Scottish Dental
Clinical Effectiveness Programme

Guidance Development Process Manual

Version 3.0
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Version 1.0	April 2015	First version of Process Manual to document SDCEP guidance development process.
Version 1.1	May 2015	Minor revisions made to clarify description of process; no changes to methodology.
Version 1.2	November 2015	Minor revisions made to clarify description of process; no changes to methodology.
Version 1.3	February 2016	Minor revisions made to clarify description of process (sections 3.1, 3.2, 3.4, 5, 6 & 12). Amendment to Declaration of Interests policy for expert peer reviewers (sections 3.4 & 8). Amendment to sections 6 & 12 on reporting of barriers to implementation.
Version 1.4	May 2018	Amendment to Section 13 Procedure for Updating Guidance, to change scheduled review period from 3 to 5 years.
Version 2.0	February 2019	Full review of version accepted for NICE accreditation (Version 1.3 February 2016) Minor revisions made to improve clarity and Appendix 3 updated.
Version 3.0	May 2024	Full review of version accepted for NICE re-accreditation in March 2021 (Version 2.0 February 2019). Minor revisions made to correct outdated information; formatting updated to improve accessibility; Section 10 updated to incorporate web-based guidance.

A review of this process manual will take place no later than 5 years from the date of the current version.

Contents

1 Introduction

1.1 About SDCEP

SDCEP was established in 2004 under the auspices of the National Dental Advisory Committee to give a structured approach to providing clinical guidance for the dental profession. Since then, SDCEP has become established within the Dental Directorate of NHS Education for Scotland (NES) and provides an important link between best practice guidance and dental education and training. The programme's primary aim is to develop guidance that supports dental teams to provide quality patient care. SDCEP brings together the best available information that is relevant to priority areas in oral health care, and presents guidance on best practice in a form that can be interpreted easily and implemented. The guidance recommendations may be based on a variety of sources of information, including research evidence, guidelines, legislation, policies and expert opinion as appropriate to the subject. SDCEP guidance takes a variety of forms to suit the diverse topics being addressed.

Recognising that publication of guidance alone is likely to have a limited influence on practice, SDCEP also contributes to the research and development of interventions to enhance the translation of guidance recommendations into practice through its participation in the Translation Research in a Dental Setting (TRiaDS) collaboration (www.triads.org.uk).

SDCEP is funded by NES, which is NHS Scotland's education and training body and works in partnership with NHS health boards and other organisations to support the education and training of the full NHS workforce. The views of NES do not influence the recommendations made in SDCEP guidance and this is indicated in new and updated guidance.

1.2 Steering Group and Programme Development Team

The SDCEP Steering Group oversees all the activities of the Scottish Dental Clinical Effectiveness Programme and includes representatives of each active Guidance Development Group (GDG) and various stakeholder organisations. The Steering Group meet 2 or 3 times per year and advise the Programme Development Team (PDT) on the suitability of proposed guidance topics.

The PDT is responsible for the methodology of guidance development and provides project management and administrative support to each (GDG). Details of the PDT and the current membership of the Steering Group are available on the SDCEP website (www.sdcep.org.uk).

1.3 Statement of Intent

SDCEP guidance is based on a careful consideration of available evidence, expert opinion, current legislation and professional regulations as appropriate to the topic. Clinicians are advised that the guidance should be taken into account when making decisions, in discussion with the patient and/or carer. SDCEP guidance does not override the clinician's right, and duty, to make decisions appropriate to each patient with their valid consent. Clinicians are advised that any significant departures from the guidance, and the reason for this, should be fully documented in the patient's clinical record.

1.4 Overview of the SDCEP Guidance Development Process

Development of SDCEP guidance can be summarised as follows:

- Topic proposal and selection;
- GDG selection;
- Scoping including horizon scanning literature review and baseline research on stakeholder attitudes to the topic and proposed guidance;
- Agreement on scope and key clinical questions;
- Preparation of draft guidance for consultation including:
  - systematic literature review,
  - evidence appraisal, synthesis and summary,
  - considered judgement(s),
  - formulating recommendation(s),
  - grading recommendation(s);
- Open consultation and peer review;
- Review of consultation feedback and revision of the guidance and other related products;
- Targeted external expert review[§] and further amendment of the guidance;
- Final draft sign off;
- Design for publication;
- Dissemination and implementation.

