

PROJECT SAGE

SOUTH AFRICAN GUIDELINES EXCELLENCE

An innovative partnership for clinical guideline excellence

NATIONAL STAKEHOLDERS' PERCEPTIONS AND EXPERIENCES OF THE ROLE, GENERATION AND USE OF EVIDENCE IN CLINICAL PRACTICE GUIDELINE DEVELOPMENT IN SOUTH AFRICA



BACKGROUND

High-quality, evidence-informed clinical practice guidelines (CPGs) are central to achieving the Sustainable Development Goals as they bridge the gap between research evidence and policy and practice. However, there is a need to better understand how those involved with guideline development view and engage with scientific evidence when developing CPGs for primary health care (PHC) in low- and middle-income countries, where the Sustainable Development Goals are most pressing.

OBJECTIVES

As part of the [South African Guidelines Excellence Project \(SAGE\)](#) (an overview is presented in Figure 1), we aimed to explore perceptions and experiences of the role, generation and use of evidence in primary care, national-level CPG development processes amongst stakeholders directly involved in these processes.

METHODS

A qualitative study design was employed. We conducted in-depth interviews with 37 South African primary care CPG developers representing various disciplines, sectors and provinces. The data were analysed through thematic content analysis.

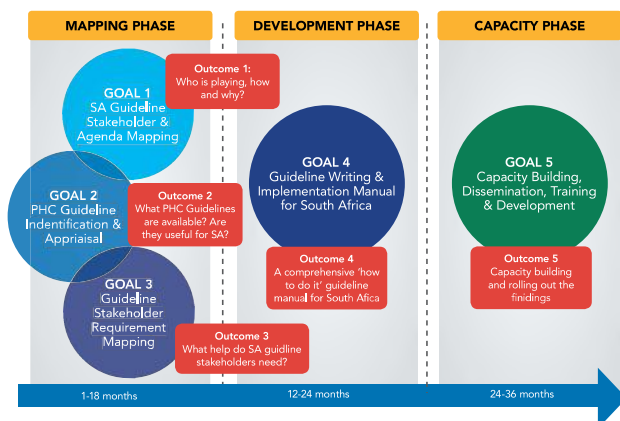


Figure 1: Project SAGE Outline

KEY FINDINGS

"There's an uncoordinated process up there and the processes are bureaucratic and long"

Participants described CPG development as a complex and iterative process. They said that the process was lengthy, bureaucratic, uncoordinated, not standardised and their roles in the process were often unclear.

"Not all of us are au fait with good quality evidence"

Participants highlighted specific challenges related to using and generating evidence. They mentioned challenges related to how panels functioned, lack of skills, and disparities in using and generating evidence across provinces.

"Trying to reach consensus when things are very polarized as they were in the early 90s"

Participants almost unanimously thought that CPG development should be driven by evidence, that is, CPGs should be evidence-based. When probed further, certain complexities and tensions emerged about the role of the evidence in CPG development and the difficulties this poses for using and generating evidence. They said that some of the challenges, such as lack of a common language and understanding for evidence use, limited or inconclusive evidence, and the inappropriate use of evidence to influence and push certain agendas, caused tensions amongst CPG panellists.

KEY RECOMMENDATIONS

"We have not been trained on what processes need to be followed, how to do literature reviews, how to, what is this now? The grading of evidence."

Participants said there is a need for training in evidence synthesis amongst CPG contributors especially practicing clinicians, so that they can learn how to synthesise evidence, grade the quality of evidence, and translate evidence into recommendations for recommendations for patients.

"So I would really hope that, you know, future guidelines, yes they're evidenced based but the training mechanisms have to have these kind of safe guards built into them that there's assessments, competency assessments, to ensure that the training methodologies being used are robust and are getting everybody to a minimum level."

Participants recommended that there should be competency assessments built into training programmes to ensure that trainees have acquired a minimum level of knowledge. This not only ensures a standardised approach for evidence use and generation, but also creates a basic criterion for participation in guideline development processes.

"And if we can create that culture of all understanding the hierarchy of evidence, then we create a common language for the discussion to happen."

Participants said that it is important that those participating in guideline development processes use the same terminology to describe evidence use and generation activities.

CONCLUSION

CPG development processes in South Africa face various challenges related to the role, generation and use of scientific evidence. Training and standardised approaches are critical in the short-term for high-quality evidence-informed CPG development processes. In the long-term, resources need to be directed towards establishing an evidence synthesis and coordination unit to support CPG development processes.

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