Report on the activities undertaken on Clinical Guidelines 2012 – 2014 (Development, promotion, information and adoption)

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REPORT ON THE ACTIVITIES UNDERTAKEN ON CLINICAL GUIDELINES 2012 – 2014
(DEVELOPMENT, PROMOTION, INFORMATION AND ADOPTION)

European Region of the World Confederation for Physical Therapy (WCPT) Professional Issues WG

Introduction

Based on the strategic plan of ER-WCPT in the period 2012-2014, the Professional Issues Working Group (PI-WG) worked in the period 2012-2014 on five objectives in relation to the development and implementation of clinical guidelines:

1. To continue collaboration in Clinical Guideline development, collecting the evidence, dissemination and implementation.
2. To maintain involvement with GIN.
3. To hold a 3rd Conference on Clinical Guidelines in 2014, focussing on implementation, which may be, organised with other health professionals, politicians and patients organisations.
4. To investigate if the ADAPTE instrument is useful for the implementation of Guidelines
5. To keep the clinical and multidisciplinary guidelines database updated

1. To continue collaboration in Clinical Guideline development, collecting the evidence, dissemination and implementation.

The PI-WG has played a proactive role by stimulating and participating in international collaboration in Clinical Guideline development by starting a task specific working group in 2012. The working group selected two projects in guideline development.

- European guideline for physiotherapy in Parkinson’s Disease;

Furthermore, Austria, Norway and the Netherlands have applied for a grant at the European League Against Rheumatism (EULAR) with the research proposal: ‘Adaptation and Implementation of the Dutch physiotherapy guidelines on the management of patients with Hip/Knee Osteoarthritis and Rheumatoid Arthritis in Austria and Norway’ [appendix 1]. The EULAR Executive Committee has yet to make the final funding decision.

European guideline for physiotherapy in Parkinson’s Disease

In the summer of 2010, the first steps were taken towards the development of a European Guideline for physiotherapy in Parkinson’s disease. During a meeting of ParkinsonNet and the Association of Physiotherapists in Parkinson’s Disease
Europe (APPDE), the need for a collaborative European Guideline was discussed. The Royal Dutch Society for Physical Therapy (KNGF) provided ParkinsonNet a substantial grant to initiate this project. With support of the ER-WCPT, another 19 MO’s joined, of which 14 contributed financially.

In 2011, each MO appointed an expert Parkinson physiotherapist for representation in the Writing Group, Reading Group and/or Review Panel. These persons were called ‘the Guideline Development Group’, together with the members of the Steering Committee. A questionnaire was developed to render insight into the barriers physiotherapists perceive in providing optimal Parkinson care. This questionnaire was translated into 10 European languages. Nearly 10,000 physiotherapists spread over 17 countries received this questionnaire. In total 3,405 physiotherapists responded and shared their experiences. At the end of 2011 the data collection was completed and used to develop the guideline, in accordance with the process shown in figure 1. The responses shall also be used to optimise implementation. To ensure that the patient’s perspective was recognized and incorporated, four people with Parkinson’s Disease were invited to join the Development Group.

Figure 1 of guideline development process
In 2012, the final key questions for the guideline were agreed upon, interventions and measurements categorised, literature systematically searched for and appraised. As not all controlled clinical trials were included in published systematic reviews and meta-analyses, and different Cochrane reviews regarding physiotherapy and exercise combined different selections of studies, the use of Grade [figure 2] for the appraisal became a difficult and time consuming process.

![GRADE Evidence synthesis](image)

**Figure 2: GRADE Evidence synthesis** [Holger Schünemann, McMaster University]

Furthermore, the process of gaining consensus on the selection of measurement tools recommended for clinical practice proved to be challenging, so an additional Reading Group feedback round and Writing Group meeting had to organised. In 2013 the Writing Group members continued developing the guideline texts. They have been supported by the Reading Group members, whom have provided feedback throughout this process. To support future implementation, numerous activities have been undertaken [appendix 2A].

In November 2013 a final Web-based review round was organised followed by the final adjustments to the guideline. In January a ‘definite’ concept was presented to both the Writing and the Reading group. The definite version will be presented to the MDS for a final review of the Referral Criteria. Official publication is estimated before the summer of 2014. A first insight in the process and plan for further evaluation has been written [appendix 2B].