A flowchart that illustrates in more detail the SDCEP process that underpins the preparation of draft guidance is shown in Appendix 1.

1.5 Role of the SDCEP Programme Development Team

The SDCEP Programme Development Team (PDT) facilitates all aspects of guidance development including:

- appointment of GDG members;
- initial project scoping;
- formulation of potential key clinical questions;
- searching for and appraising information and evidence;
- contributing to knowledge translation research related to the guidance topic;
- drafting and editing the guidance;
- liaising with external organisations;
- managing the design, publication and dissemination of guidance materials.

[§] For some guidance topics additional targeted external expert review is carried out to supplement consultation and peer review (see Sections 7 and 8).

1.6 Implementation of SDCEP Guidance

A consistent finding in health services research is that the translation of research findings into practice is unpredictable and can be a slow and haphazard process, and it has been demonstrated that the simple publication and distribution of clinical guidance is unlikely to optimise practice.

TRiaDS (Translation Research in a Dental Setting) is a multi-disciplinary research collaboration that was formed to develop a programme of knowledge translation research embedded within the SDCEP guidance development process.[1] It has public, academic, policy, service and professional members and operates within NHS Education for Scotland.

As a research collaboration, TRiaDS aims to develop and evaluate the implementation of strategies to improve knowledge translation into practice. TRiaDS provides a research laboratory for the provision and exchange of evidence-based information between the TRiaDS collaboration, healthcare professionals, educators and policy makers on how best to translate service and educational initiatives into routine clinical practice.

For SDCEP guidance, a diagnostic analysis is undertaken alongside the guidance development process and information is gathered about current dental care activities. Where appropriate, key recommendations from the guidance document and their associated behaviours are identified and prioritised. Stakeholder questionnaires, interviews and/or focus groups are used to identify and elicit salient beliefs regarding potential barriers and enablers towards these key recommendations and behaviours. Where possible, routinely collected data are used to measure compliance with the guidance and to inform decisions about whether a knowledge translation intervention is required. Interventions are theory based and informed by evidence gathered during the diagnostic phase and by previously published evidence. Interventions are evaluated using a range of experimental and quasi-experimental study designs, and data collection continues beyond the end of the intervention to investigate the sustainability of an intervention effect.

The integration of knowledge translation research and SDCEP guidance development activities is described by the TRiaDS framework.[1]

2 Identifying and Selecting Topics for Guidance Development

SDCEP develops guidance to support the provision of safe, effective, person-centred patient care and to improve oral health in Scotland. Any individual, group or organisation may propose a topic for guidance development by SDCEP by completing and submitting the topic proposal form. The Programme Development Team (PDT) is responsible for administering new project proposals and for carrying out preliminary scoping work, including horizon-scanning literature reviews and searches for other relevant guidance, regulations or legislation. A decision on whether to approve a topic for guidance development is made jointly by the PDT and the Steering Group, taking into account the feasibility of the proposed

[1] Clarkson JE, Ramsay CR, Eccles MP, et al. The translation research in a dental setting (TRiaDS) programme protocol. *Implementation Science : IS.* 2010;5:57.

new topic, the likely impact on the activities of the Programme if the project is approved and the following selection criteria:

- The proposed topic is related to:
  - a condition or process associated with significant morbidity or mortality;
  - interventions or practices that could:
    - significantly improve patient or carers' quality of life;
    - reduce avoidable morbidity;
    - reduce inequalities in health;
    - improve the provision of patient care;
    - prevent oral and dental disease.
  - a priority for the health service or government;
  - interventions or practices that might have a significant impact on the financial or other resources of the NHS or society in general;
  - interventions that the NHS could stop using without impairing cost-effective patient care, thus freeing up resources.
- The proposed guidance will help reduce or avoid inappropriate:
  - clinical practice;
  - variation in clinical practice;
  - variation in access to interventions or treatment.
- The proposed guidance will still be relevant at the expected date of publication.
- There are other reasons why guidance is urgently needed, for example where there is significant public concern about the proposed topic.

