

# GPAC HANDBOOK

Clinical Practice Guidelines and Protocols by  
the Guidelines and Protocols Advisory Committee

*[www.BCGuidelines.ca](http://www.BCGuidelines.ca)*

Revised: December 2012



Ministry of  
Health



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December 2012

Dear Colleagues,

With your help, the Guidelines and Protocols Advisory Committee (GPAC) is able to provide high-quality, evidence-based clinical practice guidelines to general practitioners and specialists in the Province of British Columbia.

As co-chairs of GPAC, we are pleased to provide you with a copy of the revised GPAC Handbook, which is provided to all new steering committee and GPAC working group members, as well as to our partner organizations for guidance in the co-development of clinical practice guidelines.

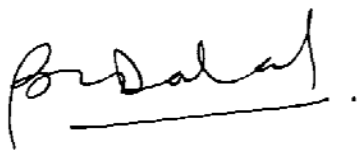
The purpose of this handbook is to provide an introductory overview of GPAC as well as information on the guideline development process – this may be a handy refresher for those experienced with guideline development, or a thorough introduction for those new to the program!

Within this document we aim to provide concise information on topics including the players in GPAC's world, working group expectations, guideline implementation, and guideline promotion. More specific information is provided in a series of appendices for ease of reference.

The GPAC guidelines and protocols may be found online at [www.BCGuidelines.ca](http://www.BCGuidelines.ca)

Thank you again for your participation and welcome to the Guidelines and Protocols team!

Sincerely,



Bakul I. Dalal, MD

co-chair



Stephanie Power

co-chair

## OVERVIEW

The goal of the Guidelines and Protocols Advisory Committee (GPAC) is to maintain or improve the quality of medical care, while making optimum use of medical resources. GPAC is mandated to assume a leadership role in developing high-quality, evidence-based guidelines and protocols and to measure its success in achieving this mandate.

GPAC intends its clinical practice guidelines to provide practical and easy-to-follow advice to general practitioners and specialists for effective patient care. The guidelines are based on medical evidence, and are modified for circumstances in British Columbia.

To accomplish these goals, GPAC adheres to three fundamental principles:

- To encourage appropriate responses to common medical situations;
- To recommend actions that are sufficient and efficient, neither excessive nor deficient; and
- To permit exceptions when justified by clinical circumstances.

To carry out its responsibilities, GPAC oversees a number of working groups, each of which researches and develops a particular guideline. While most GPAC and working group members are practising physicians, others may be selected to provide a balance of clinical specialties, academic knowledge and research expertise.

Guidelines are defined as systematically developed statements to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances. Protocols are a precise outline for the study of a biomedical problem or for a regimen of therapy.

The following criteria are considered by GPAC in selecting and prioritizing topics for guideline or protocol development:

- Areas of clinical uncertainty as evidenced by wide variation in practice or outcomes;
- Conditions where there is good evidence for effective treatment and where mortality or morbidity can be reduced;
- Procedures and tests that have a high per unit cost and high volume;
- Priority areas for the achievement of specific health care goals in British Columbia; and
- Input from physicians and stakeholders based on compelling evidence.

The GPAC guidelines and protocols may be found online at [www.BCGuidelines.ca](http://www.BCGuidelines.ca).

# ORGANIZATION AND STRUCTURE

## GUIDELINES AND PROTOCOLS ADVISORY COMMITTEE

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GPAC includes representatives from the British Columbia Medical Association (BCMA) and the Medical Services Branch (MSB) of the BC Ministry of Health (MoH) as well as pharmacists, practicing specialists and general practitioners. There are typically six meetings per year, held at the BCMA offices in Vancouver.

The GPAC BCMA co-chair is selected by the BCMA Board of Directors while the MoH co-chair is typically the executive director of the Medical Services Branch (MSB) of the Ministry of Health. Under the direction of the co-chairs, GPAC members choose topics for future guideline development, approve draft guidelines for external review, and approve final draft guidelines for submission to the BCMA Board of Directors and then to the Medical Services Commission (MSC). The committee also coordinates strategies to promote and advance the uptake of guidelines and to evaluate patient and health care system outcomes.

As a committee of the MSC, GPAC unites the efforts of the BCMA and the MoH to contribute to the effective management of medical services.

## GUIDELINES AND PROTOCOLS ADVISORY COMMITTEE

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As a committee of the MSC, GPAC unites the efforts of the BCMA and the MoH to contribute to the effective management of medical services.

Members of the GPAC Executive Committee have committed to undergoing strategic planning exercises every five years or less. At the strategic planning meetings the vision, mandate, values and priorities on BC Guidelines are clarified. See the 2012 GPAC Strategic Framework below.

