NICE National Institute for Health and Care Excellence

Guidance producer:	**The Society and College of Radiographers**
Guidance product:	**Clinical practice guidelines**
Date:	**02 June 2015**
Version:	**1.3**

Final Accreditation Report

Contents

Introduction

The NICE Accreditation Programme recognises organisations that demonstrate high standards in producing health or social care guidance. Users of the accredited guidance can therefore have high confidence in the quality of the information. Organisations may publicly display a seal of approval called an Accreditation Mark for 5 years after their processes have been accredited. The process for accrediting producers of guidance and recommendations for practice is described in the process manual.

Accreditation recommendation

NICE has accredited the process used by **The Society and College of Radiographers** to produce **Clinical Practice Guidelines**. Accreditation is valid for 5 years from **14 May 2015** and is applicable to guidance produced using the processes described in **'Process manual for practice guideline development' (2015)**.

Background to the guidance producer

The Society and College of Radiographers is the professional body for the radiographic workforce. It gives professional leadership and guides and supports professional development in the interests of patients and high quality health and care services. An important role of the organisation is the production of clinical guidelines for professional practice, covering care and interventions in a radiographic setting. These guidelines are aimed at a professional audience but information for patients is also developed for some guidelines.

Summary

The Accreditation Advisory Committee considered that the processes used by the Society and College of Radiographers to produce clinical practice guidelines demonstrated compliance with 22 of the 25 criteria for accreditation.

The scope and purpose of the guidelines are clear and the recommendations are provided in reference to specific clinical circumstances. The process requires that lay

people and relevant professionals including target users are involved throughout the process but in the examples assessed lay members were only consistently involved in reviewing drafts. All guidelines are developed by systematic, transparent methods. The strength of the evidence and the risks, benefits and side effects are considered. All guidelines are externally peer reviewed and the processes for reviewing and updating the guidance is clear.

The recommendations and any options for management are clear, in a format suitable for the target users. Support tools and audit criteria are provided to aid implementation, and organisational and financial barriers are considered. Development of the recommendations is independent from any external funding source. The policy for managing conflicts of interest has recently been updated to state what action to take for different types of interest and to ensure the Chairs of development groups cannot have any conflicts of interest. No guidelines have been developed using the updated policy at the time of writing, but the possibility of bias is accounted for in the new process and accreditation will apply only to guidelines produced following the new process.

Recommendations to improve the process used to produce clinical practice guidelines include:

- consistently including lay people or representatives of patient groups in the core group responsible for scoping and developing draft recommendations
- ensuring that the revised process for managing conflicts of interest is adhered to

Professor Martin Underwood

Chair, Accreditation Advisory Committee

June 2015

Implementation

Following accreditation, guidance from the accredited producer will be identified on NICE Evidence by the Accreditation Mark. The accredited guidance producer is also granted a royalty-free, worldwide licence to use the NICE Accreditation Mark in accordance with the Conditions and Terms of Use. Providing these conditions are met, a guidance producer's accreditation will last for 5 years from publication of approval on the NICE Evidence website.

Accredited guidance producers must take reasonable steps to ensure the accredited processes are followed when generating the type of evidence for which they are accredited. Accredited guidance producers should have quality assurance mechanisms in place and must inform NICE accreditation within 30 days if any significant change is made to a process.

Figure 1: The NICE Accreditation Mark

Appendix A: NICE Accreditation analysis

The Accreditation Advisory Committee considered the following analysis of the guidance producer's compliance with NICE Accreditation criteria, which covers 6 discrete domains. The full analysis leading to the accreditation decision is shown below.