3 Stakeholder Involvement

3.1 Guidance Development Group

For each guidance topic, a multidisciplinary guidance development group (GDG) which includes dental, and in some cases medical, health professionals with a particular expertise or experience in the subject area is convened to develop the guidance. GDG members representing a diverse range of professional roles are recruited to the group along with patients and/or service users. SDCEP aims to recruit at least two patients to each group wherever possible to support active participation and to obtain additional perspectives.

To recruit patients for a GDG, other healthcare bodies with patient networks and/or other organisations with an interest in the topic, such as patient support groups or charities for particular health conditions relevant to the guidance topic are asked to either circulate the recruitment details or nominate potentially suitable individuals.

Steps are taken to support patients involved in guidance development. Patients are provided with the *NES Volunteer Handbook* which contain information about training and support available. SDCEP supports patients through informal communications to discuss their role in the guidance development and their needs to fulfil this, preliminary informal meetings to allow them to meet the chair and guidance

developers, and offers of further discussion and support during the process. Detailed information about the guidance development process and methodology is provided to all GDG members including patients prior to and during meetings, with further explanation and discussion provided for patients or other members as required. As for all members of the GDG, SDCEP try to schedule online or face-to face meetings at suitable times, organise travel and overnight stays if required and will accommodate any specific requirements identified wherever possible.

Patient views are also sought through methods such as focus groups, interviews or bespoke surveys or through contact with appropriate charities, organisations or support groups (see Section 3.2) and this information is presented and considered at GDG meetings.

Each GDG includes dental team members (e.g. dentists, dental nurses, dental hygienists/therapists as appropriate to the topic) to represent end-users of the guidance and individuals who will be aware of the challenges of a given topic. Each GDG has a clinical chair.

The GDG comprises a majority of members who are not NES employees, which helps to ensure editorial independence. The membership details of the GDG are included in the guidance document. GDG members are eligible to claim travel and subsistence expenses and reimbursement for clinical sessions. Appendix 2 describes the roles and responsibilities of the GDG.

3.2 Stakeholder Engagement

In addition to stakeholder membership of the GDG, we aim to obtain the views of target users and patients through activities carried out during the course of guidance development.

Interviews or surveys of guidance end-users are conducted at the outset of the guidance development process to gauge current practice, to identify any gaps in knowledge/best practice, to determine the attitudes of end-users towards the proposed guidance topic and to identify what end-users would like to see in the finished guidance. Patient views are sought through methods such as surveys, questionnaires, interviews, focus groups or literature reviews with the method used depending on the appropriateness for the topic.

Once a suitably comprehensive draft of the guidance is complete, this is made publicly available throughout the open consultation and peer review period (see Section 7). Individuals and professional and patient-representative bodies with a specific interest in the guidance topic, and those involved in the organisation of dental services and education in Scotland are contacted directly to notify them of the open consultation and peer review period. To obtain feedback from the end-users of the guidance, dental practitioners in Scotland are notified that the consultation draft is available and are invited to comment. Interviews with end-users to obtain more detailed feedback may also be carried out. External topic experts and guideline development methodologist(s) may be specifically invited to contribute, at this time or during an additional targeted external expert review (see Section 8). Following completion of the open consultation and peer review period, all comments are reviewed and considered to inform further development of the guidance.

3.3 Equality and Diversity

To ensure that equality and diversity issues are addressed within individual guidance projects, stakeholder views are sought during scoping of the topic and throughout the guidance development process. Formal questions about potential inequalities are asked during open consultation and peer review and as part of the external expert review if this process is included. Where potential issues are identified, the guidance content and/or format are amended where appropriate to address these.

3.4 Conflicts of Interest

Contributors to the Programme are required to declare their financial and non-financial interests by completion of the SDCEP Declaration of Interests form, which is updated annually. This includes all GDG members, the SDCEP Steering Group, guidance development team, researchers and other SDCEP staff. At each group meeting, participants are asked to confirm whether there are any changes to their interests. External experts who we specifically invite to contribute at the open consultation and peer review or targeted external expert review stages are also asked to complete the Declaration of Interests form.

The guidance developers identify any declared interests stated in the submitted declaration of interests forms and raise these initially with the group chair and/or other group members. Members of the programme development team facilitate the discussions about interests and, where an interest is judged to constitute a potential conflict, indicate the available management options for consideration. These options include the member only contributing as an expert witness without decision making powers, or being excluded from part or all of the development process. The chair of the SDCEP Steering Group is informed of the proposed action to manage potential conflicts. If there is uncertainty about the appropriate action, the Steering Group is called upon to make a judgement.