**Vision**  
 We utilize our resources in the best way possible to maximize patient outcomes.

**Mandate**

The Ministry of Health and the BCMA work together to support the effective utilization of medical services, principally through guidelines and protocols with the goal of maintaining or improving the quality of medical care, while making optimal use of medical resources (BY PHYSICIANS/FOR PHYSICIANS).

**Values**

With a foundation of integrity and transparency, we....

- Are patient centric
- Collaborate to produce clinical practice guidelines
- Develop BC-specific guidelines using BC Physicians
- Use best-practice evidence
- Are respectful of one another

**Improved Health Outcomes**

**Strategic Priority 1:**  
**STRATEGIC RELEVANCE AND AUTHORITY:** We must confirm our strategic relevance.

**Strategic Priority 2:**  
**IMPLEMENT AND MEASUREMENT:** We must measure the results of our work.

**Promotion and Education**

**Strategic Priority 3:**  
**LINKAGES:** We must work more effectively with other committees doing similar or using our work (HAS, BC Patient Safety and Quality Council/Clinical Care Management, GPSC/SSC/SCC) and respond to our customers to improve utilization and healthcare delivery in BC.

**Strategic Priority 4:**  
**AWARENESS AND PROMOTION:** We must raise/increase the awareness of GPAC's key stakeholders.

**Optimized Clinical Care (Financial)**

**Strategic Priority 5:**  
**FOCUS (WHAT WE DO):** We must focus GPAC's efforts on:

- 1) Community and office-based medical practice (and synchronization with institutional care)
- 2) Where there is inappropriate utilization
- 3) Variance in the medical practice
- 4) Evidence of suboptimal quality medical practice
- 5) The guideline can eliminate waste.

**Strategic Priority 6:**  
**RESOURCES:** We must have the right resources (\$, people, support) and technology to deliver on our mandate, and match our deliverables to our capacity.

## GUIDELINE WORKING GROUPS

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Working groups are central to the development of effective, high-quality, evidence-based guidelines. GPAC oversees a number of working groups, each of which researches and drafts specific guidelines.

Each working group consists of a chair, general practitioners, a cross-section of relevant specialists, and is facilitated by a research officer (RO). If necessary, a pharmacist from the Pharmaceutical Services Division of the MoH is included in the working group. There is no requirement that the original working group membership be re-engaged for the subsequent revision of an existing guideline.

The working group chair is typically a member of GPAC and is responsible for facilitating discussion and decision-making. The chair establishes meeting agendas (with support from a research officer), and attains working group objectives within their scope of responsibility. Chairs record attendance and distribute expense claim forms at each meeting.

Research officers from the MSB support the working groups and GPAC. A RO is assigned to each guideline working group, and organizes and facilitates working group meetings, conducts systematic reviews of the literature, analyzes health care data, and contributes to the drafting of guidelines. MSB medical consultants, physician advisors to the branch, also play a key role in guiding development of the guideline and provide critical direction to research staff.

Working groups draft guidelines and report back to GPAC. Guideline development takes place through a series of scheduled meetings and by electronic correspondence. The process of guideline development from concept to publication can often take more than a year to complete, with the bulk of this time devoted to working group activity.

The working group chair or an alternate will present the draft guideline to GPAC twice: initially for approval to conduct external peer review (external review); and after external review for final approval. After final approval, the guideline is submitted to the BCMA Board and to the MSC for final adoption in British Columbia.

As stated in the Medicare Protection Act, participation in GPAC working groups provides indemnity from damages, as “no action for damages because of anything done or omitted to be done in good faith under this Act, (a) in the performance or intended performance of any duty, or (b) in the exercise or intended exercise of any power, may be brought against a member of the commission, a member of a special committee, an inspector appointed under Part 7, a member of an advisory committee or any employee or other person who is subject to the commission's direction or to whom a power has been delegated under this Act”.

## MEDICAL SERVICES COMMISSION

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GPAC and its working groups are established under Section 5(1) (o) of the Medicare Protection Act (MPA) as an advisory committee to the Medical Services Commission (MSC). Sections 24 (1) and 37 (5) of the MPA provides the authority for the Commission to prepare guidelines for practitioners. An online copy of the MPA and associated regulations may be found at [www.bclaws.ca/EPLibraries/bclaws\\_new/document/ID/freeside/00\\_96286\\_01](http://www.bclaws.ca/EPLibraries/bclaws_new/document/ID/freeside/00_96286_01)

The MSC gives final approval to guidelines and protocols endorsed by GPAC and the BCMA Board of Directors. GPAC is established as an advisory committee of the MSC under a Minute of the Commission. GPAC working groups fall under that delegation. The mandate and full responsibilities of the MSC may be found online at <http://www.health.gov.bc.ca/msp/legislation/msc.html>.

