

## CEU Guide to using the FSRH Guidelines

### About the FSRH Guidelines

The Clinical Effectiveness Unit (CEU) of the Faculty of Sexual & Reproductive Healthcare (FSRH) develops national clinical guidelines intended for use by healthcare professionals, organisations and commissioners involved in providing contraception and/or sexual health services in the UK. The purpose of the clinical guidelines are to provide a framework for best practice in the provision of contraception and sexual health services based on evidence and, where evidence is lacking or conflicting, consensus opinion of a multidisciplinary group of experts.

### Developing the FSRH Guideline

The CEU is accredited by the National Institute for Health and Care Excellence (NICE). This accreditation recognises that clinical guidelines produced by the CEU are systematically developed using a methodology which meets the NICE accreditation criteria.

The key stages of the development process can be broadly summarised:

- ▶ Forming the guideline development group (GDG) made up of FSRH representatives, service user representatives and experts in the fields relevant to the guideline topic.
- ▶ Defining the scope of the guideline – this is done by surveying FSRH members and service users.
- ▶ Conducting a systematic review of the literature based on research questions formulated from the scope to inform clinical questions/topics. The quality of studies identified is assessed and evidence collated to inform clinical questions/topics. Expert opinion is sought when evidence is scant or absent.
- ▶ Producing a draft of the guideline based on relevant literature and expert opinions.
- ▶ Revising drafts based on feedback from the GDG, including discussions from face-to-face meeting and email correspondence.
- ▶ Seeking further feedback on the guideline drafts from peer reviewers and public consultation. Further revisions are made based on feedback received.
- ▶ Reaching consensus by the GDG on the recommendations made in the guideline.
- ▶ Signing-off the final guideline by the CEC.
- ▶ Publication and dissemination of the guideline.

The full FSRH *Framework for Clinical Guideline Development* can be accessed [here](#).

### Navigating the FSRH guidelines

To ensure the FSRH guidelines are easy to use, the recently published FSRH guidelines include the following navigation features that make use of the digital format that they come in:

- ▶ Content page with hyperlinks to the corresponding section
- ▶ Navigation panel of bookmarks for quick access to specific sections of the guidelines.
- ▶ Cross referencing (using hyperlinks) to draw users' attention to information contained in related sections of the guideline.
- ▶ 'Find on page' search function that allows you to look for specific terms in the FSRH guideline. To access this function, press 'ctrl' and 'F' on the keyboard at the same time.

The CEU will continue to explore how we can make better use of the digital medium to improve the accessibility of our FSRH guidelines and other guidance.

### New layout and more content

All FSRH guidelines are publicly accessible and can be downloaded as PDFs from the FSRH website. Multiple format (e.g. print-on-demand version) may be available for selected FSRH guidelines (e.g. UKMEC 2016).

Clinicians accustomed to using FSRH guidelines may notice that the recently published FSRH guidelines have a fresh new look and content includes:

- ▶ Critical assessment of the evidence and/or expert opinions that inform the recommendations
- ▶ Informative appendices to provide additional details about the development process and other useful information.
- ▶ Useful resources that clinicians can refer to in order to support the implementation of the recommendations into your clinical practice
- ▶ Questions for continuing professional development to assess your understanding of the guidelines. The answers can be accessed via 'MyFSRH' portal as a member's benefit.
- ▶ Auditable outcomes to aid clinical audit.

The CEU hope that the enhanced contents will support clinicians to gain a more critical understanding of the recommendations made in FSRH guidelines and how they can be used to inform clinical practice and development in local services.

### Grading of FSRH guideline recommendations

One of the notable changes to the FSRH guidelines is the system of grading the recommendations. The recommendations in FSRH guidelines published from 2017 have been expanded to 1 of 5 grades (A, B, C, D or Good Practice Point) to reflect the level of evidence that supports them, as shown on the next page.