Individuals with a conflict of interest are ineligible to chair a GDG. All declarations of interest and decisions about potential conflicts of interest are recorded and are available on request.

4 Defining the Scope of the Guidance

Once a topic has been accepted for guidance development, a provisional scope is developed by the PDT and the Chair of the GDG. The scope details the aims of the guidance (and why it is needed), the expected benefits, the patient groups and conditions to be covered, aspects of clinical management to be included, target healthcare settings and professional users. Clinical conditions, healthcare settings or other areas which will not be included in the scope are stated.

SDCEP guidance is developed primarily for dental professionals in primary care practice, including the general dental service, the public dental service and private practice. The guidance is also of relevance to the secondary care dental service, those involved in dental education and undergraduate trainees and may contain information for other healthcare professionals. In general, all individuals who require dental care are within the target population for SDCEP guidance; individual guidance publications identify any specific target patient or audience groups.

To inform the scope, the Translation Research in a Dental Setting (TRiaDS) team investigate stakeholder attitudes to the proposed guidance topic and variation in professional behaviour. Views of stakeholders and information on current practice may be obtained via telephone interviews, focus groups or questionnaire surveys.

The provisional scope is approved by the GDG (or in some cases a core group within the GDG), with agreed revisions where required. Both the scope and the results of the TRiaDS research are then used to define the key clinical questions that the guidance recommendations will address. These questions are often formulated around different management options.

The agreed scope is stated in the introductory sections of each guidance.

5 Literature Review

SDCEP endeavours to use a methodology for guidance development that mirrors that used to develop high quality guidelines. It aims to be transparent, systematic and to adhere as far as possible to international standards set out by the Appraisal of Guidelines Research and Evaluation (AGREE) Collaboration (www.agreetrust.org).

The guiding principle for developing guidance within SDCEP is to first source, using a comprehensive search strategy, existing guidelines and systematic reviews and, as appropriate to the topic, policy documents, legislation or other recommendations. These documents are appraised for their quality of development, evidence base and applicability to the remit of the guidance under development. In the absence of these documents or when supplementary information is required, other published literature and unpublished work may be sought.

For each guidance development topic, a list of key clinical questions related to the scope of the guidance is agreed by the GDG. Comprehensive searches of electronic databases, including Medline, Embase, CINAHL, the Cochrane Database of Systematic Reviews, the Cochrane Database of Abstracts of Reviews of Effects, Epistemonikos, Best Practice (Guidelines) and Web of Science Proceedings, are then conducted. The dates of the searches are stated in the guidance, with date limits if applied, and the search strategy for each guidance is documented and is available in accompanying methods documents or from SDCEP on request. The articles retrieved from the comprehensive database search are screened independently by two reviewers for eligibility. Any inconsistencies between reviewers are revisited and eligibility agreed with input from a third reviewer if necessary.

An article is considered eligible if it meets the following criteria:

1. The article is a systematic review or a guideline.
    - For the purposes of determining eligibility, a systematic review is considered to be an article which includes a methods section, a search of one or more electronic databases and details of included studies.
    - Where there is a lack of systematic reviews covering a specific topic area, the GDG will decide whether to search for other evidence such as primary studies.

2. The article is relevant to the scope of the guidance and the clinical questions compiled by the GDG.

If it is not clear from the abstract whether an article is eligible, the full text is obtained. Once screening is completed, copies of all eligible articles are retrieved in full. Additional manual searching of guideline repositories and other resources, and follow up of citations from relevant articles identified through the systematic search also takes place. Other sources of evidence identified by GDG members at any point in the guidance development process are also considered, taking relevance and methodological quality into account.

Of the articles identified as relevant to the clinical questions compiled by the GDG, precedence is given to the most recent, where of suitable quality, published in English. Each article is quality assessed by a reviewer and the information applicable to the outcomes for each clinical question extracted. To ensure the validity of the assessments, the key evidence supporting guidance recommendations is appraised by an additional reviewer(s) where possible. This can take place in-house or, where feasible, through external sources such as critical commentaries on systematic reviews provided by other organisations.

