

**The Society and College of Radiographers  
Process Manual for Practice Guideline Development  
Approved by UK Council September 2014  
Amended April 2015**

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## **1. Who is the process manual for?**

1.1 This process manual is for practitioners and other members of the radiographic workforce (diagnostic and therapeutic) who want to become involved in the production of evidence-based practice guidelines to improve the care and interventions given to patients. Developments in clinical practice, changes in skills mix, emerging roles and/or changes to practice occasioned by the availability of new evidence or technologies are the likely sources of new or revised practice guidelines. An example of this is the present skin care advice for patients receiving radiotherapy, which now needs to be revised to include the anticipated proton beam therapy service.

1.2 Specific communities of practitioners within the profession such as clinical-academic research groups or special interest groups who are at the forefront of practice development will find the process manual an invaluable resource to assist with the development of new or updated guidance that is SCoR accredited.

## **2. What is a practice guideline?**

2.1 A practice guideline is a set of systematically developed statements (recommendations) to guide decisions about appropriate health and social care<sup>1</sup>. Each guideline should have a specific focus and overall objective, such as advising about skin care for patients receiving radiotherapy or best practice in caring for people with dementia and their carers. Within the guideline there may be a sub-set of related questions to be addressed; clinical, social, organisational, and financial. A guideline must also include guidance and support for implementation and evaluation.

2.2 Practice guidelines represent the consensus opinion of the profession about best practice at the time of publication and must be given due weight in professional decision making. They are not mandatory and their use does not remove the legal responsibility and duty of care of all practitioners for the care and interventions they undertake. However, a decision not to follow the guideline should be documented and justified in a patient's record.

## **3. The role of the Society and College of Radiographers**

3.1 The Society and College of Radiographers (SCoR), as the professional body for the radiographic workforce, gives professional leadership and guides and supports professional development in the interests of patients and high quality health and care services. An important aspect of this is the provision of objectively-developed policy advice and guidance for professional practice, which must be continuously reviewed and updated to meet the needs of workers within the changing context of health and social care.

3.2 The SCoR aims to produce guidance that is evidence-based and bench-marked against national standards of cost effective, evaluative practice. This includes practice guideline documents whose function is to provide guidance about care and interventions in radiographic settings to both patients and professionals so they can make decisions about care needs and service provision. It is essential that these guidelines are both accessible to patients and highly trusted so that the general public can have confidence in the care and interventions that radiographers and others offer.

3.3 The College of Radiographers is the charitable subsidiary of the Society. The College supports the work of the Society through running its professional education and development programmes and acts as the accreditation body to ensure quality standards in radiographic education

#### **4. Purpose of the process manual**

4.1 This process manual has been written by the SCoR for use when developing practice guidelines that meet NICE accreditation standards. Accreditation by NICE means that the guidance produced is of the highest standard, free from any undue professional bias, and can be trusted by patients and practitioners alike.

4.2 The manual provides comprehensive, step-by-step advice for practitioners about how they can initiate or become involved with the production of a practice guideline that is evidence-based, robust, accessible and financially/organisationally sustainable. The manual ensures an inclusive, transparent development process is followed.

4.3 It details the role and responsibilities of SCoR staff in practice guideline development so that guideline producers know how to obtain advice and support for their work. In addition, the SCoR website contains much relevant information for people who are interested in guideline development, including already published guidance and advice, and the contact details and roles of relevant professional officers<sup>2</sup>.

#### **5. Identification and approval of the need for a practice guideline**

5.1 The development of SCoR accredited practice guidelines for the radiographic workforce will be authorised by the Director of Professional Policy (DPP). The resulting document will be approved formally using the organisation's structures and published widely through SCoR networks as the definitive professional standard.

