

The British Association of Dermatologists guidelines for the management of skin disease

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This issue of the *British Journal of Dermatology* sees the publication of the first of the British Association of Dermatologists (BAD) Guidelines for the management of skin diseases. The initial guidelines on the management of basal cell carcinoma by Telfer, Bowers and Colver are the culmination of two years' work. It is anticipated that there will be regular, approximately quarterly, publication of guidelines on all aspects of dermatological care. It is pleasing that the genesis of this idea came from the Therapy Guidelines and Audit Sub-committee (TGA) of the BAD prior to the inception of either clinical governance or the National Institution for Clinical Excellence and their mandated need for evidence-based guidelines for practising doctors

Essential requisites of any guidelines are that they are valid, clear, concise and, importantly, founded on evidence. The BAD guidelines are rigorous in that management procedures are 'flagged' according to the evidence base that supports them – ranging from 'there is good evidence to support the use of a procedure' to 'there is good evidence to support the rejection of the use of the procedure.' Quality of evidence ranges from the best (evidence obtained from at least one properly designed, randomised, controlled trial) to the worst (evidence inadequate owing to problems of methodology). Thus, at a glance, readers are able to ascertain the rigour and quality of evidence on which the management guidelines are based. Conversely, such a system uncovers the, at times disappointing, lack of evidence for many of our 'accepted' therapeutic strategies. The development process of the BAD guidelines is summarised in Fig. 1. Suggestions for guidelines are made to the TGA by the BAD membership. These are then approved by the BAD Executive and the TGA nominates individual task-force leaders; usually experts in that particular area of disease management. The commissioning letter of invitation to the nominated task-force leader explains that the two other members of the task-force should not necessarily be recognised national or international experts in this area of disease management, but preferably district general hospital-based. The task-force is given a period of three months to produce

draft guidelines which are edited by the TGA and subsequently returned to the task-force for revision. The approved draft version is published in the quarterly BAD, newsletter and all BAD members are given the opportunity to respond, positively and negatively, but hopefully helpfully, within three months of publication. Finalised guidelines are approved by the TGA, and the Executive Committee of the BAD and finally published in the *British Journal of Dermatology*. The development, publication and maintenance of these guidelines will remain the responsibility of the appropriate professional body, in our case the BAD. It is important that these guidelines are used appropriately in that they can only assist the practitioner and cannot be used to mandate, authorise or outlaw treatment options. Of course it is

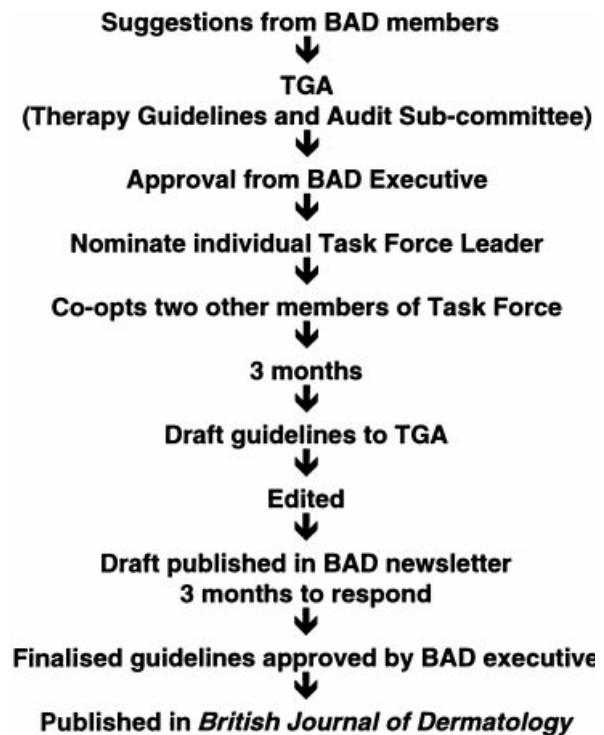


Figure 1. Development process for British Association of Dermatologists Guidelines.

the responsibility of the practising clinician to interpret the application of guidelines, taking into account local circumstances; this is referred to in the disclaimer in the first paragraph of all BAD guidelines. It is

planned that simplified, bullet point versions of the guidelines will be available for general practitioners. Guidelines are inherently a fluid, dynamic process and will be updated on the BAD website on a regular basis.