SDCEP uses recognised systematic methods to assess and rate the quality of evidence obtained; details of the method used are provided in each guidance publication. The GRADE (Grading of Recommendations, Assessment, Development and Evaluation) approach (www.gradeworkinggroup.org) is SDCEP's preferred method for assessing evidence certainty (previously referred to as 'evidence quality'). The AGREE II instrument is used to assess the methodological quality of guidelines (www.agreetrust.org). This is a simple and validated assessment tool that provides an overall quality score for each guideline and an indication of how reliable recommendations from that guideline are.

Appraisal tables summarising the methods, results and conclusions reached by the authors of the synthesised evidence are prepared. These also include an assessment of the quality of the evidence, as determined using the methods described above. Areas where evidence is lacking are also identified.

6 Forming Recommendations

The synthesised evidence for each clinical question is summarised and distributed to members of the GDG to inform and facilitate the development of the guidance recommendations. GDG recommendations are reached either by consensus or, where unanimous agreement is not reached, a voting system is used and the majority opinion accepted. Any disagreement within the group is recorded.

As for the process for the grading of evidence, the development of recommendations follows the GRADE approach, with considered judgements based on the certainty of evidence, the balance of risks and benefits, the values and preferences of the patients, and the limitations and inconveniences of the treatment. The relative importance of each of these criteria for a given recommendation is agreed by the GDG and used to establish the strength of the recommendation. The impact of potential barriers identified during guidance development and through stakeholder involvement and external consultation is also considered when formulating recommendations. Implementation issues and changes made to the recommendations in response to them are documented in a summary for each guidance, available via the SDCEP website.

The agreed key recommendations addressing the clinical questions are communicated in the guidance through text drafted by the SDCEP PDT, with input from the GDG. The wording of the recommendations aims to be clear and unambiguous, and the clinical circumstances and target populations are specified as appropriate. Where there are different management options these are stated with criteria for their use, where possible. Reference to the evidence that supports the recommendations is made in the guidance.

7 Open Consultation and Peer Review

To enable wider input into the development of guidance, a consultation draft is posted on the SDCEP website. Stakeholders, including external experts and patient representative groups, (see Section 3.2) are notified of the consultation period, and invited to comment by completing a bespoke feedback form. The form includes standard questions related to the content and development of the guidance, including free text comments. The feedback form may also include questions about current behaviour and attitudes to the recommendations and potential barriers and facilitators to inform both post-consultation development of the guidance and future investigations on its implementation in practice. Question(s) relating to potential equality issues are included.

The period of open consultation and peer review varies between 4-12 weeks, depending on the complexity of each guidance. For the shorter periods, stakeholders are given advance notification of when the consultation draft will be available. Once the period has ended, a basic descriptive statistical analysis of the feedback is conducted. Free text comments are collated for each question.

The individual comments in the collated feedback are reviewed and proposed responses drafted by the PDT. During this process common themes in the feedback are identified to ensure a consistent approach to comments on the same issue and to form the basis of points for discussion by the GDG. At post-consultation meetings of the GDG the collated consultation feedback is reviewed, common themes discussed, the proposed responses are considered and approved or amended and the responses agreed. Implications for the content and for implementation of the guidance are taken into consideration and revisions to the draft guidance agreed. The agreed responses to the consultation feedback are recorded and the guidance is amended accordingly.

8 Targeted External Expert Review

The Targeted External Expert Review process is primarily a means of additional quality assurance which is carried out for some guidance publications. External experts are asked to comment on the applicability and suitability of the guidance to the intended audience (predominantly primary dental care in Scotland) and to indicate whether they think the process used to develop the guidance was satisfactory. They are also asked to provide any other relevant feedback.

Suitable expert reviewers are identified by both the PDT and members of the GDG. The list generally includes experts in the field, representatives of professional bodies and those with a background in the methodology of guidance development/evidence appraisal. These individuals are invited to review the guidance at a specific date and within a specific timescale and are requested to complete a Declaration of Interests form.

As with the feedback received during the open consultation and peer review process, comments received during targeted external expert review are considered carefully by the GDG and further amendments made to the guidance before publication.