When referring to the recommendations, clinicians should be reminded that these are based on available evidence and expert opinion at the time of producing the FSRH guidelines. Clinical judgement is still essential in interpreting the recommendations for clinical practice. Most FSRH guideline recommendations relate to the safe and appropriate use of a method of contraception by a woman based on her personal characteristics or existing medical conditions/ history. Clinicians are strongly encouraged to consider them when supporting women in choosing the most appropriate contraceptive method.

Some recommendations are made about service delivery and management; these recommendations should be considered aspirational, with the aim of encouraging service managers to consider development of their service to provide service users the highest quality of care. These national recommendations should be tailored to meet local service delivery agreements, policies and priorities.

The CEU regards the FSRH guideline as an educational opportunity to support the learning needs of clinicians providing SRH services. As such, a small number of recommendations may be included in FSRH guidelines which serve to provide clinicians with additional information which may be useful to consider when supporting women in making their contraceptive choice.

It is hoped that by providing a mix of recommendations, clinicians will find the FSRH guidelines a useful resource in guiding service development, informing clinical practice and professional development.

Classification of evidence levels		Grades of recommendations	
<b>1++</b>	High quality systematic reviews or meta-analysis of randomised controlled trials (RCTs) or RCTs with a very low risk of bias.	<b>A</b>	At least one systematic review, meta-analysis or RCT rated as 1++, and directly applicable to the target population;
<b>1+</b>	Well conducted systematic reviews or meta-analysis of RCTs or RCTs with a low risk of bias.		<i>or</i>
<b>1-</b>	Systematic reviews or meta-analysis of RCTs or RCTs with a high risk of bias.		A systematic review of RCTs or a body of evidence consisting principally of studies rated as 1+, directly applicable to the target population and demonstrating overall consistency of results.
<b>2++</b>	High-quality systematic reviews of case-control or cohort studies or high-quality case-control or cohort studies with a very low risk of confounding, bias or chance and a high probability that the relationship is causal.	<b>B</b>	A body of evidence including studies rated as 2++ directly applicable to the target population and demonstrating overall consistency of results;
<b>2+</b>	Well-conducted case-control or cohort studies with a low risk of confounding, bias or chance and a moderate probability that the relationship is causal.		<i>or</i>
<b>2-</b>	Case-control or cohort studies with a high risk of confounding, bias or chance and a significant risk that the relationship is not causal.		Extrapolated evidence from studies rated as 1++ or 1+.
<b>3</b>	Non-analytical studies (e.g. case report, case series).	<b>C</b>	A body of evidence including studies rated as 2+ directly applicable to the target population and demonstrating overall consistency of results;
<b>4</b>	Expert opinions.		<i>or</i>
		<b>D</b>	Evidence level 3 or 4; <i>or</i> Extrapolated evidence from studies rated as 2+.
		✓	Good Practice Points based on the clinical experience of the guideline development group.*

\*On the occasion when the guideline development group find there is an important practical point that they wish to emphasise but for which there is not, nor is there likely to be, any research evidence. This will typically be where some aspect of treatment is regarded as such sound clinical practice that nobody is likely to question it. It must be emphasised that these are NOT an alternative to evidence-based recommendations, and should only be used where there is no alternative means of highlighting the issue.

### Get in touch with your feedback and suggestions

The CEU is committed in the development of high-quality FSRH guidelines to support SRH clinicians in providing the best possible contraceptive care across the UK. We will continue to identify opportunities to engage with FSRH members to get feedback and suggestions that will help us improve the guidance we produce. Get in touch with us

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You can also contact the CEU via FSRH website using the 'Contact Us' form, please be sure to select the option entitled '[Published Clinical Enquiries](#)'.

*The Clinical Effectiveness Unit (CEU) was formed to support the Clinical Effectiveness Committee of the Faculty of Sexual and Reproductive Healthcare (FSRH), the largest UK professional membership organization working at the heart of sexual and reproductive healthcare. The CEU promotes evidence based clinical practice and it is fully funded by the FSRH through membership fees. It is based in Edinburgh and it provides a member's enquiry service, evidence based guidance, new SRH product reviews and clinical audit/research. [Find out more here.](#)*