	Criterion	Evidence for meeting the criterion	Accreditation decision
Scope and purpose	**Does the guidance producer have a policy in place and adhered to that requires them to explicitly detail:**		
	1.1 Overall objective	Appendix F of the process manual[1] provides a guideline template that requires the overall objective of the guidelines to be stated. The guidance examples[2,3] detail the overall objectives.	Criterion met
	1.2 The clinical, healthcare or social questions covered	The process manual[1] requires the clinical, healthcare, social, financial and organisational questions to be identified in the scope and to inform the search strategies. It is suggested that clinical questions are formulated using a recognised system such as the population, intervention, comparator, outcomes (PICO) framework. Both guidance examples[2,3] state the key questions addressed.	Criterion met

	Criterion	Evidence for meeting the criterion	Accreditation decision
	1.3 Population and/or target audience to whom the guidance applies	The process manual[1] requires the target population and audience to be identified during scoping. The guidance template in appendix F of the manual[1] requires the target population and audience to be stated in the guidance. Both guidance examples[2,3] clearly identify the target audiences and populations for the guidelines.	Criterion met
	1.4 Guidance includes clear recommendations in reference to specific clinical, healthcare or social circumstances	The process manual[1] requires the settings and circumstances in which the recommendations apply, and any notable exclusions to those circumstances, to be stated. The circumstances in which the recommendations apply are clear in the guidance[2,3].	Criterion met
Stakeholder involvement	**Does the guidance producer have a policy in place and adhered to that means it includes:**		
	2.1 Individuals from all relevant stakeholder groups, including patient groups, in developing guidance	The process[1] requires relevant professionals and patients to be involved in development as members of the core group and also through wider stakeholder engagement. The core group develops the scope, formulates questions, identifies evidence and develops draft recommendations for review by the wider stakeholder group. Both guidelines included relevant professional members, but not lay members, in the core group. Lay individuals were involved in reviewing drafts of the guidance however, and in scoping for the skin care guideline[3].	Not fully met

	Criterion	Evidence for meeting the criterion	Accreditation decision
	2.2 Patient and service user representatives and seeks patient views and preferences in developing guidance	The process[1] requires lay or patient involvement through the core group and through wider stakeholder involvement. The core group has more influence over the recommendations than the stakeholder group. The process states that all stakeholders should have clear guidance to enable effective participation and that lay members may receive help in interpreting evidence and structuring their comments. In the guidelines assessed[2,3], lay people were not part of the core group but were involved in reviewing drafts of the guidance and in scoping of the skin care guideline[3].	Not fully met
	2.3 Representative intended users in developing guidance.	The process[1] requires target users to be involved in development as members of the core group and through wider stakeholder engagement. The guideline template requires core group and stakeholder membership to be stated. Both guidelines examined[2,3] demonstrate the involvement of target users through the membership of the core and stakeholder groups.	Criterion met
Rigour of	**Does the guidance producer have a clear policy in place that:**		

	Criterion	Evidence for meeting the criterion	Accreditation decision
development	3.1 Requires the guidance producer to use systematic methods to search for evidence and provide details of the search strategy	The process[1] requires a systematic search. Sources of quantitative and qualitative evidence, along with expert opinion, may be considered. The guideline template in appendix F[1] provides a clear requirement to document the methods used. Both guidelines examined[2,3] provide details of the search strategy.	Criterion met
	3.2 Requires the guidance producers to state the criteria and reasons for inclusion or exclusion of evidence identified by the evidence review	The process[1] requires that reasons for exclusion of evidence should be explicitly documented on a data extraction template and in the guidance. Both guidelines[2,3] detail the reasons for inclusion and exclusion of evidence. Reasons for exclusion include irrelevance, limitations on study types and the quality of evidence. In both guidelines[2,3] the numbers of included and excluded studies are provided.	Criterion met