5.2 The SCoR is a membership organisation; its three directors are accountable through the Chief Executive Officer to the United Kingdom (UK) Council of the Society of Radiographers and, in the case of the DPP and Director of Finance and Operations, jointly to the College Board of Trustees<sup>3</sup>. Appendix A details the organisational structure and lines of accountability. Annex 1 sets out the relationship between the membership (lay) structure and the professional staff while annex B shows the specific lines of accountability related to practice guideline development.

5.3 The Public and Patient Liaison Group (PPLG) plays a key role in advising and supporting the work of the SCoR and ensures that the views of patients and the public are at the heart of professional decision making. This group should be approached at an early stage to become involved in practice guideline production. Appendix B shows the constitution and membership of the PPLG.

5.4 Identification of the need to develop a practice guideline can come from a variety of sources. The annual delegate conference (ADC) of the Society of Radiographers and queries from individual members may identify a need, as might one of the SCoR special interest groups (SIG) or the Public and Patient Liaison Group. Other groups and bodies, such as the National Imaging Board, reflect changes in health and social care policy, which may necessitate the development of new or updated guidance. An example of this is the identified need for a practice guideline about caring for people

with dementia and their carers, which was raised and debated at the ADC in 2013, and is supported by recent changes in government policy about dementia care.

5.5 When a need has been identified, an approach should be made to the Director of Professional Policy for an informal discussion. If the response is positive, a brief, formal application to develop a practice guideline should be made to the DPP and a proforma for this is included at Appendix C. A response will be received within 1 month.

5.6 The decision to proceed with the development of a new practice guideline will be made by the DPP in consultation with the SCoR policy, guidance and advice officer and other members of the professional officers' team. The DPP is responsible for all professional, educational and research activity. S/he has the authority to determine professional priorities within the SCoR strategic plan<sup>4</sup> and the allocation of appropriate funds within budget, including payments to external individuals and agencies.

5.7 When permission to proceed with the development of the practice guideline has been authorised, guideline producers will be put in touch with the SCoR policy, guidance and advice officer. S/he is the professional officer with overall responsibility for assuring the development of accredited practice guidelines and their approval by UK Council and College Board of Trustees (6.6 below). S/he also ensures that guidelines and associated resources are published, monitored and reviewed (Appendix A, annexe 2).

## **6. Appointment of guideline development lead and core group**

6.1 An individual must be nominated as the guideline development lead and a core group set up to manage the guideline development project. The appointment of the lead is made by the DPP in consultation with the policy guidance and advice officer and the relevant subject specific professional officer. If an approach to develop the guideline has come from a practitioner or group of practitioners with knowledge and expertise in the field, then one of these is likely to be the most appropriate to lead the work.

6.2 The SCoR employs a team of professional officers with expertise in the different areas of radiographic practice, for example, diagnostic imaging, radiotherapy and ultrasound. When the need for an accredited practice guideline has been accepted, the person in whose area of professional practice the guideline falls will be a member of the core group and may also be asked to lead it. This person will be responsible for ensuring that administrative systems and processes are put in place to support guideline development.

6.3 The core group should comprise 3 - 5 people. It is highly desirable to include a lay person in the core group, but, if this is not possible, there must be involvement of the PPLG and/or other lay people at the earliest possible stage and throughout the development of the guideline. The size should be sufficient to allow breadth of expertise but small enough to be a manageable, functional unit. Members of the core group must be able to commit themselves to the project tasks and agreed timescale.

6.4 The guideline development lead and the relevant professional officer are responsible for choosing the core group. They need to be carefully chosen for their specific expertise in the subject matter and at least one member must have the research experience and critical skills needed to undertake a systematic review of literature. The lead may well have contacts among their professional networks who can be nominated and the professional officer has access to the SCoR databases of networks and members.

6.5 The core group lead and professional officer, if different, should work together to approach potential members and agree any requests for funding, which must be authorised by the policy, guidance and advice officer. The professional officer should confirm core group terms of participation in writing, including any fees or expenses and express adherence to the SCoR conflicts of interest policy and procedures.