The Dutch Guideline for physiotherapy in patients with Stroke was on the verge of being updated when the suggestion was made to use the updated guideline as a template for the development of a European Neuro rehabilitation guideline for Stroke. Initially a project planning was developed, which proved to be unrealistic due to the sheer volume of reviews and RCT’s on this subject (PubMed > 13,000 hits; other databases approximately 10,000 hits). Conclusion: the process of updating had to be changed into a process of developing a new guideline. This decision not only greatly increased the time needed to develop the guideline, but also meant that a substantially larger budget needed to be allocated by the KNGF. All in all, the project took much longer than was expected and was communicated. The Dutch version will be completed in the first quarter of 2014. During this period a plan will be presented to all MO’s that have shown interest in this guideline. Each MO will be asked to decide whether they would like to participate in various review rounds and is asked to select a contact person.

2. To maintain involvement with Guidelines International Network (G-I-N)

In 2011 the Evidence Tables Working Group (ETWG) of the G-I-N launched a beta version of the G-I-N Data Extraction Resource (GINDER), an online repository for evidence tables based on the intervention and diagnostic templates. Based on financial evaluation G-I-N decided in 2013, to stop further development of this tool. However, other initiatives are making good progress in developing repositories and guideline development tools. The aim of the ETWG was to define a minimum data set to be included in all evidence tables. This would facilitate the use of different databases of evaluated studies with data presented in a consistent format. G-I-N members will be able to use this format in guideline development to populate evidence tables. The template can be used for studies addressing intervention questions. The template has already been piloted by a group of guideline developers and has been reviewed at G-I-N conferences.


The ER-WCPT is asked to consider a new candidate for the G-I-N board. Philip van der Wees who has represented ER-WCPT will leave the G-I-N board in 2014.
3. 3rd Conference on Clinical Guidelines
Mandate to hold a 3rd Conference on Clinical Guidelines in 2014, focusing on implementation which may be organised with other health professionals, politicians and patients organisations.

Initially the aim was that KNGF would host this conference in the second half of 2014. However, the KNGF has moved its conference to the spring of 2014 to coincide with the celebrations surrounding their 125th anniversary. The PI WG proposes to postpone the 3rd Conference on Clinical Guidelines to 2015 to allow for a more thorough preparation and logical timing of the conference.

4. To investigate if the Agree instrument, Adapte, is useful for the implementation of Guidelines
The development of guidelines to promote optimal and high quality practice requires substantial resources. The ADAPTE Collaboration has developed a systematic approach, ADAPTE. ADAPTE aims at the adaptation of guidelines produced for use in one cultural and organizational context, to be applied in different cultural and organizational context. The AGREE instrument is included as a tool in the ADAPTE.

Following the development and evaluation of the manual and resource toolkit, the ADAPTE Collaboration decided to use G-I-N to make all resources available to the international community. The G-I-N Adaptation Working Group was established in order to support and facilitate involvement of G-I-N members. This Working Group focuses on supporting methods for efficient guideline development. Through the adaptation of existing guidelines and other sources of evidence syntheses. They will also provide support and training to groups undertaking adaptation projects. Lastly the Working Group will redefine the resource toolkit and develop additional adaptation resources.

Lessons learnt about guideline adaptation (i.e. facilitators, barriers and resource implications) will be shared world-wide. The Working Group will also focus on improving the use of EnGINe to communicate news regarding guideline development.

Considering the fact that G-I-N is positioned as a central organization for collaboration on guideline development and adaptation, the PI WG hopes to facilitate participation of ER-WCPT representatives in the various working groups initiated by G-I-N.
5. To keep the clinical and multidisciplinary guidelines database updated

The most recent update of the guidelines database was completed in January 2014. This means that the database now contains both the older as well as the most recent guidelines.

For future maintenance the PI WG intends to update the database every two years, based on the average time needed to develop a guideline (24-35 months).

A presentation about the database will be held at the General Meeting. A solitaire report is made in which the database is presented.