

# Evidence-based guideline development manual

Fifth edition



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# Foreword

Since 2011, we have been supporting our members' practice by providing robust, evidence-based, systematically developed guidelines. Our guideline process was previously accredited by the National Institute for Health and Care Excellence (NICE) until 2023. Since NICE is no longer providing this, the onus is on us to ensure that our processes are robust and efficient and that we use them to reflect on the value that our guidelines offer our members.

Evidence-based practice guidelines offer many benefits to our members. They provide information to enhance evidence-informed practice; to support occupational therapists with the case for commissioning and service design; to improve the quality of occupational therapy services; and to establish a framework to support the delivery of our strategic intentions.

Our evidence-based guidelines have been developed in line with our strategic vision and to enhance our professional practice. To provide impact, we, as occupational therapists, must keep abreast of recent developments in our fields of practice. We are required to adjust our practice based on the most up-to-date evidence. These evidence-based guidelines support us to do this. They also help us to find new ways of making things happen.

Each iteration of the manual has provided us with an opportunity to review our processes and make changes that both enhance this resource and draw on a range of expertise in the subject areas covered. Specific changes in the manual include a larger guideline development group,

more structured roles for our public contributors and a governance group to check the quality of the process and outputs. Other changes include a longer phase for developing the scope of the guidelines, the underpinning of recommendations with systematic reviews, a shorter guideline document and the provision of multiple resources that are marketed well and for longer. We aim to measure the reach and impact of the process and to evaluate the changes to it in subsequent publications.

Our members dedicate their time, energy and commitment to delivering these guidelines, with topics selected to support both RCOT's and national priorities. The guideline development group is drawn from a larger section of our membership and the development is underpinned by robust evidence. These guidelines are developed to support you in enhancing your practice. There is a wealth of expertise dedicated to supporting your development as an occupational therapist. I recommend this manual and urge you to use the guidelines in your practice to make sure that you continue to deliver evidence-based therapy.



**Odeth Richardson (she/her)**  
BAOT/RCOT Chair of Council



# Introduction



Our evidence-based guidelines define the best and most effective ways to deliver occupational therapy, relating to occupation-focused topics. Guidelines are systematically developed recommendations based on high-quality research evidence and a consensus of expert opinion.

They should be used by occupational therapists, commissioners and service leaders in planning and decision-making, thereby driving improvement in the quality of their services. A guideline should always allow for professional or clinical judgement based on individuals' needs.

## Occupational therapy practice guidelines:

- facilitate evidence-informed practice
- support business planning and service improvement
- improve the quality of occupational therapy services.



Core elements of a high-quality guideline are:

- a clear scope and purpose describing the overall aim of the guideline, the specific health or social care questions and the target population
- stakeholder involvement to ensure that the guideline represents the views of its intended users and those affected by the recommendations
- use of a rigorous and systematic process to appraise and synthesise the evidence and to develop recommendations, with consideration of the benefits and risks
- a clearly presented format, using unambiguous language appropriate to the target audience
- consideration of how to apply the guideline recommendations, including barriers, cost implications and approaches to support implementation
- a transparent process that demonstrates editorial independence.

This manual sets out the stages of our evidence-based guideline development process. It makes sure that the process is not only tailored to the occupational therapy profession but is also robust, rigorous and sustainable for the future. Throughout the process, we adhere to RCOT's Privacy Policy (RCOT 2022), in line with the General Data Protection Regulation and Data Protection Act 2018.

## Practitioner responsibilities

Routine professional activity, such as record keeping, risk management and safeguarding confidentiality, is every practitioner's responsibility. We assume adherence to current versions of regulatory and professional body requirements and therefore such activity is not covered specifically in evidence-based guidelines.

Practitioners are responsible for ensuring that the interpretation of guidelines is appropriate to the situation, taking into consideration people's

individual needs and local influences, as well as social and/or cultural practices. If the practitioner decides that it is appropriate to deviate from an evidence-based guideline, they should note this in the person's care record, along with the rationale for the decision made. The final decision on the best intervention or action always depends upon the clinical reasoning and judgement of the professional in shared decision-making with the person accessing services and the multidisciplinary team, as appropriate.



## Our guideline development process

The key steps of the guideline development process are shown in Figure 1. We expect to develop a guideline within 18–24 months.