## BRITISH COLUMBIA MEDICAL ASSOCIATION

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BCMA partners with the MoH which funds GPAC. It hosts meetings and co-chairs GPAC. Through the co-chair, the BCMA accepts all committee members, the majority of whom are BCMA members, and provides input on guideline topics and guideline scope. The BCMA Board of Directors, in consultation with the respective sections, receives all guidelines and protocols prior to their submission to the MSC, and is also represented on the MSC itself.

## MEDICAL SERVICES BRANCH, MINISTRY OF HEALTH

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The Medical Services Branch (MSB) funds a portion of GPAC and its work through a contract with the BCMA. The executive director, MSB, co-chairs GPAC with a representative of the BCMA. The GPAC Secretariat function is also provided by MSB.

In addition, MSB distributes draft guidelines for external peer review, edits the Guidelines and Protocols section in the Physicians' Newsletter, and develops presentations and guideline promotional materials.

MSB is responsible for the posting of new and revised guidelines on [www.BCGuidelines.ca](http://www.BCGuidelines.ca).



## GUIDELINE DEVELOPMENT

Accuracy and readability are the keys to a successful guideline. Specialists and general practitioners on working groups must ensure the guideline is not only based on current medical evidence, but provides clear and practical advice for clinical situations they commonly experience.

To this end, guidelines are to be brief and concise (typically, no more than –five to six pages in length, excluding appendices). Plain language is to be used whenever possible, so the guideline does not overwhelm the reader with the magnitude or complexity of the information provided. GPAC guidelines are not intended to be academic textbooks.

Once a topic has been approved for development by GPAC, a working group is formed and, with the support of research officers from the Medical Services Branch, develops a draft.

All working group members are expected to shoulder a share of the work and need to make a determined effort to attend committee meetings. Frequency of meetings and scheduling will be discussed at the first meeting. In addition to contributing to the development of guidelines, working group members are encouraged to comment on implementation strategies and evaluation methods.

GPAC has also established a process for the joint development of guidelines with partner organizations, such as the Heart and Stroke Foundation, and the Family Practice Oncology Network. Partner organizations use these templates and follow the guideline development process contained in this handbook.

Guidelines are subject to review three to five years after the original effective date. Earlier review may be prompted by new evidence. The guideline effective date is typically six to eight weeks from the date the guideline was approved by the Medical Services Commission.

Existing guidelines that undergo a substantive change to the content will be reissued with a new effective date; current guidelines that are subject to simple editorial changes or where only minor updates to the content are made, will have a revised date added at the end of the guideline but will retain the original effective date.

### QUALITY OF EVIDENCE

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The evidence review process used in the development of GPAC guidelines is conducted with reference to the Oxford Centre for Evidence-Based Medicine (CEBM) Levels of Evidence (May 2001). The CEBM Levels of Evidence document sets out one approach to systematizing the process for different clinical question types.

While levels of evidence are not explicitly stated within the GPAC guidelines, the research approach is standardized. After the scope of the guideline has been determined and the main clinical questions are formulated, the process of reviewing evidence is as outlined in Table 1.

Specific focus is placed on high-quality systematic reviews. Other evidence types (depending on question) are ordered from most desirable to least desirable.

Working groups review available systematic reviews and base recommendations on these. In cases where systematic reviews are not available, recommendations are based on primary evidence searches including individual randomized controlled trials reviewed by the working group. A full systematic review may not be conducted. For example, for a therapy/prevention/aetiology/harm question, “systematic reviews (with homogeneity) of randomized controlled trials” are the most desirable product.

The evidence review process is robust, and includes searching various sources, including a minimum of two of the following resources:

- Medline
- CADTH
- CINAHL
- Therapeutics Initiative
- Cochrane reviews
- BMJ Clinical Evidence
- e-Therapeutics (CPS)
- Embase
- AHRQ
- FDA.gov

A search history is recorded in a search sheet equivalent to that produced by The Cochrane Collaboration.

#### OFF LABEL POLICY

A number of GPAC guidelines contain recommendations involving medications that have not been approved for sale by Health Canada for that specific indication or patient group (“off label”). GPAC working groups are expected to identify references supporting the efficacy of medications they are recommending – whether or not a given drug or class of drugs has been approved for marketing with respect to that particular indication.

Off label drug therapy recommendations are to be supported with appropriate references and include evidence as to the numbers needed to treat (NNT) and numbers needed to harm (NNH) whenever possible.

