other Please explain

3. **What is the aim of the Concise Guideline?**
Why is there a need ? Are there wide variations in practice, poor outcomes, poor uptake of new treatments or unevaluated treatments or technologies ? Are there published guidelines on the topic? What will change as a result? Be clear how it will assist non-specialist physicians and trainees to improve patient care.

4. **What clinical areas will be covered in the Concise Guideline?**
These should be relevant to the non-specialist physician.

5. **What is the population (patients) to whom the guideline applies?**

6. **Details of development of source guideline**

a. What organisation is responsible for the development of the source guideline? (e.g. BTS. NICE, etc.)

b. Please give website on which source guideline is published, if possible.

c. Are the processes accredited by NHS Evidence? See -
https://www.evidence.nhs.uk/accreditation/accreditation-decisions

☐ You do no need to complete Section B of this form but please provide web-link or electronic copy of source guideline

☐ No Please complete Section B of this form

End of Section A - please submit the form to the Clinical Standards Adviser (clinical.standards@rcplondon.ac.uk **) for review by the Concise Guidelines Steering Group.**

Section B – Development of Source Guideline

Please complete with reference to *source* guideline if guideline has not previously been validated by an accredited organisation

Title of Guideline	
Lead Author	
Date of Publication	
Please give title and web-link if possible.	
What is the planned date for update?	
Stakeholder involvement:	
Declaration of Interests Describe any competing interest within the GDG	
How were competing interests recorded and addressed?	
Peer Review (For *de novo* developments, update Section B with any changes) Summarise how comments were reviewed, responded to and how they changed the guideline.	
Rigour of development	
Methodology (For *de novo* developments, update Section B with any changes)	
Date of searches	
What were the strengths and limitations of the body of evidence?	
What were the areas of uncertainty?	
Development of Recommendations	
Describe the methods used to formulate the recommendations .	
How were decisions made (for example, a voting system or formal consensus techniques like Delphi consensus):	

How were health benefits, side effects and risks considered in formulating recommendations?	
Are the different options for management of the condition or options for intervention are clearly presented?	
If any recommendations differ from the evidence describe why the GDG made their decision.	
Implementation of the Guideline	
What tools to support implementation are available	
What are some of the possible barriers to implementation?	
Are there audit or review criteria available?	
What are the plans for updating?	

Section C - To be completed by all guideline developers at the time of submission.

Originality:

Is this an original piece of work? (Ensure there are no potential problems over ownership of guideline and provides information on the GDG's knowledge/expertise). If not original, give details of other work in this area, previous publications by the GDG in this area etc:

Name of lead applicant:
Date:

NOTE: Please submit the updated development proforma, ideally as a .pdf with the guideline. This will not be included in the Clin Med version) but be posted when Clin Med is published. If there's a booklet version, the methodology table is always included as an appendix.

Appendix 2. Declaration of Personal Interests Form

Name of guideline:

Tick One	Yes	No
Do you, your partner (if applicable) or any member of your immediate family have any commercial interest such as personal shares etc. with any companies that are, or could be, involved in the above named guideline?		
If Yes, please give details		
Do you, your partner (if applicable) or any member of your immediate family receive sponsorship or paid consultancy work within commercial organizations that are, or could be, involved in the above named guideline?		
If Yes, please give details		
Does your department or unit receive financial support from commercial organizations that are, or could be, involved in the above named guideline?		
If Yes, please give details		
Are you a consultant to or a member of any national body, charity or pressure group whose work is related to the above named guideline?		
If Yes, please give details		
Have you published your opinion on aspects covered in the above named guideline?		
If Yes, please give details		
Do you receive significant editorial fees for commissioned articles for publication (in any format) or are you paid editorial work for any publication related to the above named		

guideline?		
If Yes, please give details		
Do you or your department hold a patent (existing or pending) related to the above named guideline?		
If Yes, please give details		

Name: **Title:**

Role in guideline development:

Signature: Date:

What is an 'Interest'?