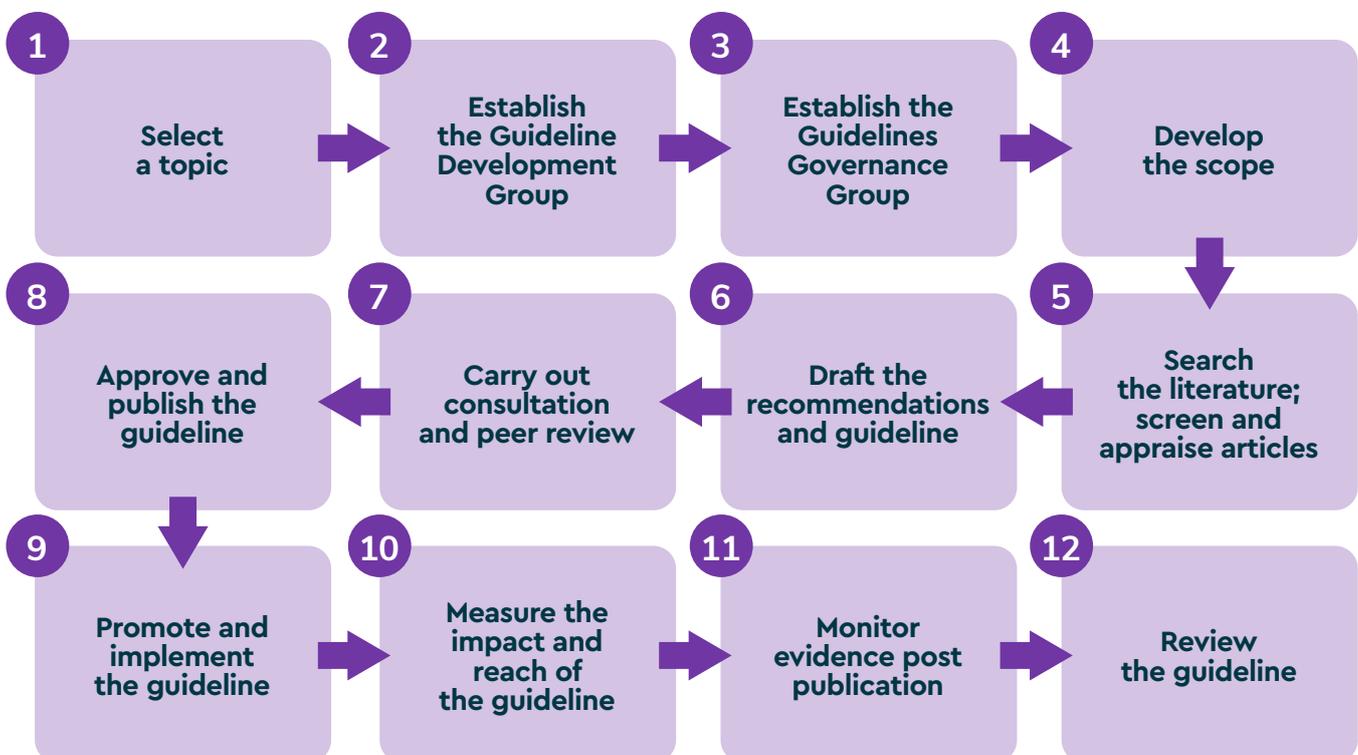


Figure 1: Key steps of the guideline development process

# 1

# Select a topic

Topics for occupational therapy guidelines must support an occupation-focused approach to practice and education. Topic selection is driven by our priorities, national priorities, the potential impact on the profession and the quality and quantity of the evidence base. To be selected, a topic must:

- be occupation-focused
- have sufficient high-level evidence available on which to base recommendations
- be one of our priority areas.

When investigating a possible occupation-focused guideline topic, we carry out a scoping literature search to explore the evidence base. The scoping search is:

- a broad subject search on key relevant databases (for example, title, subject and abstract fields)
- limited by systematic review evidence
- unrestricted by database limiters (except date).

After reviewing the scoping search results, we decide which occupation-focused topic has sufficient high-level evidence and best fits our identified priorities.



## 2

# Establish the Guideline Development Group

The Guideline Development Group consists of 10–12 occupational therapist members, up to three people with lived experience of accessing occupational therapy or caring for someone who has, and relevant stakeholders, such as organisations that represent people with lived experience or multidisciplinary leaders.

A named Lead and Co-lead are nominated from Guideline Development Group members. These roles carry greater responsibility for certain elements of the process, such as writing the guideline, and have accompanying role descriptions.

Ideally, representation on the Guideline Development Group includes all four UK nations, together with practice, research and education expertise, as well as lived experience, so that a balanced perspective is brought to a project.

Occupational therapist members contribute to the entire guideline development process, including:

- developing the scope
- screening and appraising literature search results
- drafting recommendations
- reviewing and potentially writing the guideline document
- assisting with consultation/peer review preparation and responding to consultation/peer review feedback
- launching and publicising the guideline.