6.6 Key responsibilities of the policy, guidance and advice officer;

- advise the DPP about the appointment of the guideline development lead,
- oversee of the production of the practice guideline in accordance with process manual,
- assist with scoping the practice guideline project (8.1 below)
- provide support to the guideline lead regarding SCoR policy and professional matters
- act as the channel of communication with the DPP, the PPLG and UK Council,
- advise re membership of the stakeholder group,
- ensure that SCoR processes and timescales are fully adhered to.

6.7 Key responsibilities of the guideline development lead;

- lead the development of the scoping document and timeline for development in conjunction with the policy, guidance and advice officer,
- facilitate and manage agreement of core group tasks and responsibilities,
- oversee the formation of an appropriate stakeholder group,
- facilitate agreement of outputs,
- ensure the practice guideline is developed in accordance with the process manual,
- maintain document tracking and control,
- set deadlines for production and submission of the practice guideline for accreditation,
- liaise with the professional officer regarding SCoR matters, including administration,
- ensure accurate records are kept,
- keep the practice guideline document under review.

6.8 Additional key responsibilities of professional officer (if **not** the guideline development lead);

- advise re core group and stakeholder group membership,
- confirm core group membership in writing (6.4 above),
- ensure SCoR policy and procedures are adhered to,
- liaise with and oversee the contribution of the professional administrator.

6.9 Core group tasks and responsibilities;

- scope out the practice guideline project,
- formulate the key question(s) to be answered by the practice guideline,

- identify and allocate specific tasks necessary to produce the practice guideline,
- assemble a stakeholder group of lay people, peers and expert opinion,
- agree the outputs from the project,
- agree the timeframe and meet deadlines for production of the practice guideline,
- monitor and evaluate implementation.

## **7. Appointment of the stakeholder group**

7.1 For the practice guideline to achieve the widest possible acceptance it must have the support of patients and carers, and of the workforce involved in service delivery. The core group, which should include a lay person, must bring together a stakeholder group to provide relevant review and feedback about the practice guideline document as it is being developed. The stakeholder group needs to be recruited early and be involved at the initial planning stages if possible.

7.2 Lay people must be involved; the SCoR has an active public and patient liaison group (PPLG) who can be asked to be members (Appendix B). Peer professional involvement should be sought from all levels of the workforce; managers, educators, researchers, students and practitioners. The SCoR professional officer in the core group will be able to assist with these tasks using their professional networks and through the published journals. If the practice guideline concerns a topic where there are expert interest groups such as The Alzheimer's Society or British Heart Foundation, they should be approached for external review of the final draft document.

7.3 All stakeholders should have clear guidance to enable effective participation in the review process. In particular, lay members may require additional support from core group members about how to think about what they are reading and then to structure their comments.

## **8. Developing the practice guideline – the process**

### **8.1 Stage 1 - Scoping the practice guideline project**

Following agreement to proceed and in tandem with setting up the core group, the first stage is to produce a scoping document for the project. This document will become the main reference and blueprint for the core group as they develop the practice guideline and should cover the following key areas;

- provisional title and overall objective of the practice guideline,
- the clinical, healthcare, social, financial and/or organisational questions that will be addressed within the guideline,
- the target audience i.e. who the guideline is for,
- the population covered by the guideline; this could be a whole population, such as in screening, or a specific condition, examination or intervention. It should also include any pre-determined socio-cultural categories such as gender, age, and ethnicity.
- the setting for the practice guideline e.g. imaging, radiotherapy, acute hospital, community service,
- any circumstances where the guidance will not apply,
- identification of possible tools for dissemination, implementation and evaluation.

### 8.1.1 Timescale for development

A detailed timeline must be developed to guide the production of the practice guideline and attached to the scoping document. The level of detail should be sufficient to guide the core group in achieving its outcome and to enable the SCoR UK Council and College Board of Trustees to be assured about the rigour of the development process. As a minimum, the core group should agree the order and allocation of tasks, milestones in the process and meeting points for the core group.

