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Results from the *BJD* survey on readership views towards clinical practice guidelines

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Accepted Article

Dear Editor,

The *BJD* has been publishing clinical practice guidelines (CPG) in dermatology for more than 20 years.¹⁻³ With the increasing adoption of gold-standard guideline development methodology and reporting checklists, such as the GRADE⁴ approach and the AGREE II⁵ toolkit, recent CPGs published in the *BJD* are of high-quality and are highly accessed, with CPGs making up half of the top 10 downloaded *BJD* articles in 2019. As a group of guideline developers and journal editors associated with the *BJD*, we were interested in how the readership perceives and uses CPGs. The objective of this study was to survey the *BJD* readership's demographics, utility of and attitudes towards CPGs.

An anonymous, cross-sectional electronic survey for healthcare professionals was conducted between May 2019 and January 2020. The survey was distributed to 7000 people listed as a *BJD* author through email via *BJD* submission system. The survey was promoted on the *BJD* social

media platforms Facebook and Twitter, the Wiley online library *BJD* website, as well as to the British Association of Dermatologists membership through newsletters.

The questionnaire consisted of 2 sections and 21 questions. We selected eligible participants, being health care practitioners, with an introductory question. We also collected information about participants' age, sex, number of years' experience within dermatology, country of practice, as well as the frequency of access to the *BJD* for CPGs, and the preference of CPG type in the first section. Free-text sections were included for the final two questions. The second section consisted of 13 statements to which the respondents indicated their agreement or disagreement on a 5-point Likert scale (1 Strongly disagree, 5 Strongly agree). These statements identified the attitudes to CPGs, barriers to the use of CPGs and perceived reliability of CPGs that were based on a previous study⁶ and the 'Attitudes Towards Guidelines' scale.⁷ A final question elicited an overall suggestion for making CPGs more useful for daily clinical practice. We performed descriptive analyses of the data, and thematic analysis of the overall suggestions in the final question.

There were 1043 questionnaire responses (~14.9% response rate), out of which 758 participants were eligible healthcare professionals. Most of the respondents were between 35 and 64 years of age (n=542, 71.5%), and over half were male (n=432, 57.0%). There was a median of 18.0 years of clinical dermatology experience (interquartile range [IQR] 10.0-27.0). There were respondents from 68 different countries, and there were 9 countries of origin which had more than 20 respondents: the Netherlands (n=21), India (n=24), France (n=30), Japan (n=38), Taiwan (n=40), Italy (n=47), Germany (n=48), the US (n=80) and the UK (n=142).

Most respondents (n=552, 72.8%) had accessed the *BJD* for a CPG within 6 months of the survey. A total of 33 respondents gave reasons for not accessing the *BJD* for CPGs, including getting CPGs from other sources; CPGs were behind the paywall; and CPGs were not applicable to the local population. The majority (n=614, 81.0%) of respondents found disease-based guidelines the most useful, compared to (n=107, 14.1%) for drug-utility guidelines. The remaining respondents found that both guideline types were equally helpful; that neither were useful; or that diagnostic and procedure-based guidelines were favourable instead (n=37, 4.9%).

There was an agreement to most statements assessing attitudes towards guidelines posed in section 2, with the mean Likert score above 4 or below 2 in 7 questions (Figure 1). There was a variety of opinion for two statements that related to attitudes towards CPG - "*Guidelines oversimplify medical practice*" (mean score 3.0, standard deviation [SD] 1.2), "*Guidelines challenge the autonomy of care providers*" (3.1, 1.2); and one for a barrier of use statement –

“Guidelines are difficult to find if needed” (2.6, 1.2). Four main themes (succinctness of guidelines, better accessibility, more considerations for implementation, and more updates) were identified from the final question.

These results indicate that the global readership have a broadly positive attitude towards the reliability and utility of CPGs published in the *BJD*. The two statements with the highest divergence of opinion are indicative of the debate on and art of guideline implementation in medicine, with the mantra “*Guidelines, not tramlines*”⁸ elegantly summarising the balance needed between guideline recommendations adherence and clinical judgement for real-world implementation. The overall narrative identified CPG improvement could be achieved through more readily accessible and applicable recommendations at the bedside. The main limitation of this survey was the low estimated response rate.

In conclusion, guidelines published in the *BJD* are highly accessed and valued by the readership. Guidelines are well received by the readership if they adhere to gold-standard development and reporting standards; are succinct; accessible; have applicable implementation toolkits; and are up to date.

Figure 1 – Stacked bar chart from section 2 of the questionnaire showing statements and response on a 5-point Likert scale of agreement (statements on the y-axis; % of respondents on the x-axis). Responses below 4 on the Likert scale are placed to the left of the x-axis midpoint for clarity. The total length of each bar represents 100% of the respondents.

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