

SDCEP Guidance Development Roles and Responsibilities

1. Guidance Development Overview

The Scottish Dental Clinical Effectiveness Programme (SDCEP) is an initiative of the National Dental Advisory Committee (NDAC)¹ and works within NHS Education for Scotland (NES)².

SDCEP comprises a core Programme Development Team (PDT), based at Dundee Dental Education Centre, which works with Guidance Development Groups to develop user-friendly, evidence-based guidance for the dental profession. Each Guidance Development Group (GDG) comprises individuals with expertise or experience relevant to the topic of the guidance project.

A Steering Group oversees all the activities of SDCEP and includes representatives of each active Guidance Development Group, the dental institutions in Scotland and NHS Education for Scotland.

2. Aims of SDCEP

SDCEP aims to develop guidance that is based on the evidence, with consideration of the benefits versus harms, practicalities and patient and practitioner preferences. The guidance recommendations are reached through a consensus of opinion of the members of the GDG.

A key aim of SDCEP is to provide clear guidance that, where relevant, is written in a direct style to avoid ambiguity and to keep advice short and to the point. It is important that the guidance is in a format that is user-friendly and targeted to the relevant audience.

SDCEP aims not only to produce guidance but also to identify strategies and develop tools to facilitate implementation of the guidance in practice. To this end, SDCEP carries out knowledge translation activities throughout the guidance development process that are derived from the work of TRiADS (Translation Research in a Dental Setting), a multi-disciplinary knowledge translation research initiative³.

3. Guidance Development Groups

Composition

The composition of each Guidance Development Group (GDG) aims to reflect the stakeholders for the project topic. Therefore, each group includes dental team members (e.g. dentists, dental nurses, dental hygienists/therapists) appropriate to the topic, to represent the end-users of the guidance and individuals who will be aware of the challenges of a given topic. Where possible, at least two patient representatives will be recruited to the group to represent the views of patients, as the use of the guidance by dental professionals will have an impact on patient care. Other means of incorporating the perspective of patients may also be used, for example using surveys or focus groups. Depending on the topic, individuals from other professions with expertise in a relevant area will also be recruited to the GDG. Each GDG will have a clinical chair.

¹ The NDAC comprises representatives of all branches of the dental profession and acts in an advisory capacity to the Chief Dental Officer. It considers issues that are of national importance in Scottish dentistry and also provides feedback to other bodies within the Scottish Government on related, relevant healthcare matters.

² NES 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.

³ Further information about TRiADS is available at www.triads.org.uk.

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. a patient taking a specific drug, a patient with a relevant condition, a carer);
- sharing research experience and knowledge of the subject (e.g. caring for patients with a 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 the guidance
 - agreement of recommendations of the guidance
 - identification of consultees
 - review of feedback received (e.g. during consultation)
 - agreement of revisions to the guidance
 - finalisation of guidance content
- Review and approve minutes of GDG meetings
- Read documentation provided between GDG meetings
- Bring to the attention of the group 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

Expenses

Reasonable travel expenses will be met by SDCEP (note: NHSScotland policy is to reimburse standard class rail travel). Those who work within NHS general dental practice and who have to cancel clinical sessions to attend GDG meetings or to carry out work between meetings will be reimbursed at the current Dental Fund Rate.

Declaration of Interests

Members of GDGs are required to complete and sign a Declaration of Interests form to formally register any financial or other interests that might affect their objectivity in contributing to the work of SDCEP. It may be necessary to update or reconfirm this periodically.

Personal Information

The names and relevant roles of all GDG members will be listed in the guidance publication and on the guidance project page of the SDCEP website. To facilitate group working, GDG members will be asked to provide contact information, some of which (e.g. email address) may be shared with other members of the GDG. This information will be retained by SDCEP after publication of the guidance to enable the PDT to make requests relevant to the guidance topic and to provide post-publication feedback. SDCEP's Privacy and Data Protection Notice provides information about how personal data is collected, used and stored (<https://www.sdcep.org.uk/privacy-policy/>).