### 8.1.2 Formulating the question(s)

The questions or issues to be addressed within the practice guideline should arise from and relate directly to the scoping document. Using a recognised system such as the PICO (patient population, intervention, comparison and outcome) framework provides a sound basis for identifying and formulating these. It also assists with undertaking a systematic review of current literature, which is an essential component of practice guideline production, and where the meaning of each element of the search questions(s) must be unambiguous.

The following are examples of questions formulated to enable a review of literature to be undertaken;

*'What current evidence is there to assist radiographers and the wider radiography workforce to give the best care to people with dementia and their carers when attending for imaging or radiotherapy?'*

*'What current evidence is there to assist radiographers and the wider radiography workforce to give optimal skin care advice to adult patients undergoing radical, external beam, megavoltage radiotherapy?'*

## 8.2 Stage 2

### Identification and allocation of tasks

The core group must decide the tasks needed and who will be responsible for ensuring their completion. These will include;

- review of current practice and evidence,
- identifying and engaging stakeholders,
- systematic literature review including search strategy and commentary on quality of the evidence base,
- identification of themes,
- formulation of statements and grading them if the evidence warrants,
- identification of chapter headings,
- development of implementation guidance and audit tools,
- drafting the document.

## 8.3 Stage 3

### Finding the evidence – ensuring rigour

Evidence may come from a variety of sources. As well as research-based evidence gathered from systematic reviews, randomised controlled clinical trials (RCTs), observational studies and other kinds of quantitative and qualitative research studies, relevant and valuable knowledge may be obtained from other sources. These include; the expert knowledge of patients and carers, policy and

organisational knowledge that govern service developments, and practitioners' knowledge and experience.

8.3.1 The process of finding and determining the quality of the evidence must be transparent, rigorous and systematic. Using the parameters identified in the guideline questions to determine the literature base and search strategy, articles should be selected and categorised for inclusion using a recognised system such as the PICO (patient population, intervention, comparison and outcome) framework.

8.3.2 A data extraction template should be used to record significant information for each article selected. This will enable the reviewers to determine their usefulness in relation to the key questions and to decide whether to include them in the final selection. Use of the template will also permit justified, explicit reasons for exclusion to be documented. An example of a data extraction template is at Appendix D.

8.3.3 Once the final selection of literature has been agreed, it should be possible to consider the overall quality of the evidence base that will be used to formulate the recommendations. Quality of evidence is denoted as high, moderate or low using a hierarchy where it is generally accepted that meta-analyses of RCTs and other objective methods generate the highest quality evidence while more subjective methods and expert opinion are rated as low quality.

#### 8.4 Stage 4

##### Formulating and grading of guideline statements (recommendations)

Practice Guidelines make recommendations about the actions that should be taken in a given situation or with a specific condition as identified in the scoping document. The recommendations must arise clearly and directly from the evidence and, in developing the recommendations, any limitations of both the quality of the evidence and process used to generate it should be taken into account.

8.4.1 This process should be done by the core group. The body of evidence needs to be sifted, evaluated and a first draft of the recommendations developed. These must be written in such a way that they are clear, accessible and unambiguous. The recommendations should be grouped in themes related to the overall objective and key questions to be addressed within the practice guideline. If there are different options for managing an examination or intervention, or any specific exclusions, then these should be set out clearly in the practice guideline. The evidence that supports each recommendation needs to be explicitly associated with each statement.

8.4.2 The core group should try to achieve a consensus for each recommendation. The method used to reach a consensus may be informal (unstructured discussion) or more formal, as in a chaired meeting with a structured discussion that is recorded in minutes. If there is dissent, then this should also be recorded, but the majority view should normally prevail. The process for achieving consensus must be repeated following feedback from stakeholders.