People with lived experience and stakeholders may have different levels of involvement compared to occupational therapist Guideline Development Group members. Roles are developed based on the time, skills and interest of those contributing.



For instance, public contributors take part as follows:

- Advisory members participate in the initial scope meeting and then when the Guideline Development Group asks for their advice.
- Key stage members participate in meetings setting the scope and recommendations.
- Full members participate in all steps of the guideline process.

We compensate public contributors for their time based on national guidance. We also pay for reasonable expenses, as defined in our Recognition and Reward Policy, for all Guideline Development Group members.

We discuss opportunities for involvement with our Expert Advisory Groups to ensure those from historically marginalised and under-represented communities are included in the guideline development process.

We provide project management and administrative support throughout the process.

# 3 Establish the Guidelines Governance Group

The Guidelines Governance Group provides an external quality check on the guideline scope and the document itself. The group consists of occupational therapists and public contributors who assess the quality and clarity of the guideline scope and document. We support them to carry out these functions.

We compensate public contributors for their time and reasonable expenses, as defined in our Recognition and Reward Policy.



# 4 Develop the scope

The Guideline Development Group develops the guideline scope, which sets the parameters of the guideline. This includes deciding on:

- the practice question
- the guideline objective
- the target population
- the anticipated outcomes from implementation of the guideline recommendations
- the target audience
- the inclusion and exclusion criteria to be used in screening the literature results, and other parameters for the literature search, such as date limiters and the databases to be searched.

A focused practice question using a specific framework is key to finding high-quality evidence and making evidence-based decisions. We use the PICO methodology to break down clinical questions into searchable terms and to identify the structural requirements for facilitating precise searches, such as containing an identifiable intervention and desired outcome (Richardson et al 1995).

Using the PICO mnemonic helps develop a focused practice question:

**P – Patient or Problem:** Who is the patient or patient group? What are the most important characteristics of the patient/patient group? What is the primary problem, disease or co-existing condition? This needs to be defined in detail: it should include, for example, age, diversity and service context.

**I – Intervention:** What is the main intervention being considered? The intervention defines an action that would be used for this group or the context.

**C – Comparison:** What is the main comparison intervention? The comparison (or alternative intervention) describes another possible action or approach that could be taken and may be used within the practice question as a comparison. In occupational therapy, there may not always be an alternative intervention or action to consider.

**O – Outcome:** What are the anticipated measures, improvements or effects? The outcome should describe the desired/undesired or expected result of the intervention. It is important to highlight and consider the significance of the outcomes to the person/patient group and the potential improvement to their occupational performance.



Within the scope, the Guideline Development Group also needs to:

- consider the social determinants of health and the inclusion of diverse and traditionally marginalised populations
- note key literature
- list stakeholders to be asked to consult on the scope. These stakeholders include not only relevant organisations but also the target population, occupational therapists and any key topic experts.

Once developed, the draft scope is sent to stakeholders in an accessible format for comment. The Guideline Development Group reviews stakeholders' feedback and amends the guideline scope as appropriate.

Following consultation, we submit the amended scope, stakeholder comments and Guideline Development Group responses to the Guidelines Governance Group for consideration and approval. The RCOT Head of Research and Innovation and the Director of Practice and Innovation give final approval of the scope.

# 5

# Search the literature; screen and appraise articles

## 5.1 Search the literature

Developing an evidence-based guideline requires a systematic approach to searching the existing research. Our guidelines are primarily based on systematic reviews of the evidence, and after finalising the scope, we undertake a literature search to find the evidence available. We develop a search strategy in conjunction with the Guideline Development Group and use the expertise of our librarians and health information specialists. The strategy has a sufficient level of detail that others could replicate the search. This detail includes noting the platforms searched, the search terms and the combinations used (with Boolean operators and any filters).

Should a third party run a search for the development of a guideline, they must submit the detailed strategy, search histories and result files to us after the search is carried out.

We retain all full search histories and results for the lifespan of the guideline.

## 5.2 Screen and appraise articles

The Guideline Development Group reviews the search results against the defined inclusion and exclusion criteria to enable the most appropriate sources of evidence to be appraised. At least 10% of the search results (after cleaning and de-duplication) must be screened by two people independently. Where differences occur, the two screeners discuss and agree an outcome, or the article is sent to a third person for a decision.

Included articles are appraised to understand their methodological rigour, potential bias and relevance. A reputable critical appraisal tool is



used to note rigour and bias. We have adopted elements of the Grading of Recommendations Assessment, Development and Evaluation (GRADE) system (Guyatt et al 2008; <http://www.gradeworkinggroup.org/>, accessed 25 January 2024) to evaluate the quality and strength of evidence and assign a grade level.

