Reviewer’s report

Title: Clinicians' evaluations of, endorsements of, and intentions to use practice guidelines change over time: a retrospective analysis from an organized guideline program

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Reviewer: Béatrice Fervers

Reviewer’s report:

This manuscript addresses an issue of interest for guideline developers and implementers. Current evidence suggests that the overall effects of guidelines on practice lag behind expectations and that guidelines characteristics are significant predictors of their use. Looking into the evaluation and perception of clinical practice guideline by targeted users is therefore an issue which is highly relevant to the audience of Implementation Science.

External review of clinical practice guidelines is one of the items of the AGREE instrument and can be considered as a standard procedure of systematic guideline development. Systematic external peer review of practice guidelines yields an important amount of data over time that most often remains unexplored. The study of Brouwers et al shows that the analyses of such data can provide important insights into the perception of guidelines.

Specific comments on the manuscript:

Minor Essential Revisions

1. Characteristics of participating physicians
The authors report that the practitioners’ amount of time devoted to research had an impact on the rating of the guidelines’ applicability. Information about physicians’ research involvement should be provided.

2. Guideline review
The authors provide some information about the review process (page 5). Additional information should be provided regarding the number of physicians to whom a guideline is addressed for review as well as the average response rate (spontaneously and after reminder) of this review process. How many physicians were involved in the review of more than one guideline?

3. The standard deviation of the mean 6 year score should be presented?

4. Clinician’s Assessment of Practice Guidelines in Oncology Survey
Although methods and results of this survey are reported elsewhere it would be important for the reader of the present manuscript to know when the data for this survey has been collected.
5. It should be stated that the number of physicians involved in the survey (520) differs from the number of physicians involved in guideline review (756).

6. Abbreviation
Page 7: DSG = disease site group? Explain abbreviation

7. Page 22, Table 2: The title mention a ‘Five-year mean’ score whereas in the table it is referred to a ‘Mean 6 Year Score’.

8. Figure 1-4: the legend of the figures 1-4 should be completed

Discretionary Revisions

9. Characteristics of participating physicians
Do the authors have any data on the age of the participating physicians? Did the age of the practitioners impact on the ratings?

10. Guideline review
It would increase the strength of the study if the authors could provide characteristics of non-respondents to external review as well as a comparison of the perceptions and beliefs of respondents with those of non-respondents to external review.

11. Did repeated involvement in external review had an impact on the ratings?

12. Clinician’s Assessment of Practice Guidelines in Oncology Survey
What is the difference between ‘negative misconceptions regarding CPGs’ and ‘negative overall attitude’? It is not clear how the three beliefs domains (beliefs that CPGs are linked to change in practice, negative misconceptions regarding CPGs; and beliefs regarding CPGs as tools to advance quality) are linked to the dimension assessed in the survey: Ontario doctors’ attitudes toward practice guidelines in general, awareness of, and attitudes about, Cancer Care Ontario’s Practice Guideline Initiative and the evidence-based guidelines it produces, self-reported use of guidelines and, factors related to guideline use.

Discussion

12. Increase of ratings for guideline quality over time
The authors report increase in the practitioners’ rating of guideline quality over time. Is the more positive rating over time a result of effective improvement in guideline quality or the result of an educational effect? Comparison of cancer guidelines using the AGREE instrument showed that the year of publication and the version (new versus updated) had little influence on the quality scores. This should be discussed. Although this is beyond the scope of the study, comparison of the study results with quality appraisal of the guidelines with the AGREE instrument should be discussed.

13. The authors may add discussion of the observation that ratings differed
according to practitioners' speciality.

14. Guideline applicability

The authors found that ratings of CPG applicability declined over time. One might argue that while the clinicians become more familiar with practice guidelines (educational effect over time), they also become increasingly aware about the barriers of applying guidelines in practice and consequently of the requirements for a guideline to be applicable in. Evaluation of cancer guidelines with the AGREE instrument has shown that oncology guidelines frequently lack applicability. There is reasonable amount of evidence showing that guideline considered by physicians to lack applicability are less used in practice. The authors might include this aspect in their discussion. It would further be of interest to link the observed results to data on guideline use and practice conformity.

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.

Declaration of competing interests:

I declare that I have no competing interests