**Table 1: Oxford Centre for Evidence-based Medicine Levels of Evidence**

Therapy/Prevention/Aetiology/Harm	Prognosis	Diagnosis	Differential diagnosis/symptom prevalence study	Economic and decision analyses
Systematic Review (with homogeneity) of Randomized Control Trials	Systematic Review (with homogeneity) of inception cohort studies; Clinical Decision Rule validated in different populations	Systematic Review (with homogeneity) of Level 1 diagnostic studies; Clinical Decision Rule with 1b studies from different clinical centres	Systematic Review (with homogeneity) of prospective cohort studies	Systematic Review (with homogeneity) of Level 1 economic studies
Individual Randomized Control Trial (with narrow Confidence Interval)	Individual inception cohort study with $\geq 80\%$ follow-up; Clinical Decision Rule validated in a single population	Validating cohort study with good reference standards; or Clinical Decision Rule tested within one clinical centre	Prospective cohort study with good follow-up	Analysis based on clinically sensible costs or alternatives; systematic review(s) of the evidence; and including multi-way sensitivity analyses
All or none	All or none case-series	Absolute SpPins and SnNouts	All or none case-series	Absolute better-value or worse-value analyses
Systematic Review (with homogeneity) of cohort studies	Systematic Review (with homogeneity) of either retrospective cohort studies or untreated control groups in Randomized Control Trials	Systematic Review (with homogeneity) of Level >2 diagnostic studies	Systematic Review (with homogeneity) of 2b and better studies	Systematic Review (with homogeneity) of Level >2 economic studies
Individual cohort study (including low quality Randomized Control Trial; e.g., <80% follow-up)	Retrospective cohort study or follow-up of untreated control patients in an Randomized Control Trial; Derivation of Clinical Decision Rule or validated on split-sample only	Exploratory cohort study with good reference standards; Clinical Decision Rule after derivation, or validated only on split-sample or databases	Retrospective cohort study, or poor follow-up	Analysis based on clinically sensible costs or alternatives; limited review(s) of the evidence, or single studies; and including multi-way sensitivity analyses
"Outcomes" Research; Ecological studies	"Outcomes" Research		Ecological studies	Audit or outcomes research
Systematic Review (with homogeneity) of case-control studies		Systematic Review (with homogeneity) of 3b and better studies	Systematic Review (with homogeneity) of 3b and better studies	Systematic Review (with homogeneity) of 3b and better studies
Individual Case-Control Study		Non-consecutive study; or without consistently applied reference standards	Non-consecutive cohort study, or very limited population	Analysis based on limited alternatives or costs, poor quality estimates of data, but including sensitivity analyses incorporating clinically sensible variations.
Case-series (and poor quality cohort and case-control studies)	Case-series (and poor quality prognostic cohort studies)	Case-control study, poor or non-independent reference standard	Case-series or superseded reference standards	Analysis with no sensitivity analysis
Expert opinion without explicit critical appraisal, or based on physiology, bench research or "first principles"	Expert opinion without explicit critical appraisal, or based on physiology, bench research or "first principles"	Expert opinion without explicit critical appraisal, or based on physiology, bench research or "first principles"	Expert opinion without explicit critical appraisal, or based on physiology, bench research or "first principles"	Expert opinion without explicit critical appraisal, or based on economic theory or "first principles"

Produced by Bob Phillips, Chris Ball, Dave Sackett, Doug Badenoch, Sharon Straus, Brian Haynes, Martin Dawes since November 1998. For full definitions and explanations go to <http://www.cebm.net/index.aspx?o=1025>

## EXTERNAL REVIEW

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New guidelines, and existing guidelines that have undergone substantive changes, will be subject to peer review to ensure guidelines are clearly written, practical, and free from serious oversights or errors. This is referred to as external review. During this process, a GPAC approved draft is mailed to a random sample of general practitioners (typically numbering between 400 and 800 individuals), relevant specialties (10-20% sample per specialty), and stakeholders. Additional appropriate reviewers may be chosen for specific guidelines in consultation with MoH medical consultants and research officers. The list of stakeholders remains the same for each external review. The list is made up of key contacts in the areas of pharmacy (Pharmaceutical Services Division, MoH, Therapeutics Initiative), laboratory procedures (BC Association of Laboratory Physicians, BC Biomedical Laboratories, Lifelabs Medical Laboratory Services), health authorities, MSP billing, public health, and health professional colleges and associations.

After the external review process is completed (one to two months), MSB compiles results and lists comments, word for word, for the working group's consideration. External review results are reconciled and reported to GPAC when a guideline is under consideration for final approval.

## FINAL APPROVAL

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Relevant comments received from the external review process are incorporated into the draft guideline which is again presented to GPAC for final approval. Presentation is typically conducted by the working group chair or an alternate.

If approved, the full guideline is provided to the BCMA for distribution to the respective section presidents and members of the board of directors for comment. There is a ten day period during which concerns may be raised. The guideline is then presented to the MSC for final approval and adoption for use in British Columbia.

## MEDICAL SERVICES COMMISSION (MSC) APPROVAL

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All new guidelines and all existing guidelines that have undergone substantial revision are presented to the MSC for adoption in BC following consideration by the BCMA Board of Directors.