9 Endorsement

The development of SDCEP guidance is supported by representatives of the dental institutions in Scotland and SDCEP guidance is provided to each institution to support undergraduate education and training.

SDCEP guidance is endorsed by professional bodies such as The Dental Faculty of the Royal College of Physicians and Surgeons of Glasgow, The Royal College of Surgeons of Edinburgh, the Faculty of Dental Surgery of the Royal College of Surgeons of England, the Faculty of General Dental Practice (UK) and other professional societies. Endorsing institutions acknowledge SDCEP guidance as a source of reliable, high quality, professional advice that promotes the provision of safe and effective oral health care for patients.

Where appropriate, members of endorsing institutions or other potential endorsers are invited to join the GDG to contribute directly to the development of guidance. Alternatively, these institutions/organisations are asked to comment on the draft guidance at the consultation and/or targeted external expert peer review stage.

10 Presentation

SDCEP has a house style for the design of its guidance publications. Recommendations and clinical practice advice are highlighted to make them easily identifiable, for example by presenting them in a coloured panel with a specific bullet style. The recommendations may also be presented in a summary within the guidance. The date of publication is displayed on the front cover of each guidance document and on the title page inside, or on the homepage of web-based guidance.

The primary target audience for SDCEP guidance is usually dental professionals including dentists, hygienists and therapists and it is also likely to be applicable to trainees and dental educators. The guidance may also have relevance for other healthcare professionals. The language and guidance content aim to be suitable for this audience.

Flowcharts may be used to aid decision making and to present management options. Given the diverse nature of the guidance topics, the format of the guidance can be varied to accommodate priorities for the communication of guidance on a given subject.

10.1 Guidance Formats

Full Guidance

Typically, guidance publications comprise a ‘full guidance’ that includes background information, rationale, sections devoted to each specific aspect of the guidance, the guidance development

methodology, and additional information. Diagrams and photographs to illustrate specific concepts and tools to aid implementation of the guidance may also be included. The guidance includes recommendations and, in some cases, further advice on how to carry out the recommendations.

The full guidance may be presented as a website-based resource and/or provided online as a pdf document suitable for printing by end-users.

Guidance in Brief

Feedback from practitioners indicates a requirement for more concise distillations of the SDCEP guidance. Where provided, the 'Guidance in Brief' versions include the recommendations within the guidance and a limited amount of additional information to aid following the recommendations. In essence, all of the key messages within the full guidance are communicated within the Guidance in Brief.

Quick Reference Guide/Practice Guide

A concise summary of some of the key messages of the guidance may be presented within a Quick Reference Guide or Practice Guide. These guides contain diagrams that illustrate key concepts in the guidance and may be seen as an advert for the more detailed versions or may be used as a reminder of key concepts after having consulted the more detailed documents.

Other Formats

For some guidance topics, resources, such as webcasts or videos, to demonstrate certain aspects of the guidance may be appropriate. Input from the GDG and stakeholders, throughout the guidance development process, informs decisions about the creation of these resources.

10.2 Accessibility

SDCEP guidance is provided in formats that aim to meet current accessibility standards. SDCEP websites meet W3C WCAG 2.1 AA Standards for accessibility.

10.3 Patient Versions

For some guidance topics, it may be appropriate to produce patient versions of the guidance or patient information resources. These may take a variety of formats, such as a poster or leaflet, and are made available to download from the SDCEP website. To ensure that the language and content are suitable, feedback is sought from various sources including patients, practitioners, groups representing or working with patients and expert guidance methodologists.

11 Dissemination

A link to the online guidance is sent to potential users. Users will vary depending on the nature of the guidance topic, but typically include:

- All general dental practitioners in Scotland;
- Institutions and staff involved in dental education in Scotland (dental schools, NES);

- Individuals involved in the organisation of dental services in Scotland (Chief Dental Officer, Consultants in Dental Public Health, Dental Clinical Directors in Health Boards, Dental Practice Advisors);
- Individuals and institutions outside Scotland (Chief Dental Officers, UK dental Schools, dental deaneries).

As appropriate to the guidance topic, other user groups may include:

- Undergraduates (dentistry, oral health science);
- Dental hygienists and hygienist therapists;
- Individual dental practices;
- Medical practitioners;
- Pharmacists;
- Medical Directors and Senior Pharmacists in territorial Health Boards.