8.4.3 When considering the weight to be given to any dissent, the core group must also take into account any conflicts of interest, professional and/or financial. This is particularly important since

guideline producers are working on behalf of the SCoR and need to be aware of the possibility of undue professional bias and able to show that this is not a factor in any of the recommendations.

#### 8.4.4 Using a formal grading system

The use of a formal system to grade the strength of recommendations is commended to guideline producers to bring consistency to the process. The SCoR recommends that core groups look at using the GRADE (Grading of Recommendations, Assessment, Development and Evaluation) system for this purpose where appropriate. The advantage of GRADE is that it permits guideline developers to use the evidence to distinguish between strong and weak (or discretionary) recommendations based on factors other than the quality of the evidence base<sup>5</sup>. If GRADE is not applicable, then core groups should look for other frameworks for judging the strength of the recommendations such as SIGN.

8.4.5 GRADE has been developed to provide consistency for guideline developers in relation to rating the quality of evidence and grading the strength of recommendations. Since 2008, an international group has been working to develop and refine the system so that it has become the system of choice for many clinicians. GRADE introduces a distinction between the quality of the evidence as measured by traditional hierarchies of evidence and the strength of any recommendations flowing from that evidence, offering a transparent process for moving from evidence to recommendations.

8.4.6 High quality evidence does not necessarily imply strong recommendations and vice versa. For example, there may be strong evidence that a particular intervention works but also produces unpleasant side effects, which could make the judgement about recommending the intervention weaker and more subjective. This distinction between the quality of evidence and the strength of recommendations permits flexibility that is particularly useful for radiographic research since it spans the whole range of methodologies from RCTs to interpretive phenomenological studies.

8.4.7 The level of confidence that the core group has can be reflected in the way that the statements are written. As suggested above, it may be necessary to differentiate between strong (should or must) and conditional (suggested) recommendations. This differentiation between strong and weak is more likely to occur in radiographic practice when making judgements about the use of specific imaging examinations or radiotherapy protocols, where a strong recommendation indicates that most service users would wish to receive the service, while a conditional recommendation is more equivocal, perhaps because of undesirable effects.

8.4.8 GRADE is a complex tool, which does have limitations; for example, it cannot be used where a topic area has no clear outcome measures or obvious alternative management strategies (Guyatt et al, 2011)<sup>6</sup>. The core group producing the practice guideline must first decide whether GRADE is the appropriate tool for developing the recommendations and, if not, then a properly justified decision must be given within the practice guideline document. Further information about GRADE and its applications, together with hyperlinks, is at Appendix E.

#### 8.4.9 Stakeholder involvement

The first draft should be circulated to the stakeholder group for feedback and comments. These must be addressed formally by the core group and consensus reached on the final (next) version of

the recommendations. Depending on the nature of the stakeholder feedback, it may necessary for this process to be repeated.

8.4.10 The final version of the practice guideline should be reviewed externally prior to submission for accreditation. See 9.3 below

## 8.5. Stage 5

### Agreeing Outputs

The purpose of an accredited practice guideline is to improve individual patient and population health and wellbeing, in this case, by ensuring that best practice is embedded across the radiographic workforce. Producing a quality practice guideline is only the beginning; the core group must also consider the possible impacts, financial and organisational, of implementation and determine strategies for dissemination and implementation of the guidance and produce (or facilitate the production of) materials to support implementation.

8.5.1 Apart from the practice guideline document for accreditation, the following are examples of materials that core groups should consider producing to aid dissemination and implementation;

- a summary document that provides an accessible account of the new practice guideline and is suitable for patients,
- fact sheets to support implementation,
- implementation guidance for managers, including resource implications and potential barriers to implementation,
- selection of reliable and valid impact measures, including behavioural change
- learning resources to support effective implementation, e.g. PowerPoint presentation, e learning module,
- identification or development of audit tools to evaluate the effectiveness of implementation. This section could include advice about locally-driven audit to fit with department or Trust protocols.

The practice guideline and its associated documentation will be available for public access through the SCoR online document library<sup>2</sup>.