An 'interest' is defined as any arrangement in the past 12 months or known of in the next 24 months, which constitutes a significant benefit to the individual, partner of that individual or their immediate family. It includes:

- a financial benefit (of £500 or greater), to the person.
- a financial benefit (of £500 or greater) to the practice or department in which the person is directly employed.
- ownership of stock in companies whose products make be considered in the guideline.
- membership of any organization whose interests might conflict from time to time with the guideline.
- a publically held opinion on some aspect of the guideline.

Generally, but not exclusively, the situation might include:

- Sponsorship or payment of expenses by commercial organizations.
- Donations, sponsorship or similar from pharmaceutical firms and equipment manufacturers, consultancies and fees paid to the practice or department. This includes funding of research grants or a research nurse.
- Patents (existing and pending) held by the individual or department.

- Holding of shares in commercial organizations (pharmaceutical/equipment manufacturers for example), but excluding those held in pooled investment funds.
- Membership of any national body, charity or pressure group.
- Publication of personal opinions
- Editorial fees for publications (written or electronic).

Declarations of Interests forms will be read by the developers and chairman of the group. All members of Guideline Development group will be asked to declare relevant interests at each meeting. A Declaration of an Interest does not automatically preclude an individual from participating in the development of the guideline.

Appendix 3. Templates

Concise Guideline Template

Title: XXX

Author 1

[Institution]

Author 2

[Institution]

On behalf of a multidisciplinary Guideline Development Group convened by

Society 1

and

Society 2

In association with

The Royal College of Physicians'

Clinical Effectiveness and Evaluation Unit

Address for correspondence:

Dr X

Address:

Tel:

Email:

Abstract

Provide a brief summary of the contents of the guideline, its purpose, the audience and any special features.

Introduction

Scope and Purpose

The recommendations

The recommendations should be in tabular form for example

	Topic Heading (e.g. Recognition)	
1	Text of recommendation	Strength of recommendation
	Topic Heading	
2	Text of Recommendation	Strength of recommendation

Limitations of the guideline

Implications and implementation

Acknowledgements

References

Appendices e.g. Tools for implementation

The Recommendations - example template

	Recommendations	Grade
1	**Drug therapy** Drug therapy should be offered to: • patients with persistent high blood pressure of 160/100 mmHg or more, or • Patients at raised cardiovascular risk (10-year risk of CVD ≥20% or existing cardiovascular disease or target organ damage) with persistent blood pressure of more than 140/90 mmHg.	A
2	**Target blood pressure** Antihypertensive drugs should be offered, adding different drugs if necessary, to achieve a target of 140/90 mmHg, or until further treatment is inappropriate or declined.	A

3	**Titration of dose** Drug doses should be titrated as described in the British National Formulary noting any cautions and contraindications.	A
4	**Treatment steps**	
4.1	First choice therapy: • In hypertensive patients aged 55 or over, or black* patients of any age, the first choice for initial therapy should be either a calcium-channel blocker or a thiazide-type diuretic. • In hypertensive patients younger than 55, the first choice for initial therapy should be an Angiotensin converting enzyme (ACE) inhibitor.**	A C
4.2	Second-line agents • If initial therapy was with a calcium-channel blocker or a thiazide-type diuretic and a second drug is required, add an ACE inhibitor.** • If initial therapy was with an ACE inhibitor,** add a calcium-channel blocker or a thiazide-type diuretic.	B B
4.3	Third-line agents If treatment with three drugs is required, the combination of ACE inhibitor,** calcium channel blocker and thiazide-type diuretic should be used.	B
4.4	Fourth line agents If blood pressure (BP) remains uncontrolled on adequate doses of three drugs, consider adding a fourth and/or seeking expert advice. If a fourth drug is required, one of the following should be considered: • a higher dose of a thiazide-type diuretic or the addition of another diuretic (careful monitoring is recommended) or • beta-blockers or • selective alpha-blockers	C C