12 Implementation

Information about potential barriers to guidance implementation is sought at various stages during the development process such as during scoping, consultation and peer review, targeted external expert review and at other times pre-publication. The guidance recommendations, content and format may be influenced or changed as a result.

For monitoring post-publication implementation of the guidance, the recommendations are first prioritised with input from the GDG. Prior to distribution of the published guidance, TRiaDS conducts a diagnostic study to measure current practice in relation to priority recommendations within the guidance and attitudes towards the guidance topic. Barriers and enablers to adopting the guidance recommendations are investigated. The information gathered is used as a pre-guidance publication baseline measure. A follow-up is then conducted 6-12 months post-publication to monitor how consistent current behaviour is with the guidance recommendations and to inform decisions about whether a further intervention is necessary to support change in practice.

Where possible, individual guidance publications contain recommendations for audit. These are informed by feedback from stakeholders or from the diagnostic study. If appropriate, audit tools may be made available for use nationally.

More information on the implementation of SDCEP guidance can be obtained from the Translation Research in a Dental Setting (TRiaDS) website (www.triads.org.uk). Reports on the specific barriers and enablers for each SDCEP guidance are provided with the published guidance.

13 Reviewing and Updating Guidance

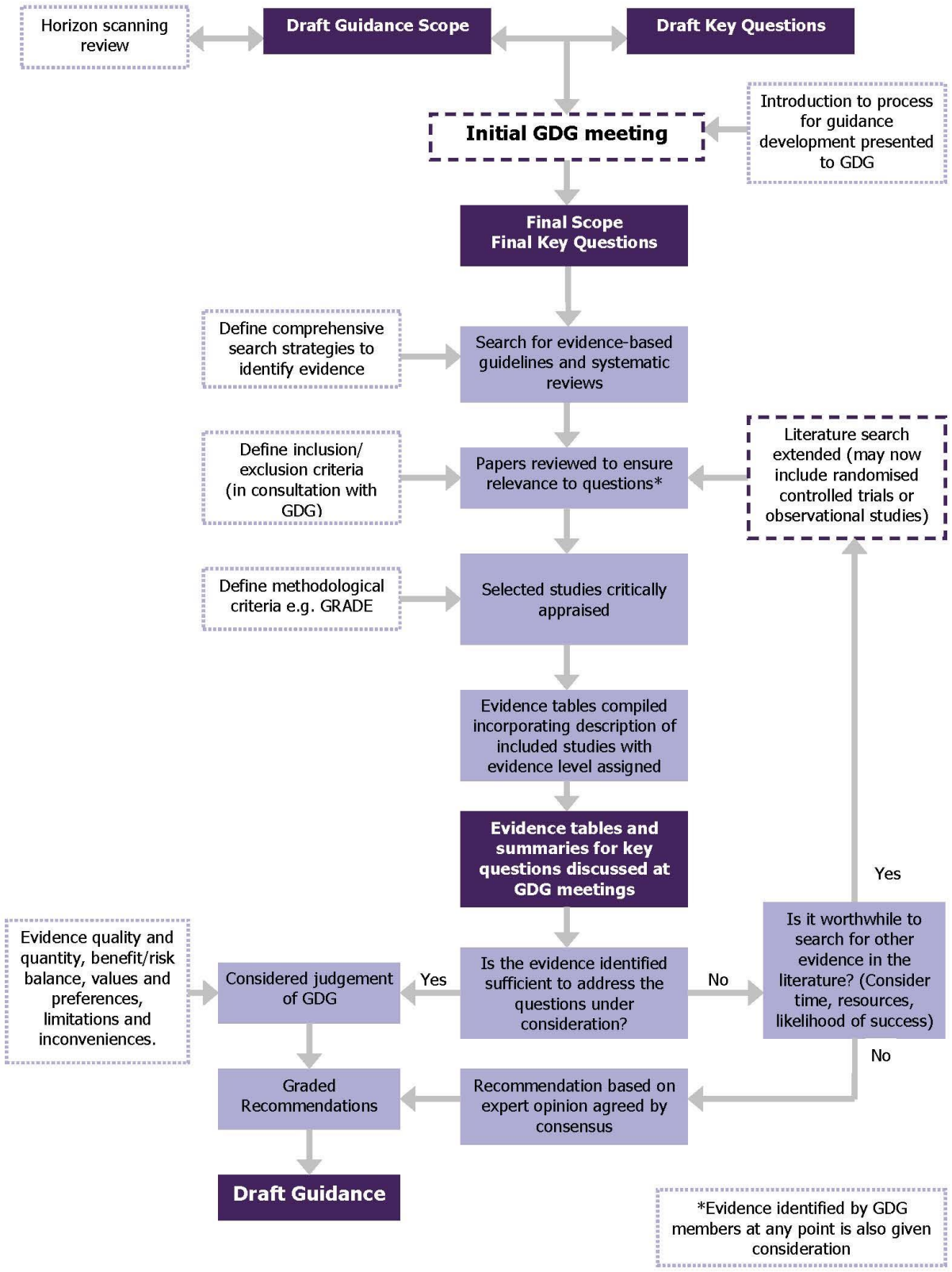
Periodically SDCEP will review published guidance to determine whether it is still current or whether amendments are required. Typically, this will be at intervals of five years and is stated in the guidance and on the SDCEP website.