4. The Programme Development Team

Within SDCEP, there is a small core team of researchers and administrators. One researcher will, in collaboration with the Clinical Chair of the Guidance Development Group (GDG) and the administrator, lead the management of the project. Other members of the team may also be involved, depending on the nature of the project.

The Programme Development Team (PDT) is responsible for the methodology employed in developing the guidance and for the production of the final products.

Specific responsibilities of the PDT

- Project lead the development of the guidance (including scoping, drafting of guidance, consultation and publication)
- Provide support relating to the guidance development process to GDG members
- Organise GDG meetings
- Adhere to deadlines set at GDG meetings
- Lead evidence and information searching, appraisal and synthesis
- Conduct or commission research to inform guidance development
- Liaise with external organisations
- Write/edit sections of the guidance in collaboration with the GDG
- Liaise with the GDG as a group and as individuals to progress development of the guidance
- Organise consultation and peer-review processes
- Collate feedback received during consultation and peer review and identify points for GDG discussion
- Facilitate decision-making and reaching a consensus

- Liaise with designers (and printers, if appropriate) to produce final product(s)

5. Guidance Development Process

SDCEP develops guidance that takes a variety of forms to suit the diverse topics being addressed. Within some areas of dentistry there is a lack of the type of high-quality scientific evidence that usually informs the recommendations within conventional clinical guidelines. Despite this, there is some research evidence and a wealth of expertise and specialist knowledge within dentistry upon which to draw in order to make recommendations. In other areas, documentation, including legislation, policies and guidelines, may not be in a readily accessible format for dental teams. A key aim of the Programme is to evaluate the best available information that is relevant to dentistry and translate it into a form that members of the dental profession will be able to interpret easily and implement.

The methodology used to develop SDCEP guidance is NICE accredited (www.sdcep.org.uk/how-we-work/nice-accreditation/) and mirrors that used to develop high-quality guidelines, that is, it aims to be transparent, systematic and adhere as far as possible to internationally established criteria set out by the Appraisal of Guidelines Research and Evaluation (AGREE) Collaboration (<http://www.agreetrust.org/>).

The guiding principle for developing guidance within SDCEP is to first source existing guidelines, policy documents, legislation or other recommendations and relevant systematic reviews. 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.

Each Guidance Development Group (GDG), in collaboration with the Programme Development Team (PDT), writes the guidance, with the aim of developing a draft for consultation. This is achieved through GDG meetings, chaired by a clinical lead and project lead (from the PDT), and email correspondence.

Following agreement of the GDG, a draft of the guidance is subject to consultation and/or peer review among the profession and other interested individuals and organisations. All comments received through the consultation process are considered carefully by the GDG, and the guidance amended prior to publication. For some guidance topics, it may be necessary to agree amendments to this general procedure.

Occasionally, SDCEP is asked to provide advice that will involve a development process that does not fully meet the criteria for NICE-accredited guidance. In these cases, SDCEP will endeavour to adhere as far as possible to the NICE-accredited guidance development process.

6. SDCEP Publications – Design and Format

All SDCEP guidance has a standard design with respect to the ‘look’ of the guidance. However, the format the guidance will take is dependent on the topic. For example, ‘*Drug Prescribing For Dentistry*’ was produced as an A5 spiral-bound book for easy referral within the surgery on a day-to-day basis. By contrast, ‘*Prevention and Management of Dental Caries in Children*’ was produced as an A4 book for reading outside of surgery time and as ‘Guidance in Brief’ for easy reference in practice. The ‘*Practice Support Manual*’ covers non-clinical topics that are very much influenced by professional regulations and legislation. This is primarily as a web resource so that topics can be ‘dipped’ into, and can be updated more easily. For more information about SDCEP guidance, visit our website: www.sdcep.org.uk.

7. Guidance Updating

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, but this can vary to take account of other relevant work that is ongoing that might impact on the guidance. The review will involve searching, appraising and considering relevant new evidence and other information that might impact on the guidance and consideration of feedback received about the guidance.

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 printed and/or published online or, when extensive changes are necessary, a new edition printed and/or published online.