

## Irish clinical guidelines published without adequate peer review



**Dr Garrett McGovern and Dr Cathal O Sullíobháin,**

### **GPs specialising in treatment of people who use drugs Dublin Ireland**

Despite the Irish opioid treatment services being over 25 years old there has never been a peer reviewed set of clinical guidelines. Sadly, this has been reflected in the quality of guidelines that have been produced. In 2008 the Irish College of General Practitioners (ICGP) produced guidelines that fell significantly short of international standards and prompted an external review of its audit procedures and the guidelines that underpin clinical audit. The review concluded that *“The (audit) criteria are seen as inappropriate, not currently evidence based, not conforming to practice in other countries, with practice in other areas, inflexible and in some cases may be restrictive to person centred care, They are based on the 2008 guidelines but not consistent with the current evidence base”*.

In 2010, Professor Michael Farrell, of the National Addiction Centre, King’s College London, carried out a review of the Irish Opioid Treatment services (*Introduction of the Opioid Treatment Protocol, 2010*). One of his key recommendations was the development of clinical guidelines which he said should be *“completed by September 2011 at the latest”*. He also advised that all stakeholders should be represented in the process. Sadly, General Practitioners Specialising in Substance Abuse (GPSSAs) were excluded despite thirty three of them writing to the chair of the guidelines development group requesting representation.

The guidelines failed to meet the deadline of September 2011 by almost five and a half years and were developed by a small group of individuals with similar views on what they believed to be best practice. The document has been at best peer reviewed by one person (there are no other names mentioned in the document) although it is not clear that this person *actually* peer reviewed the document at all.

In Ireland, for clinical guidelines to attain the status of “National Guidelines” they require submission to the National Clinical Effectiveness Committee (NCEC). The assessment by the NCEC is rigorous and requires at least two independent external peer reviewers. The Health Service Executive (HSE) has said that these guidelines were not submitted to the NCEC because the evaluation criteria of the NCEC changed after the work of the guidelines drafting group commenced (whatever that means!)

Sadly, after a quarter of a century in operation the Irish drug treatment services continue to be bereft of internationally recognised clinical standards and have instead produced guidelines that the Health Information and Equality Authority (HIQA) warned could cause more problems than they solve.

- Poor quality or out-of-date guidelines can encourage the delivery of ineffective, wasteful interventions that may do more harm than good.

- The evidence base that allows development of recommendations may be incomplete, misleading or misinterpreted.
- Guidelines can be viewed as being restrictive for healthcare professionals making it difficult to tailor care to service users' specific condition and circumstances.
- Recommendations may be influenced by the opinions, clinical experience and composition of the guideline development group.
- Recommendations for costly interventions may displace limited resources that are needed for other services of greater value to service users.
- The value judgement made by a guideline development group may be inappropriate for individual service users.
- There may be concerns that guidelines could be used as citable evidence for malpractice litigation against healthcare professionals, although there has not been significant use of guidelines for this purpose.

All is not lost, however. These guidelines have coincided with the update of the UK Clinical guidelines (The Orange Book) which have gone through the exact rigorous assessment process that the Irish guidelines were denied. Furthermore, Ireland will see its first supervised injecting centre opened by the end of 2017. If only the guidelines could match this historic landmark in Irish drug policy.