A minimum of 25% of articles are appraised by two people independently. If differences in the assessment of quality via GRADE occur, the two appraisers see if they can agree a grade level. If necessary, a third person, or the Guideline Development Group, reviews the article to reach a final decision.

We produce a PRISMA flow diagram (Moher et al 2009) to record the number of articles identified and the decisions made on inclusion/exclusion at each stage of the article search, screening and appraisal process. Additionally, each appraised article is summarised, noting the assigned grade level, methodology, outcomes and any limitations.

# 6

# Draft the recommendations and guideline



## 6.1 Develop recommendations

The Guideline Development Group is responsible for the development of recommendations and considers the following:

- volume, strength, quality and consistency of evidence
- grading of the quality of the evidence
- uncertainty about the likely benefit or risk, or variability in values and preferences about implementation
- importance of the outcome.

Recommendations must have strong evidence to support them and should not be based primarily on personal or subjective opinion.

They should also:

- state the specific clinical, healthcare, social or other circumstances for each recommendation
- make explicit links between the recommendation and the evidence underpinning it, for example, by reflecting the language used in the supporting evidence

- be objective, clear, unambiguous and precise in describing the desired activity/intervention
- be transparent and take account of any potential for bias.

The Guideline Development Group should adopt a consensus approach to decision-making on recommendations. This involves participation and open discussion by all members, resulting in a decision that the whole Guideline Development Group supports.

## 6.2 Write the draft guideline

A small subgroup from the Guideline Development Group writes the guideline concisely and clearly and structures it in a logical and methodical way with the target audience in mind. All stages of the process are documented accurately, potentially in a supplementary document, with information sufficiently detailed to meet the AGREE II instrument's reporting requirements (Brouwers et al 2010). We provide editorial support in writing the draft guideline.



# 7

## Carry out consultation and peer review

Stakeholders, including occupational therapists, relevant organisations and members of the public with lived experience related to the guideline topic and their carers and families, have the opportunity to comment on the guideline document during a consultation period. Additionally, peer review by a minimum of two occupational therapy experts in the guideline topic occurs alongside the stakeholder consultation.

Following peer review and stakeholder consultation, the Guideline Development Group reviews the feedback and incorporates amendments to the guideline where they agree this is appropriate.



# 8

# Approve and publish the guideline

## 8.1 Approval by the Guidelines Governance Group

Once the guideline document has been amended, it is sent to the Guidelines Governance Group for assessment against the AGREE II instrument. This instrument provides a framework for assessment against six different aspects or domains: scope and purpose; stakeholder involvement; rigour of development; clarity and presentation; applicability; and editorial independence.

The Guidelines Governance Group's individual assessments are collated to give an average rating per domain. This and the Guidelines Governance Group's summarised comments are then sent to the Guideline Development Group Lead and Co-lead for review. They address any outstanding issues to ensure that the guideline can be approved by the Guidelines Governance Group.

## 8.2 Final approval

The RCOT Head of Research and Innovation and the Director of Practice and Innovation give final approval of the guideline.

Following this, the RCOT Library provides a full reference check. The guideline then proceeds to the publication stage.



## 8.3 Publication

The publication stage includes copy-editing, design, typesetting and proofreading. The published guideline is then made available digitally.

The published guideline provides an example of how it should be cited by others. Generally, this should be in the RCOT format: Royal College of Occupational Therapists (20XX) Guideline title. London: RCOT. Available at: website.

Any data and documents generated during the development of the guideline must be stored on the RCOT secure system. This includes, for example, the full search strategy and findings, and conflicts of interest forms. We ensure data and documents have been stored correctly at the publication stage.



## 9

# Promote and implement the guideline

The promotion and implementation of the guideline are essential to securing its impact. The implementation of any guideline needs to be an active process using multiple approaches. The promotion of the guideline is led by us, using the expertise of our Brand and Marketing team, and in consultation with the Guideline Development Group.

We lead on developing implementation tools to assist occupational therapists to incorporate the recommendations into their everyday practice. For example, this may include an audit tool and a learning session to promote knowledge of the recommendations. We also produce an accessible version of the guideline.