Minor revisions to existing guidelines may be approved by GPAC and an advisory sent to the MSC. The MSC has granted GPAC the approval to routinely update its guidelines when there are PharmaCare coverage changes, providing the revisions do not involve a change in practice.

Formatting of the guideline into a print-ready format follows this final approval step.

Approval of the full guideline by the BCMA and the MSC is not to be delayed awaiting development of other guideline-related products (e.g., summary, hand held device).

## GUIDELINE DISTRIBUTION

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A great guideline, poorly distributed, is not an effective guideline. Proper distribution allows the guideline to reach the target audience expeditiously, and adequately conveys the credibility of the document.

A number of methods are currently used to support guideline uptake, as well as implementation of the recommendations contained within the guidelines, including:

- Development one to two page guideline summaries;
- Publishing of all guidelines and supporting documentation online through the [www.BCGuidelines.ca](http://www.BCGuidelines.ca) website in multiple formats (e.g., html, pdf);
- Provision of each new and revised guideline to guideline related websites (e.g., Canadian Medical Association (CMA) Infobase, U.S. Agency for Healthcare Research and Quality (AHRQ) National Guideline Clearinghouse™); and
- E-mail notification to [www.BCGuidelines.ca](http://www.BCGuidelines.ca) mailing list subscribers.

## EVALUATION AND RENEWAL

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The MSC has determined that GPAC needs to develop measures appropriate for evaluating both the usage and efficacy of the guidelines and protocols. There are three general areas used for evaluation:

- Physician/Public Usage: Website analysis is used to determine usage of [www.BCGuidelines.ca](http://www.BCGuidelines.ca), which captures trends in response to the introduction of a new/revised guideline.
- Practice Change: Specific MSP fee items for either investigations or treatment which are potentially modified by a given GPAC guideline provide process markers for physician practice, as does the ordering of specific prescription medications covered by the recommendations. If the use of any investigations or treatments (i.e. tests and prescriptions) is used for more than one condition, a denominator of patients who have been diagnosed with the disease/condition will be created in order to narrow the scope of the search.
- Patient Outcomes: Data from BC hospitals provide codes for discharge diagnoses and procedures. Vital Statistics provides cause of death and contributory conditions. Both sources can be used to measure trends possibly associated with GPAC clinical guidelines.

GPAC clinical practice guidelines are only one source of information which may influence physicians, so it will be difficult to assert that changes in physician practice or patient outcomes are solely a direct result of new or revised clinical guidelines (unless the GPAC guideline is truly unique in some measurable way).

Every three to five years guidelines are formally evaluated using the above data to determine the need for an updated version, or to proceed with retirement of the guideline and reallocation of GPAC resources to a more impactful topic.

## GUIDELINE PROMOTION

To promote its guidelines, GPAC conducts regular assessments on the uptake and implementation of guidelines. GPAC will also advance the development of liaison and communication strategies to promote guidelines and protocols across the medical community.

GPAC has identified other green methods of guideline promotion to replace mass mailing of new guidelines, including distributing guideline summaries in the BC Medical Journal, creation of a self subscribing electronic mailing list, and improved broadcast messages.

### [www.BCGUIDELINES.CA](http://www.BCGuidelines.ca) – THE GUIDELINES AND PROTOCOLS WEB SITE

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GPAC guidelines are intended to improve patient care and health outcomes – this requires widespread adoption by BC physicians. It was determined that website usage is the best determinant of program awareness. The primary method of delivery is the MSB-administered website [www.BCGuidelines.ca](http://www.BCGuidelines.ca). The website houses:

- All current guidelines (organized by alphabetically and by topic area);
- GPAC mandate and process information;
- Contact information; and
- Other products, including patient guides, summaries, flow sheets, and continuing medical education (CME) credit opportunities for physicians.

### GUIDELINE PROMOTIONAL INITIATIVES

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Specific initiatives have been undertaken to promote the guidelines across various sectors of the medical community, including:

- Promotion of the guidelines at Continuing Professional Development sessions;
- Making the full set of guidelines available on USB/flash drives;
- The development of a handheld version of the guidelines for use at the point of care;
- GPAC attends and presents information on guidelines and protocols at professional development and continuing medical education (CME) forums on an opportunity basis throughout the year;
- MSB attends conferences including St Paul's CME, where BC Guidelines was one of the most popular booths at the conference;
- Inclusion of UBC Medical School family practice residents on the list to receive drafts as part of the external review process;
- Collaborating with UBC Medical School family practice residents in creating research opportunities for their second year research projects.

### GUIDELINES IN MOBILE FORMAT

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As of November 2012, BC Guidelines has launched a mobile version of their website. Now all BC Guidelines can be easily viewed from any mobile device, such as iPhone, Android and Blackberry.