A review of the published guidance may also be triggered in response to significant changes in the topic area. SDCEP is alerted to these through periodic literature scanning, and by GDG and steering group members or by other advisors. These ad-hoc updates are considered by the steering group and the GDG chair to determine their urgency. The extent of guidance revision and how it will be disseminated is informed by the significance and nature of the update.

A scheduled review involves searching, assessing and considering relevant new evidence and other information that might impact on the guidance and consideration of feedback received about the guidance following initial publication. When updating SDCEP guidance, the guidance development process may be tailored to suit the extent of updating required.

The format of updated guidance will depend on the extent of any amendments that are agreed. For example, the update may comprise a notice posted on the SDCEP website to advise of no change or very minor amendments, a short addendum published online or, when extensive changes are necessary, a new edition. In the latter case, Targeted External Expert Review is conducted to quality assure the updated guidance.

Appendix 1 - SDCEP process for development of draft guidance



Appendix 2 - Overview of GDG Responsibilities

The GDG is responsible for agreeing the content of the guidance. To achieve this, GDG members work with the SDCEP Programme Development Team (PDT) and other members of the GDG to develop the guidance. This involves:

- applying professional experience, be it working in general, community or public dental practice, in the hospital dental service, in medical practice, in education or in the organisation of dental services;
- representing the views of a wider group (which may be through participating in or chairing a subgroup to address specific questions from the GDG);
- drawing on personal experience (e.g. patients taking specific drugs, patient with a relevant condition, carer);
- sharing research experience and knowledge of the subject (e.g. caring for patients with relevant condition, involvement in other relevant projects);
- consideration of the evidence and other relevant information to reach a consensus on guidance recommendations and advice.

Specific Responsibilities of the Clinical Chair

- Chair GDG meetings;
- Provide a clinical lead for group discussions;
- Encourage all members of the GDG to air their views;
- Support patient participation;
- Review and approve minutes of GDG meetings;
- Liaise effectively with the project lead and project administrator within the SDCEP PDT;
- Working with the SDCEP PDT, agree final edits to the guidance text;
- Attend SDCEP Steering Group meetings.

Specific Responsibilities of GDG Members

- Participate in GDG meetings and teleconferences;
- Participate in group discussion and decision-making during GDG meetings, including:
    - identification of key issues/areas of concern;
    - agreement of scope and format of guidance;
    - agreement of recommendations;
    - identification of consultees;
    - review of feedback received (e.g. during consultation);
    - agreement of revisions to guidance;

    - finalisation of guidance content.
- Review and approve minutes of GDG meetings;
- Read documentation provided between GDG meetings;
- Alert the group to any relevant publications or ongoing work;
- In collaboration with the PDT, write/edit sections of the guidance;
- Read drafts of the guidance and provide constructive criticism and suggestions for improvement;
- Respond to email correspondence and queries and work with the SDCEP PDT between meetings, as appropriate;
- Adhere to deadlines set at GDG meetings and provided by the PDT;
- Promote the guidance after publication (e.g. be willing to present at relevant CPD events);
- Maintain confidentiality throughout the guidance development process.