

# Information for you

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## About RCOG guidelines and parallel information for the public

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### Key points

- As part of its work, the Royal College of Obstetricians and Gynaecologists (RCOG) produces clinical guidelines and statements for health professionals.
- Guidelines are written in order to improve the treatment and care of women.
- They are developed in a systematic way from the best research evidence and are recommendations for good practice.



- In addition to the guidelines, the RCOG produces information for the public on equivalent topics.
- RCOG guidelines as well as parallel information for the public are intended to help you and your healthcare team make better, shared decisions about your care.
- Guidelines for professionals can be found on the RCOG website at [www.rcog.org.uk/en/guidelines-research-services/guidelines](http://www.rcog.org.uk/en/guidelines-research-services/guidelines).
- Parallel information for the public can be found on the RCOG website at [www.rcog.org.uk/en/patients/patient-leaflets](http://www.rcog.org.uk/en/patients/patient-leaflets).

## About this information

The Royal College of Obstetricians and Gynaecologists (RCOG) is the professional body that oversees the medical education, training and examination of obstetricians and gynaecologists in the UK. The primary role of the RCOG is setting clinical standards, delivering postgraduate education and advising on the nature and content of educational programmes for doctors in training.

As part of its work, the RCOG produces clinical guidelines and parallel information for the public on the treatment and care for women. This information tells you about:

- how RCOG clinical guidelines are produced
- the way in which information for the public is put together from these guidelines.

## About RCOG guidelines

Guidelines make recommendations about the specific aspects of conditions, investigations, procedures and treatments that relate to the medical health of women. Some topics covered by the current clinical guidelines include:

- how to manage chronic pelvic pain
- prevention of early Group B streptococcal disease
- how to investigate and treat recurrent miscarriage
- how to manage genital herpes in pregnancy.

A list of all clinical guidelines can be found on the RCOG website at [www.rcog.org.uk/en/guidelines-research-services/guidelines](http://www.rcog.org.uk/en/guidelines-research-services/guidelines).

Clinical guidelines are based on the best available evidence. They help to ensure that women receive care which has evidence or expert opinion to support it rather than being based on 'individual opinion' (anecdotal). Guidelines also help to ensure that each woman has an equal opportunity to obtain the best care.

Guidelines are recommendations. They are not meant to dictate rigidly, but to support healthcare professionals in their work. In deciding what treatment or care to offer, the doctor, nurse or midwife will always take account of an individual's need, local conditions and resource

## How is an RCOG guideline developed?

In the first instance, a team of people responsible for producing the guideline identifies the reason or reasons why a particular guideline is needed. At the RCOG, this team is usually the Guidelines Committee. This committee works in collaboration with the RCOG Women's Network ([www.rcog.org.uk/en/patients/rcog-womens-network](http://www.rcog.org.uk/en/patients/rcog-womens-network)) and relevant professional societies to identify a relevant guideline.

A guideline may be needed for a number of reasons. It could be that there have been rapid developments in a particular area of practice or that significant new evidence has become available on a particular

condition. Alternatively, it may be that a guideline on a specific procedure would encourage consistency of approach and care.

Once the need for a guideline has been identified, the questions the guideline needs to answer are considered. These questions provide the purpose and scope of the guideline. The authors responsible for developing the guideline, who will include an appropriately qualified expert or group of experts, write an initial scope. This scope is then approved by the RCOG Guidelines and Audit Committee.

## Gathering evidence

A systematic search of the published evidence is carried out using large, international databases of scientific research and healthcare reports. This covers the areas within the scope of the guideline. The methods used to search for the evidence are also described in the guideline.

## Assessing evidence

At the next stage, the guideline authors assess all the evidence gathered. This involves looking at each study and identifying how it was carried out. This is important because the way in which a scientific study is carried out has a bearing on how reliable and valid and significant its findings are. To illustrate this, if a study reports that a healthcare treatment is effective, then it is important to see how the study was carried out, that is, how the treatment was assessed. One of the best ways of assessing a treatment is to compare it with an alternative treatment or with no treatment at all. This type of investigation is known as a randomised controlled trial.

### What is a randomised controlled trial (RCT)?

Randomised controlled trials are designed to test the effectiveness and safety of healthcare interventions (that is, treatments or procedures) as fairly and objectively as possible. RCTs ensure that, as far as possible, the results of a test or trial are not due to bias.

If results are available from a number of trials for a particular intervention, then this is likely to provide evidence that is more reliable than evidence from a single trial.

### What are systematic reviews?

Systematic reviews use standardised, pre-defined methods to:

- find all relevant studies on a specific topic
- address the quality of these studies
- ascertain whether these studies should be included or excluded from the review
- summarise the results of those studies of adequate quality.

The best evidence comes from good systematic reviews. Some systematic reviews include a meta-analysis, which is a statistical summary of the results of the included studies.

In addition to looking at the evidence for healthcare treatments, authors may also assess evidence on particular interventions and procedures for diagnosing conditions. Different types of studies are used in these instances, which are not randomised controlled trials. These studies have specific factors which require careful assessment to ensure that they are not biased. It is also possible to combine these in systematic reviews to help inform practice.

## How is the level of evidence graded?

The guideline authors grade the evidence in a hierarchy from level 1 to level 4, depending on the methods used to gather it. These are described on the final page of each of the guidelines (see **Classification of evidence levels** on each guideline).