At this time, the BC Guidelines iPhone App will no longer be supported or updated. To receive up-to-date BC Guidelines information simply access [www.BCGuidelines.ca](http://www.BCGuidelines.ca) via your mobile device's browser.

## GPAC CONTACT INFORMATION

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Please visit us at [www.BCGuidelines.ca](http://www.BCGuidelines.ca) for all guideline related products and updates to this handbook!

### **To cite BC guidelines please use the following format:**

Guidelines and Protocols Advisory Committee, Medical Services Commission of British Columbia. Viral hepatitis testing [homepage on the Internet]. c2012 [cited 2012 Sep 19]. Available from: <http://www.bcguidelines.ca/>.

## APPENDIX A – GUIDELINE DEVELOPMENT

This section is written primarily for GPAC Working Groups and Ministry of Health (MoH) research officers (ROs) who manage the development of individual guidelines and who facilitate guideline working group meetings. This section may, however, inform other users or guideline development participants on the detailed procedures necessary to initiate, develop, approve and implement a GPAC guideline.

This checklist covers: Guideline Identification and Development (including external review); the Approval Process; and Guideline Publication/Distribution.

### GUIDELINE IDENTIFICATION AND DEVELOPMENT

- Identification of guideline topic and development of concrete clinical questions:
  - ✓ New guideline topics are generally recommended by GPAC based on areas of clinical uncertainty as evidenced by wide variation in practice or outcomes; conditions where there is strong evidence for effective treatment and where mortality or morbidity can be reduced; chronic diseases; priority areas for the achievement of specific health care goals in British Columbia; and input from physicians and stakeholders based on compelling evidence for a guideline or protocol on a specified disease or condition.
  - ✓ Existing guidelines are to be renewed or retired every three to five years from previous review date.
- Topic Approval: Upon GPAC approval of a guideline topic, a RO and medical consultant (MC) from the Medical Services Branch (MSB) of the MoH are identified to manage the topic.
- The RO:
  - ✓ Conducts extensive, systematic, documented literature review to identify advancements in the diagnosis or management of the guideline topic (disease).
  - ✓ Provides updates for GPAC about advancements and determine if revision is minor or major
- Assembling a working group:
  - ✓ If the guideline is a new topic, GPAC will be asked to recommend a mix of physicians and specialists to participate. The RO will contact these individuals and, if they agree, add them to the working group. If a guideline is being revised there is no obligation to use members of the previous working group.
  - ✓ Working groups may invite guests as expert resources. These experts are considered members of the working group.
  - ✓ A pharmacist from Pharmaceutical Services Division (PSD) of the MoH participates on the working group when the topic has substantial pharmaceutical impact and/or a medication table is required.
  - ✓ A complete list of working group members and chair are then submitted to GPAC for approval.
- Organization of Working Group Meetings:



- ✓ All members are contacted, and a mutually convenient time to meet is arranged. For large working groups, it may be difficult to arrange for everyone to attend, so members may contribute electronically.
- ✓ First Meeting:
  - The RO and working group chair will prepare an initial meeting package including any documents identified by members, and the results of the literature review completed.
  - A brief presentation on working group expectations, research methodology, guideline format, and general questions is given to all members.
- ✓ Complete meeting packages (cover letter, agenda, other documents) are sent to group members approx. one to two weeks in advance of the meeting to provide enough time to review the materials prior to the meeting.
- ✓ Working groups may meet up to once a month, but this is flexible depending on the availability of working members and the amount of work the guideline requires.

#### SUBMISSION AND APPROVALS

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- When the working group finishes development/revision of the guideline, the guideline must be prepared for submission to GPAC for approval. There are two types of approval:
  - ✓ Approval for external review: All new guidelines and guidelines that have undergone major revisions must undergo a peer-review (external review) process. This involves mailing guideline drafts to a random sample of more than 500 physicians, relevant specialists, and stakeholders in British Columbia. GPAC must approve that the guideline is ready to be sent out. Once they approve, the external review process can begin ([see External Review section in main document](#)).
  - ✓ Final approval: Guidelines that have undergone an external review and guidelines that required only minor revisions can be submitted to GPAC for final approval. Once approved, the guideline can then be sent for review by the BCMA Board and then submitted to the Medical Services Commission for approval.
- Submission to the MSC for final approval and adoption in BC
  - ✓ Once GPAC approves the guideline, the RO will prepare a Request for Decision (RFD) document that outlines all of the potential impacts of the guideline. The RFD focuses on improved patient outcomes (what recommendations will lead to better management of patients), utilization (what are the financial impacts on MSP, PharmaCare [medication usage], other stakeholders [usage of other services], etc). Projections of impact are generally a part of this document. The guideline package (includes guideline, RFD and the Minute of the Commission) is then submitted to the MSC for approval.
- At this point, the working group is done – and will be informed when the guideline goes live! The chair of the working group may be called upon to approve a guideline summary to assure no clinical content is lost by abbreviating the guideline.