## 8.6 Stage 6

### Writing the practice guideline document

The core group lead is responsible for editing the document into a coherent whole, in consultation with the lead professional officer. The writing of each chapter should be given to a core group member with the relevant expertise. The dates of publication and planned review should be included on the front cover of the final practice guideline document.

8.6.1 It is vital that the language and format of the practice guideline is appropriate to its intended audience. The SCoR has procedures in place for proof reading and publication of their documents in accessible formats<sup>2</sup>.

A practice guideline document template is at Appendix F.

8.6.2 The timeframe should be set out in the published timeline, attached to the scoping document. The core group must bear in mind the importance of moving quickly between the literature review, the drafting of recommendations and the production of the guideline document so that the work remains current. However, the timeframe should be realistic, allowing time for a systematic literature review, drafting of the statements, their circulation to the stakeholder group in an iterative process that continues until consensus is reached or the core group is satisfied the a sufficient consensus has been obtained, and external review. This is likely to take between 6 -12 months.

## **9. Governance and Editorial Independence**

### **9.1 Role of the Society and College of Radiographers**

The SCoR, as the professional body for the radiographic workforce, gives professional leadership and guides and supports professional development in the interests of patients and high quality health and care services. It sponsors the development of practice guidelines and a SCoR professional officer is a member of the core group (see section 5 above and Appendix A). It is essential that guideline producers demonstrate explicitly within their practice guideline that the views and interests of the SCoR have not negatively influenced the recommendations.

9.1.1 No external funding is sought to assist with guideline development. However, in the unlikely event of external funding being offered and accepted, the practice guideline should contain a statement that the views and interests of the funding body have not influenced the recommendations.

### **9.2 Core group**

The core group has overall responsibility for the production of the guideline, the avoidance of any conflicts of interest and the maintenance of editorial independence. Apart from the professional officer, core group members are volunteers who have been recruited to the group for their specific expertise or interest.

9.2.1 It may be appropriate to make payment to core group members, for example, expenses or for specific work done, such as literature searching. If this is the case, the SCoR policy for payment of expenses applies and must be transparent, equitable and within budget. The professional officer member of the core group takes responsibility for expediting this.

9.2.2 The core group should agree and document how they intend to work together. This should include the number and frequency of meetings, whether these will be face-to-face or by electronic communication, and the scope and purpose of each. Meeting notes should document agreed decisions so that a transparent audit trail is produced.

### **9.3 Declaring and dealing with conflicts of interest**

The SCoR has a policy and procedures for managing conflicts of interest, which apply to all individuals who undertake any role on its behalf. There is a specific procedure for producers of practice guidelines, which must be followed (Appendix G). All members of the core and stakeholder groups, together with external reviewers must be asked to sign a conflict of interest declaration. The guideline development lead must not have any interests specific to the agenda and a majority of the guideline development group must not have any conflicts. The signed declarations must be kept on

file and available for inspection. Including the names and affiliations of those involved in developing the statements is a useful way of demonstrating the independence of contributors to the practice guideline.

Where competing interests are identified as per Appendix G, these must be described in the practice guideline together with an evaluation of any impact on the process and recommendations.

#### 9.4 Stakeholder group

The process of refining the practice guideline statements should be an iterative one that involves stakeholders, with editorial control remaining with the core group. The process for engaging with the stakeholder group must be set out clearly in the timeline. This should include the expectations and limitations of stakeholder involvement and the communication arrangements.

#### 9.5 External review

When the practice guideline is in its final form, it should be peer-reviewed by external experts. If possible this should include someone who will be a user of the guidance, an expert in evidence-based developments and a patient. A peer review form is at Appendix H. When the forms have been returned, the core group will need to decide, what, if any, amendments may be needed to the finalised version of the practice guideline document.