	Criterion		Evidence for meeting the criterion	Accreditation decision
	3.3	Describes the strengths and limitations of the body of evidence and acknowledges any areas of uncertainty	The process[1] requires the quality of evidence to be assessed transparently. The data extraction template in appendix D of the manual[1] requires authors to document the quality, limitations and relevance of evidence. The process requires that the guidelines indicate the strength of the evidence and recommends the use of formal grading systems such as the Grading of Recommendations, Assessment, Development and Evaluation (GRADE) or the Scottish Intercollegiate Guidelines Network (SIGN) frameworks; although their limitations are recognised and it is stated authors can choose their own methods. Both guidelines[2,3] provide a discussion of the strengths, weaknesses and areas of uncertainty in the evidence. The skin care guideline[3] uses SIGN levels of evidence and the dementia care guideline[2] provides a narrative description and explains why this method was used.	Criterion met
	3.4	Describes the method used to arrive at recommendations (for example, a voting system or formal consensus techniques like Delphi consensus)	The process[1] states that the core group drafts recommendations using informal or formal consensus methods at their discretion, with the majority view prevailing where there is disagreement. This process is repeated following feedback from the stakeholder group. The guideline template in appendix F of the process manual requires authors to state how recommendations were developed, including how consensus was achieved. Both guidelines[2,3] state how recommendations were arrived at through consensus, considering the views of the stakeholder groups.	Criterion met

	Criterion	Evidence for meeting the criterion	Accreditation decision
	3.5 Requires the guidance producers to consider the health benefits against the side effects and risks in formulating recommendations	The process[1] requires guidance developers to consider the health benefits, side effects and risks of different treatment options. Both guidelines[2,3] provide some discussion of benefits, risks, safety issues or side effects.	Criterion met
	3.6 Describes the processes of external peer review	The process[1] states that final drafts should be peer-reviewed by external experts who are required to complete a form detailing their findings. Both guidelines[2,3] provide details of external peer review.	Criterion met
	3.7 Describes the process of updating guidance and maintaining and improving guidance quality	The process[1] provides a 3-yearly review cycle as standard for each guideline. It also describes the circumstances in which an unscheduled review may be required, due to important new evidence, policy changes or new technologies. The guidance producer uses its networks of clinicians and special interest practice groups to keep abreast of changes in the field. A central team is responsible for identifying new evidence between planned updates. Both example guidelines[2,3] explain the 3-yearly review cycle, with the possibility of an earlier update if significant new evidence emerges.	Criterion met
Clarity and	**Does the guidance producer ensure that:**		

	Criterion		Evidence for meeting the criterion	Accreditation decision
presentation	4.1	Recommendations are specific, unambiguous and clearly identifiable	The process[1] requires recommendations to be clear, accessible and unambiguous. The guideline template provided in appendix F[1] ensures recommendations are clearly identifiable. In both guidelines[2,3] the recommendations are specific, unambiguous and clearly identifiable.	Criterion met
	4.2	Different options for the management of the condition or options for intervention are clearly presented	The process[1] states that if there are different options available for managing an examination or intervention, they should be set out clearly in the guidance. In both example guidelines[2,3] options are presented where they are available; for example different methods of providing reassurance to patients, or different skin care methods depending on patient preference.	Criterion met
	4.3	The date of search, the date of publication or last update and the proposed date for review are clearly stated	The guideline template in appendix F of the process[1] requires the dates of search, publication and review to be stated. These key dates are provided in both guidelines[2,3] assessed.	Criterion met
	4.4	The content of the guidance is suitable for the specified target audience. If patients or service users are part of this audience, the language should be appropriate.	The process[1] ensures target users are involved throughout guidance development and review. This helps to ensure the content of the guidance is suitable for those professionals. The guidelines[2,3] are clearly written and are suitable for the target audience. The patient information leaflet[4] for the skin care guideline appears suitable for a lay audience, having been reviewed by service users.	Criterion met