## 10

# Measure the impact and reach of the guideline

Given the resource-intensive nature of the guideline development process, it is essential that we measure the impact and reach of the guideline. The variation in guideline topics means that a standard set of evaluation methods cannot be applied; however we expect that some of the following will be common to any evaluation:

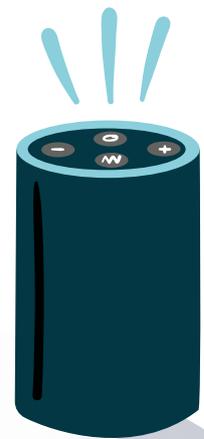
- evaluating whether guideline-specific outcomes have been achieved
- counting the number of occupational therapists using the guideline (through download figures and member surveys)
- collating the number of guideline citations
- recording guideline usage among occupational therapy education programmes
- understanding satisfaction or dissatisfaction with the guideline through member surveys, feedback forms and by speaking with members.

## 11

# Monitor evidence post publication

We need to be confident the guideline recommendations remain accurate and safe to put into practice post publication. To determine this, we carry out an annual monitoring search highlighting new systematic review evidence relevant to the guideline scope. Members with knowledge of the guideline screen new evidence to establish its impact on the recommendations.

Where they find evidence with a potentially significant impact, we decide whether the guideline requires immediate updating to ensure continued safe practice. Normally, screening and subsequent decisions are completed within three months of the search being undertaken.



# 12

# Review the guideline

We begin a review of a guideline four years after it has been published. This is crucial to make sure that the recommendations remain applicable, accurate, safe and relevant to practice.

The review asks the following questions:

- Is there any new systematic review evidence relevant to the original guideline scope?
- What impact does the new evidence have on the existing guideline recommendations?
- Does the new evidence indicate the need for additional recommendations?
- If no new evidence from systematic reviews exists, does the guideline still provide the best available evidence to inform practice?
- Can the guideline be confidently followed as safe practice?

We form a Guideline Review Group, mainly consisting of those from the original Guideline Development Group, which includes occupational therapists and people with lived experience, and potentially also stakeholders. They begin by screening literature from a search replicating the original guideline search and applying the same inclusion and exclusion criteria. The results of this screening determine if the guideline needs to be updated.

## 12.1 Update the guideline

If the guideline needs updating, the Guideline Review Group follow steps 5–9, as described above, from appraising the evidence through to publication and promotion.

The updated guideline includes:

- details of the review/updating process followed, with relevant sections of the document amended, including any minor refinements to the search strategy due to database upgrades

- clear annotation to identify where new recommendations have been included or existing recommendations have been revised or withdrawn
- the date of the review.

Implementation tools must be updated in line with any changes made to the guideline and its recommendations.

All our guidelines are automatically retired 10 years after the original publication date and the document is archived in our library. This will be communicated to members.

## 12.2 If a guideline doesn't need to be updated

Where a review indicates that the existing guideline remains valid (so where no new relevant systematic review evidence has been identified and the recommendations remain safe and effective), then the guideline is revised to include:

- The following statement in the section on 'Updating the guideline': This guideline was reviewed in 20XX in line with the Practice guideline development manual (20XX) requirements. No new relevant high-level evidence was identified. The Guideline Review Group has assessed that the guideline and its recommendations continue to define the best available evidence to support effective and safe practice.
- The date of the review.

Guidelines that have been reviewed as scheduled, but in which the content remains unchanged, are available for up to 10 years from the original date of publication and then retired (as above).

# Transparency and guideline development

To ensure trust in a guideline, it must be transparent not only how the guideline was developed but also what its funding sources were and whether there were any conflicts of interest among those who contributed to its development.

## Funding for guideline development

All sources of funding are declared in the guideline. As a membership organisation, RCOT's predominant funding source is members' fees, but it also receives some income from its commercial activities.



## Conflicts of interest

All individuals and organisations involved in developing evidence-based guidelines must declare any conflicts of interest in relation to their intended or ongoing involvement in the guideline development process and associated activities. These declarations are stored securely by us in line with our data retention policy.

A conflict of interest is identified as either a personal (of the person, their partner or close relatives) or a non-personal (of their department/ employer/business) interest that could have the potential to influence or affect an individual's contribution to the development or the content of occupational therapy guidelines. Interests may be financial, non-financial or commercial. Interests can be considered as either 'specific' to the guideline topic or

meeting agenda (such as authorship of evidence being considered) or 'non-specific' (such as membership in an RCOT community of practice or other professional body).

To ensure the credibility of the final guideline, certain circumstances may exclude an individual from being the Lead or Co-lead of the Guideline Development Group. These include the perception of competing interests or conflicts of loyalty, where a person has a primary duty and loyalty to another organisation or has undue influence in a field of practice, education and/or research.

**Conflicts of interest are declared in the guideline.**

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Then and now, we're here to help achieve life-changing breakthroughs for our members, for the people they support and society as a whole.



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