## GUIDELINE PUBLICATION AND DISTRIBUTION

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Once MSC approves the guideline for adoption in BC, the ROs begin publication, including: posting the full guideline on [www.BCGuidelines.ca](http://www.BCGuidelines.ca), creating a guideline summary, updating partner websites and guideline clearing houses; and actively promoting the guideline.

## APPENDIX B – THE FIRST WORKING GROUP MEETING

Before the first Working Group meeting, the chair and research officer (RO) will set aside time to discuss the roles of all parties (chair, RO, working group members) and the direction of the guideline.

At the first meeting, the chair will be responsible for the following administrative tasks:

- Review of the handbook with the working group (with assistance from RO);
- Booking of following meetings and availability requirements (with assistance from RO);
- Collection of the conflict of interest forms that were distributed in advance with meeting package and completed beforehand by working group members;
  - ✓ Chair and RO will express the rules regarding conflict of interest
  - ✓ Conflicts and background of working group discussed among the group as introductory exercise
- Explanation of roles and expectations to the group (see below for details);
- Explanation of expected timelines for completion of the guideline;
- Determination of clinical questions;
  - ✓ Restate the scope approved by GPAC
- Noting that evaluation will be a component of the process;

### ROLES AND RESPONSIBILITIES: CHAIR

Chairs facilitate discussion and decision-making. Specific responsibilities include:

- Facilitating meeting:
  - ✓ Maintaining clear focus on clinical questions and scope
  - ✓ Ensuring productivity of working group during meeting
  - ✓ Maintaining the strength of the evidence used
  - ✓ Ensuring that the audience for the guideline is kept in mind
  - ✓ Summarizing meeting and delegating work to be completed before the next meeting
  - ✓ Assigning and following up on tasks assigned to working group during meeting
- Taking attendance and collecting/signing payment forms;
- Collecting completed conflict of interest forms, and facilitating the conflict of interest discussion;
- Reminding group of indemnification provided by the Medical Services Commission;
- Presentation of updates and drafts to GPAC;
- Review of all drafts (e.g., summary, patient guide);
- Providing guidance to working group members as required;
- Interpretation and maintenance of GPAC requirements (length, etc).

## ROLES AND RESPONSIBILITIES: WORKING GROUP MEMBERS

Working group members provide essential expert advice and input. Specific responsibilities include:

- Ensuring the guideline is not only based on medical evidence, but provides clear and practical advice for clinical situations as they relate to practice;
  - ✓ Specialists are encouraged to use non-technical language whenever possible
  - ✓ Provide essential clinical content to meet scope
  - ✓ Bring the family practice lens
  - ✓ Ensure the guideline will be usable to practitioners
- Providing completed conflict of interest form and declaration at the beginning of first working group meeting;
- Critical review of all materials distributed before the meeting;
- Ensuring availability for meetings including teleconferences (up to one per month, with billing up to three hours preparation time (based on actual preparation time));
  - ✓ Includes being prepared to book future meetings, and alerting group to availability
- Willingness to ask chair or RO for guidance during the process.

## ROLES AND RESPONSIBILITIES: RESEARCH OFFICERS

Research officers (ROs) from the Medical Services Branch (MSB) at the Ministry of Health support the working groups and GPAC. An RO is assigned to each guideline working group, and organizes and facilitates working group meetings, conducts systematic reviews of the literature, analyzes health care data, and contributes to the drafting of guidelines. Specific responsibilities include:

- Systematic review of relevant evidence;
- Drafting of documents based on working group discussion;
- Booking meetings (administrative support);
- Post-production of the guideline (conversion to summary and website);
- Conducting external review process;
- Consultation with MSB medical consultants;
- Navigation of bureaucracy;
- Raising process concerns to the Chair.

Medical consultants, physician advisors to MSB, also play a key role in guiding development of the guideline and provide critical direction to ROs. Medical consultants are ex-officio members of all working groups and provide a sounding board for ROs and chairs.

## APPENDIX C – CONFLICT OF INTEREST DECLARATION

This Conflict of Interest Declaration is issued on behalf of the Guidelines and Protocols Advisory Committee (GPAC), a joint committee of the British Columbia Medical Association (BCMA) and the Ministry of Health (MoH).

To carry out its responsibilities, GPAC oversees a number of working groups. GPAC chooses topics, develops draft guidelines for external review, and approves final guidelines for submission to the BCMA Board of Directors for approval and to the Medical Services Commission (MSC) for adoption in British Columbia. As an advisory committee to the MSC, GPAC unites the efforts of the BCMA and MoH to contribute to effective management of medical services through the provision of clinical practice guidelines.

