Consultation on the update to developing NICE guidelines: the manual

Council for Allied Health Professions Research

June 2018

Introduction

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- British and Irish Orthoptic Society
- British Association of Art Therapists
- British Association of Drama Therapists
- British Association for Music Therapy
- British Association of Prosthetists and Orthotists
- British Dietetic Association
- College of Paramedics
- College of Podiatry
- Chartered Society of Physiotherapy
- Institute of Osteopathy
- Royal College of Occupational Therapists
- Royal College of Speech & Language Therapists
- Society and College of Radiographers

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Consultation Topic

The following comments were made in response to a public consultation by NICE on the update of 'Developing NICE guidelines: the manual'.

Full details of the consultation are here.

Comment number	Document (Chapter number / Appendix / Glossary)	Page number Or **'general'** for comments on the whole document	Line number Or **'general'** for comments on the whole document	Comments Insert each comment in a new row. Do not paste other tables into this table, because your comments could get lost – type directly into this table.
1	Whole	General		We received a number of comments from Allied Health Professionals about transparency, whilst the Guidance manual explains processes and standards there was some concern about whether the standards and procedures were always adhered to, especially with regard to recruitment of panel members, calling of experts and processes and procedures adopted to consider other evidence in the absence of RCT evidence.
2	Chapter 6	General		100% double screening of abstracts and titles does seem excessive, however a minimum requirement of 10% does seem low. Inter-rater reliability could be difficult to assess depending on the numbers of citations identified for screening. Although there is scope to increase this depending on the review question, it may be better to increase the suggested minimum to 25%. We also suggest that further re-wording is needed to improve the

				clarity on obtaining inter-rater reliability at 90%.
3	Chapter 13	General		We support the move to event-driven checks and surveillance of ongoing studies, substantial policy/legislation changes or development of NICE guidance with a standard check occurring 5 years after publication. However, further detail on how the event checks and surveillance of ongoing studies are to be carried out in a rigorous and timely manner is required.
4	1.4	4	11-12	Guidance is also based on safety. First premise of EBM was to eliminate unsafe practices perhaps this should be added.
5	1.4	5	15	We would suggest that the section on 'evidence from real world data' is expanded and more clarity is necessary about: when and how large cohort studies, national audits, PROMs and PREM data are considered as these are often more suited to therapies such as those delivered by Allied Health Professionals delivering complex interventions.
6	1.5	8	15	Why just exclude tobacco industry why not alcohol and or other industries contributing to poor national health?
7	1.5	8	27-29	Access abroad: Guidelines are accessible but other linked services like the Clinical Knowledge Summaries are not.
8	1.5	9	15-23	QA assurance is mentioned throughout but clarity around surveillance and the way QA standards are monitored and by whom could be clearer.

9	2.3	23	11	At present the term equality is used to cover all 3 aspects of Equality, Equity and Diversity. All are important and perhaps this needs clearly articulating at the start.
10	3.2	42	6-10	Lay member definition could be clearer, even experts are potential service users. Perhaps more information about who they should not be too, eg connected to any other panel member or has previously represented a professional body?
11	3.7	48	11-17	Training provision and oversight for working in groups and making decisions in groups. More detail would be helpful for when things go wrong and when groups are dysfunctional? For example: avoiding groupthink and over dominance, having a 'devils-advocate' role, to support the requirements as set out in 3.9 making group decisions and reaching consensus