#### 9.6 Record keeping and administration

The core group must keep a detailed record of its deliberations and decisions made. They should agree arrangements for who will keep notes and record decisions, the process for circulation for comment and agreement, and how final decisions will be determined. The core group leader, in consultation with the professional officer, has editorial control and overall responsibility for ensuring that records are an accurate reflection of the development process.

9.6.1 All documentation related to the development of the practice guideline must be categorised and filed electronically. A table of supporting documentation, cross-referenced to the practice guideline, will need to accompany the practice guideline when it is submitted for accreditation. The SCoR administrator assigned to the project will undertake these tasks, supported by the professional officer.

#### 9.7 Document tracking and control

It is vital that there is only one copy of the draft practice guideline during the development process. Each version must be labelled and dated prior to circulation. The core group leader is responsible for document control at all times and must maintain the current working version. The SCoR document labelling method should be used.

#### 9.8 Approval processes and publication

When the core group, in consultation with the policy, guidance and advice officer, is satisfied that the practice guideline and associated documentation is ready for submission for accreditation, it will be sent for checking for plain English and proof-reading and submitted for approval by the SCoR UK Council and the College Board of Trustees.

## 9.9 Document review

The practice guideline will be reviewed regularly and a date for review should be on the front cover of the document, together with the date of publication. There is a standard three-yearly review process in place at SCoR, overseen by the policy, guidance and advice officer. Her responsibilities include undertaking a six-monthly sweep of the website and on-line document library to ensure that the professional body's advice and guidance remains current and that reviews are timely.

As a UK-wide professional body, the SCoR has extensive networks with policy makers, clinical services and universities, including specialist practice interest groups. Policy changes are regularly monitored and reviewed by the SCoR team of professional and educational staff, which includes a full time Knowledge Manager.

When a guidance document is approaching planned review, the SCoR professional and educational team decides formally whether a full or partial review is required, or whether the document should be withdrawn and archived. This decision is based on a review of policy and published evidence, in consultation with the relevant expert practitioners and researchers. It is undertaken by the professional officer within whose purview the guidance sits.

A need for unplanned review may arise due to policy changes, published evidence suggesting a change may be required, or the emergence of new technologies and interventions that indicate a need for the practice guideline to be updated. Identifying the need for unscheduled review is within the roles and responsibilities of the SCoR professional and educational (professional officer) team, under the direction of the Director of Professional Policy.

The review process should be supported by regular consultation with people with a special interest in the topic, such as the specialist practice interest group, or guideline stakeholder group, to ask if they are aware of any changes to the evidence base that may trigger an early review and update of the practice guideline.

The process should be documented within the practice guideline together with the name of the responsible person (Appendix A).

## 10. References

1. Process manual for accrediting producers of guidance, advice and recommendations for practice; a guide for producers and stakeholders' published by NICE in September 2009, updated May 2013
2. The Society and College of Radiographers.  
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3. The Society and College of Radiographers  
<https://www.sor.org/about-us/who-we-are>  
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<https://www.sor.org/about-us/statutory-documents/annual-reports>

<https://www.sor.org/about-us/statutory-documents/legal-reports-accounts>

4. SCoR Strategic Framework 2012-2014

<https://www.sor.org/about-us/council/strategy>

5. GRADE Working Group (2008)

<http://www.gradeworkinggroup.org/publications/index.htm#BMJ2008>

6. Guyatt et al. GRADE guidelines: 1. Introduction: GRADE evidence profiles and summary of findings tables *Journal of Clinical Epidemiology* **64** p383-394 **2011**

## **11. Appendices**

[Appendix A](#)

SCoR structure and lines of accountability

[Appendix B](#)

PPLG Constitution and Membership

[Appendix C](#)

Proforma for application to develop a practice guideline, to include justification, funding

[Appendix D](#)

Data Extraction Template

[Appendix E](#)

GRADE system

[Appendix F](#)

Practice Guideline Template

[Appendix G](#)

Managing conflicts of interest

[Appendix H](#)

Peer Review Proforma