POSITION STATEMENT ON THE HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA'S CLINICAL PRACTICE GUIDELINES
VERSION 1.0

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1. Introduction

Clinical Practice Guidelines (CPGs) were recently released by the Health Professions Council of South Africa's (HPCSA) Professional Board for Emergency Care. The aim of this document is not to provide a detailed evaluation of the CPGs, instead the intention is to convey the Emergency Care Society of South Africa's (ECSSA) position on the CPGs.

2. Background

The drafting of CPGs is no simple task. As with most things, there is a process by which the final product was arrived at. In 2012, when the CPG project was envisaged, ECSSA was approached to determine whether or not we would be interested in the CPG design and generation process. A task such as this requires extensive research, clinical and financial resources. We requested more information from the HPCSA at the time, but none was forthcoming. At the time, without adequate information, we as a Society felt that we did not have the resources to adequately approach the task and declined the offer. The process was put out to tender and after a period of time the African Federation for Emergency Medicine tendered for the work, and their proposal was accepted. The processes that followed resulted in the CPGs as we now know them.

3. The Clinical Practice Guidelines

Any guideline related to patient management must be rooted in sound principles. These principles often owe their existence to evidence from existing research. The greater the amount of evidence available for or against any patient management principle the better one is able to evaluate its therapeutic and harmful effects. The process adopted for the review of the evidence related to these CPGs has been described by McCaul and colleagues in several publications over the last two years.[1-4]

One of the challenges that any reviewer from low and middle income countries will face is the paucity of local data. This means that data often has to be extrapolated to suit local conditions. This does not necessarily mean that evidence does not have relevance, rather, it highlights the contextual nature of evidence and its application within specific systems. To date, the CPGs represent the first attempt to truly use an evidence-based process to guide the South African prehospital emergency care profession. In light of this, the evidence was expected to result in at least some changes to the scopes of practice of the relevant registration categories.

Some of these changes have been minor and some have been significant. Additions to the scopes have generally been welcomed and omissions have, in some cases, been criticised. Much of the evidence used to compile the CPGs was based on international evidence of best practice. The limited use of local evidence primarily relates to the paucity thereof. This may have created the impression that there is a lack of local relevance. The evidence reviewed may conflict with the anecdotal experiences of prehospital emergency care personnel. In the resource-constrained environment, certain prehospital procedures may be considered life-saving whereas the same procedure may be considered too risky to perform in the pre-hospital environment, in a well-resourced system. This has the potential to create conflict in the mind of the practitioner where they are required to stop performing a procedure that in their mind is a life-saving one.

There is a link between scope and professional identity. The addition to scope is often seen as a positive move, whilst the removal of an intervention is usually perceived in a more negative light. Within certain domains, the removal of a specific skill may have implications related to the practitioners' employability both locally and internationally. Furthermore, the profession's ability to provide appropriate level of care may be inhibited in rural and remote geographical locations within South Africa. This is something that needs to be carefully considered within the construct of the South African healthcare provider and context.

The communication around the CPGs was perceived by some as inadequate during the compilation process up to when the final document was released. The sudden removal of what were sometimes perceived to be critical skills has created negative sentiment. The nature of the debates surrounding the release of the CPGs is an indictment on the quality of communication that has accompanied this process. Despite the process of CPG compilation being a time-consuming process, there has been little by way of regular updates and informative communication aimed at members of the profession by the HPCSA.

The South African prehospital emergency care profession has undergone much change in the last few years. An alignment towards the National Qualifications Framework (NQF) in education practices and qualifications has been a source of much discussion and has resulted in large scale changes in not only the way qualifications are offered, but also to registration categories and the closing of certain registers. Within the context of the changing education sector, a realignment to newer, evidence-based practice was envisaged. The process of alignment to the NQF and the generation of evidence-based CPGs have been closely linked. The challenge with a change towards evidence-based medicine is that it may result in additions to scope, but it may also result in the removal of some outdated practices from scope. It is critical that scopes of practice remain as up-to-date as possible and that regular evaluation of available evidence remains an ongoing process.

4. The Way Forward

ECSSA is of the opinion that the following points summarise how we envisage the way forward:

- The CPGs need to be incorporated into the existing (and outdated) protocols and scopes of practice.
- The process of implementation needs to be consultative and it is important that treatment guidelines based on the CPGs are easy to understand and implement within the South African context.
- The involvement of Higher Education Institutions, related prehospital training facilities and societies related to the development of end-user documentation should be encouraged.
- Review of the CPGs should take place every two years to ensure currency of best practice within the South African prehospital emergency care domain.
- Communication should be regular, honest and detailed so that all prehospital emergency care personnel share in the advancement of the profession as equal stakeholders.

5. Summary

ECCSA supports the implementation of a process aligning the profession with evidence-based medicine. We acknowledge that the changes in scope will have effects on all healthcare professionals within the prehospital emergency care sector. We can only postulate what these will be and encourage employers and employees to carefully consider what these changes actually mean within their contextual domains. Drastic changes are discouraged until the profession is better positioned to evaluate what the changes mean and how best to implement them. In addition, we encourage all registered professionals to undertake and support research initiatives that aim to provide South African data. This data would provide better contextualisation to the locally relevant problems that the profession faces and to suggest practically workable solutions.

Conflicts of Interest

This position statement was approved by ECSSA's Board of Directors. One member of the Board (Michael McCaul) was a member of the Guidelines Project Core Team. The Society as a whole was also part of the Advisory Group that had input into the CPG generation process at various points, along with other stakeholders.

References

1. McCaul M, Grimmer K. Pre-hospital clinical practice guidelines – where are we now? [Editorial]. African Journal of Emergency Medicine. 2016;6(2):61-63.
2. McCaul M, De Waal B, Hodkinson P, Grimmer K. South African pre-hospital guidelines. Report on progress and way forward. African Journal of Emergency Medicine. 2016;6(3):113-115.
3. McCaul M, Clarke M, Bruijns S, Hodkinson P, De Waal B, Pigoga J, Wallis L, Young T. African Journal of Emergency Medicine. 2018;8(4):158-163.

4. McCaul M, De Waal B, Hodkinson P, Pigoga J, Young T, Wallis L. Developing prehospital clinical practice guidelines for resource limited settings: why re-invent the wheel? BMC Research Notes. 2018;11:97.