Any person participating as a member of a GPAC Working Group is required to complete this Conflict of Interest Declaration.

### Conflict of Interest:

1. A conflict of interest refers to situations in which personal, occupational or financial considerations may influence a member's decisions or affect the objectivity or fairness of a member of a GPAC Working Group. A conflict of interest may be real, potential or perceived in nature.
2. A real conflict of interest arises where a member of a GPAC Working Group, or an immediate family member, has an existing private, personal or financial interest in a company or organization whose products or services may be recommended in the clinical practice guideline which the working group is developing.
3. A potential conflict of interest arises when a member of a GPAC Working Group foresees that he/she, or an immediate family member, may have a private, personal or financial interest, such as an identified future commitment, in a company or organization whose products or services may be recommended in the clinical practice guideline which the working group is developing.
4. A perceived (or apparent) conflict of interest may exist when a reasonably well-informed person has a reasonable belief that a member of a GPAC Working Group participates in decisions that promote the member's private, personal or financial interest.

## CONFLICT OF INTEREST DECLARATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Working Group Name (indicate if chair): \_\_\_\_\_

Please answer the following questions and circle your response; if you answer yes to any of these questions, please provide details under the declaration section.

1. (a) Are you or a member of your immediate family (parent, spouse, child, or sibling) paid consulting fees or on paid advisory boards of any of the companies or organizations whose products or services may be recommended in the guideline being developed by the working group?  
  
No / Yes
- (b) In the past three years, have you or a member of your immediate family (parent, spouse, child or sibling) been paid a consulting fee, or have you or a member of your immediate family been on paid advisory boards of any of the companies or organizations whose products may be recommended in the guideline being developed by the working group?  
  
No / Yes
2. Do you or a member of your immediate family (parent, spouse, child, or sibling) own shares or share options in any of the companies or organizations whose products or services may be recommended in the guideline being developed by the working group?  
  
No / Yes
3. (a) Do you or a member of your immediate family (parent, spouse, child or sibling) receive any lecture fees for speaking at events sponsored by any of the companies or organizations whose products or services may be recommended in the guideline being developed by the working group?  
  
No / Yes
- (b) In the past three years, have you or a member of your immediate family (parent, spouse, child or sibling) received any lecture fees for speaking at events sponsored by any of the companies or organizations whose products may be recommended in the guideline being developed by the working group?  
  
No / Yes
4. (a) Are you or a member of your immediate family (parent, spouse, child or sibling) receiving grant support from any of the companies or organizations whose products or services may be recommended in the guideline being developed by the working group?  
  
No / Yes

(b) In the past three years, have you or a member of your immediate family (parent, spouse, child or sibling) received grant support from any of the companies or organizations whose products may be recommended in the guideline being developed by the working group?

No / Yes

5. Do you or a member of your immediate family (parent, spouse, child or sibling) hold any patents or receive any royalties with respect to products that may be recommended in the guideline being developed by the working group?

No / Yes

6. Have you or a member of your immediate family (parent, spouse, child or sibling) ever been employed or under contract to any of the companies or organizations whose products or services may be recommended in the guideline being developed by the working group?

No / Yes

**DECLARATION:**

I, the undersigned

(a) hereby declare and disclose the following actual, potential or perceived conflict(s) of interest which may arise in the conduct of my duties and responsibilities on behalf of a GPAC Working Group:

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**OR**

(b) am not aware of any actual, potential or perceived conflicts of interest with respect to my involvement with a GPAC Working Group.

If any circumstances change and/or come to my attention regarding my actual, potential or perceived conflict of interest, or an actual or potential perception of bias on my behalf, I will notify the working group chair or a GPAC co-chair immediately.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Confidentiality Statement: This Declaration will be retained by the Medical Services Commission and the information used only for the purpose of determining if a conflict of interest exists. If you have any questions about the collection of this information, please contact your working group chair or a GPAC co-chair.*

## APPENDIX D – HOURLY RATES AND PAYMENT

Members of GPAC and working groups are entitled to receive payment for the hours that they spend performing committee business, including preparatory work outside committee meetings. Working group members typically claim for the meeting time and up to three hours of preparatory time.

The BCMA reimburses members for their participation and expenses, through a contract with the Ministry of Health. Claim forms are distributed at each meeting by the committee chair.

Payment to a working group member for project time (preparatory work) anticipated to be in excess of 3 hours for any one working group will require pre-authorization by both GPAC co-chairs.

The following rates may be subject to change.

### Hourly rates:

- General Practitioner \$117.10
- Specialist \$138.13
- PhD Expert \$117.10

The reimbursement rate for physicians participating in GPAC focus groups or evaluation studies is set at a fixed amount of \$200 per practitioner.

See the BCMA Guidelines and Protocols Advisory Committee Expense form for details on expenditures and claims.