	Criterion	Evidence for meeting the criterion	Accreditation decision
Applicability	**Does the guidance producer routinely consider:**		
	5.1 Publishing support tools to aid implementation of guidance	The process[1] states that materials to support implementation should be considered and provides example categories of support tools. These include summary documents, implementation guidance, impact measures, learning resources and audit tools. Support tools are provided for both guidelines[2,3], including summary documents, implementation guidance[5], and a patient information leaflet[4].	Criterion met
	5.2 Discussion of potential organisational and financial barriers in applying its recommendations	The process[1] states that implementation guidance should be developed that considers resource implications and potential barriers to implementation. The guidance template in appendix F of the manual[1] explicitly requires discussion of potential organisational or financial barriers to implementation. Both example guidelines[2,3] discuss organisational barriers. Financial barriers are discussed in the dementia care guideline[2], for which implementation guidance[5] has also been developed. The skin care guideline[3] states that financial barriers were considered but nothing significant was identified.	Criterion met

	Criterion	Evidence for meeting the criterion	Accreditation decision
	5.3 Review criteria for monitoring and/or audit purposes within each product.	The process[1] requires the consideration of development of audit tools to evaluate the effectiveness of implementation. The guideline template in appendix F of the process manual[1] requires details of any audit tools to be provided. Audit criteria have been developed for both guidelines[2,3].	Criterion met
Editorial independence	**Does the guidance producer:**		
	6.1 Ensure editorial independence from the funding body	The process[1] states that no external funding is sought. Guidelines are developed by volunteers, with the exception of those undertaking specific work such as literature searches, who may be paid for their time by the guidance producer. Both guidelines[2,3] contain sections on funding arrangements that state the guidelines were developed by volunteers, with the exception of an academic researcher who was paid to conduct the literature searches, and the Chair of the dementia care guideline[2] who was an independent consultant from an unrelated field.	Criterion met
	6.2 Demonstrate transparency about the funding mechanisms for its guidance	The College of Radiographers is a charity and its annual financial reports are available on the Charity Commission website[6]. Guidelines are developed by volunteers, except for those undertaking specific tasks such as literature searches. Both guidelines[2,3] contain sections on funding arrangements that aid transparency and confirm the stated process has been adhered to.	Criterion met

	Criterion		Evidence for meeting the criterion	Accreditation decision
	6.3	Record and state any potential conflicts of interest of individuals involved in developing the recommendations	The process[1] requires a full disclosure of any interests according to different categories, including both financial and non-financial interests. Guidelines contain a section to detail any interests. In the guidance examples assessed[2,3] it is stated that those involved in development did not have any competing interests. The process[1] was amended in May 2015 to provide more detailed guidance on how to manage interests in different categories and that the Chair cannot have any interests. No evidence of implementation of these amendments is available yet.	Not fully met
	6.4	Take account of any potential for bias in the conclusions or recommendations of the guidance	The process[1] is systematic, transparent and multidisciplinary. Recommendations are developed by volunteers aside from some paid functions such as the literature review, and development of the recommendations is independent from any funding source. All individuals including peer reviewers are required to declare any conflicts of interest. Those involved in development declared no interest for the guidelines examined [2,3]. In May 2015 further details were added to the process[1] to manage any interests and ensure the Chair cannot have any conflicts of interest. Accreditation is valid from the start date of these amendments so the potential for bias is accounted for in the process, for the period covered.	Criterion met

1 Process manual for practice guideline development (2015)

2 Caring for people with dementia and their carers (2015)

3 Skin care advice for patients undergoing radical external beam megavoltage radiotherapy (2015)

4 Radiotherapy skin reactions: Information for patients receiving radical treatment (2015)

5 Caring for people with dementia and their carers – implementation guidance (2015)

6 The College of Radiographers – Charity Commission website

Appendix B: Bibliography

Appendix B lists the additional information taken into account in the analysis and considered by the committee.