## Making recommendations

The guideline authors draw up a number of recommendations, based on the evidence they have gathered, and provide a summary of the evidence that supports each recommendation.

Recommendations are graded according to the strength of the evidence that supports them. The grades of recommendations are Grade A, B, C and 'good practice point'. These are described on the final page of each of the guidelines (see **Grades of recommendations** on each guideline).

A summary of the evidence that supports each recommendation is also provided. The guideline includes a list of references to the evidence for recommendations.

The authors may also identify areas of uncertainty. These are areas where further research is needed. The guideline may suggest specific standards (known as audit standards), which will enable a service to measure its performance.

The draft guideline document then goes through a process of consultation (see section on **Peer review**).

After this, the guideline is approved by the Guidelines Committee and the RCOG Clinical Quality Board (see section on **Final approval**).

## RCOG parallel information for the public

The RCOG aims to support women in understanding what they can expect of their health care. It produces parallel information for the public, which is designed to be:

- web-based
- used and adapted by each unit within the UK and Ireland
- readily available
- easy to understand
- reliable
- up-to-date.

## What does information for the public include?

Information for the public usually covers, in plain language, the recommendations made in the equivalent guideline. It also includes:

- a series of questions and answers women are most likely to want to know. Examples of these questions might include:
  - What is this intervention/condition?
  - What could it mean for me?
  - What could it mean for my baby?
  - What treatment is available?
  - What are the risks and benefits of interventions/treatments?
- a link to the equivalent guideline or statement
- the date of publication and review date.

## How is information for the public produced?

Information, based on the guidelines, is developed by the RCOG's Patient Information Committee. This group includes consumer representatives and clinicians.

The Patient Information Committee identifies a guideline from which to produce parallel information and prepares a first draft. This is discussed and revised by the Patient Information Committee.

### Peer review

Draft guidelines, as well as parallel information for the public, go through a number of revisions before publication. This process is known as peer review. It helps to ensure that the RCOG draft:

- guideline is evidence-based and practical
- information for the public accurately reflects the guideline in an accessible way.

### RCOG guideline

The draft guideline document is circulated to expert health professionals (obstetricians, gynaecologists, midwives).

### RCOG parallel information for the public

The draft information for the public is circulated to:

- relevant clinicians (including RCOG members and fellows)
- the RCOG Women's Network
- the RCOG Women's Voices Involvement Panel
- consumer representatives
- relevant voluntary sector organisations
- identified outpatient clinics for women who are attending to comment.

### RCOG website

As part of the peer review process, draft documents are also posted on the public section of the RCOG website (under Guidelines – Consultation documents: [www.rcog.org.uk/en/guidelines-research-services/guidelines/consultation-documents](http://www.rcog.org.uk/en/guidelines-research-services/guidelines/consultation-documents)). This means that everyone who wishes to comment has an opportunity to do so.

The drafts go through a number of revisions, based on reviewers' comments. Members of the Guidelines Committee and the Patient Information Committee consider peer reviewers' comments and then agree all changes necessary.

### Final approval

Before publication, the final version of the guideline and patient information must be approved by the following RCOG committees:

- Guidelines Committee
- Clinical Quality Board.

# Informing healthcare professionals and the public

## RCOG guideline

After publication, all members and fellows of the RCOG receive an email informing them of the published guideline. This means that a copy goes to every obstetrician and gynaecologist in the UK who is a member or fellow of the RCOG.

Both the guideline and parallel patient information are available on the public section of the RCOG website.

## Keeping information up-to-date

Guidelines are reviewed three years after publication. They are either:

- updated – if new evidence has emerged that needs to be included  
or
- withdrawn – if the guideline is no longer relevant.

Occasionally, a guideline may need to be reviewed within three years of publication. This is usually because new evidence emerges with important implications for practice.

Parallel information for the public is also reviewed in line with the guideline. As a minimum, the information is updated whenever the equivalent guideline is revised.

## Is there anything else I should know?

- RCOG information for the public is not meant to replace personal advice from a doctor, midwife or nurse about your own situation.
- Information for the public may not cover every aspect of care for a particular condition. Links to other sources of evidence-based information and organisations that offer appropriate support are provided below.

## Sources and acknowledgements

This information is based on the appendix to all Royal College of Obstetricians and Gynaecologists (RCOG) guidelines and on the Clinical Governance Advice No. 1a: *Development of RCOG Green-top Guidelines: Policies and Processes* (published by the RCOG in 2006), which is available at: [www.rcog.org.uk/en/guidelines-research-services/guidelines/clinical-governance-advice-1a](http://www.rcog.org.uk/en/guidelines-research-services/guidelines/clinical-governance-advice-1a).

## Other information

These websites provide more information about evidence-based medicine and clinical trials.

National Institute for Health and Care Excellence: [www.nice.org.uk/Guidance](http://www.nice.org.uk/Guidance)

Centre for Reviews and Dissemination: [www.york.ac.uk/inst/crd](http://www.york.ac.uk/inst/crd)

Finding clinical trials on the internet: [www.nhs.uk/Conditions/Clinical-trials/Pages/Introduction.aspx](http://www.nhs.uk/Conditions/Clinical-trials/Pages/Introduction.aspx)

Scottish Intercollegiate Guidelines Network: information on clinical guidelines: [www.sign.ac.uk](http://www.sign.ac.uk)

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