Document name	Description	Location
Caring for people with dementia guideline - Audit Checklist Dec 2014	Audit criteria and advice for local audit	Supplied
Caring for people with dementia guideline - Implementation Guidance	Implementation guidance	http://www.sor.org/learning/document-library/caring-people-dementia-clinical-practice-guideline-radiography-workforce-imaging-and-radiotherapy-1
Practice Guideline Caring for people with dementia and their carers	Guidance example	http://www.sor.org/learning/document-library/caring-people-dementia-clinical-practice-guideline-radiography-workforce-imaging-and-radiotherapy
Practice Guideline radiotherapy skin care	Guidance example	http://www.sor.org/learning/document-library/skin-care-advice-patients-undergoing-radical-external-beam-megavoltage-radiotherapy-0
Process Manual Appendices	Process document	Supplied
Process Manual for Guideline Development	Process document	Supplied
Skin Care Appendix 12 - patient information sheet	Information for patients	http://www.sor.org/printpdf/book/export/html/12832

Appendix C: NICE Accreditation Advisory Committee, external advisers and NICE Accreditation team

NICE Accreditation Advisory Committee

The NICE Accreditation Advisory Committee operates as a standing advisory committee of the Board of the National Institute for Health and Care Excellence (NICE). The Committee provides advice to NICE on a framework for accrediting sources of evidence that should be recognised as trusted sources of information for the NHS. The Chair of the Committee is appointed by the NICE Board and the meetings are conducted by the chair or in his/her absence the vice chair. The current Chair is Martin Underwood. A full list of the Accreditation Advisory Committee membership is available on the NICE website. Members are appointed for a period of 3 years. This may be extended by mutual agreement for a further 3 years, up to a maximum term of office of 10 years.

The decisions of the Committee are arrived at by a consensus of the members present. The quorum is set at 50% of committee membership. The Committee submits its recommendations to the NICE Publications executive which acts under delegated powers of the NICE Board in considering and approving its recommendations.

Committee members are asked to declare any interests in the guidance producer to be accredited. If it is considered that there is a conflict of interest, the member(s) is excluded from participating further in the discussions. Committee members who took part in the discussions for this accreditation decision are listed below.

Title	Name	Surname	Role	Organisation
Ms	Judy	Birch	Lay Member	
Mr	Richard	Brownhill	Deputy General Manager for Emergency Care	Sheffield Teaching Hospitals NHS Trust
Professor	Ann	Caress	Professor of Nursing	University of Manchester and UHSM NHSFT
Ms	Susan	Cervetto	Senior Appraisal Pharmacist	All Wales Therapeutics & Toxicology Centre

Ms	Lynda	Cox	Knowledge and Information Lead	NHS England
Ms	Joyce	Epstein	Lay member	
Dr	Elvira	Garcia	Consultant in Public Health Medicine	
Ms	Diana	Gordon	Company Director	DRG Consultants
Ms	Angela	Green	Lead clinical research therapist	Hull and East Yorkshire Hospitals NHS Trust
Dr	Steve	Hajioff	General Practitioner and Public Health Consultant	Public Health England
Dr	Anthony	Larkin	General Practitioner	The Alexandra Practice
Professor	Donal	O'Donoghue	Consultant Renal Physician	Salford Royal NHS Foundation Trust and Honorary Professor of Renal Medicine, University Of Manchester
Dr	Mahendra	Patel	Principal Enterprise Fellow in Pharmacy	University of Huddersfield
Dr	Karen	Ritchie	Head of Knowledge and Information	Healthcare Improvement Scotland
Ms	Mandy	Sainty	Research and Development Manager	College of Occupational Therapists
Dr	Sara	Twaddle	Director of Evidence	Healthcare Improvement Scotland
Professor	Martin	Underwood	Director	Warwick Clinical Trials Unit
Dr	Charles	Young	VP & Publishing Director	Wiley-Blackwell

External Advisers for this accreditation application

Dr Phillip Bairstow, Manager, Diagnostic Imaging Pathways, Royal Perth Hospital, Australia

Dr Lorna Thomson, Health Services Researcher, Healthcare Improvement Scotland, UK

NICE Accreditation team for this accreditation application

James Stone, Accreditation Technical Analyst, National Institute for Health and Clinical Excellence, Manchester, UK

Victoria Carter, Senior Accreditation Technical Analyst, National Institute for Health and Care Excellence, Manchester, UK