

Therapy & Guidelines sub-committee (T&G) British Association of Dermatologists (BAD)

British Association of Dermatologists' comments on the NICE Accreditation decision for the
British National Formulary (BNF) and British National Formulary for Children (BNFC)

The BAD is concerned with the decision by NICE not to accredit the BNF as a guidance producer, which *might* jeopardise the future of the BNF and BNFC publications.

The BAD has a long history with the BNF through its T&G committee, supporting them in ensuring the accuracy and currency of information provided in the relevant sections of the publications, by providing consensus expert clinical advice. As a NICE-accredited guidance producer ourselves, we were somewhat surprised that the BNF applied for NICE Accreditation, purely based on some of the criteria for the accreditation scheme.

The BNF and BNFC are a benchmark, up-to-date, compact reference source for drug information, an indispensable tool for all clinicians in the UK, and are the envy of colleagues abroad. They are valued as a succinct summary guidance, which include information on doses, side effects, alternatives, formulations, reminders about possible interactions with other medications, and is easy to use at the point of care. They also provide very useful guidance on unfamiliar conditions and drugs.

As these publications cross the primary/secondary care split, clinicians in secondary care can refer colleagues in primary care to specific sections, which is very useful.

We have the following feedbacks in relation to the specific criteria not (fully) met:

Criterion 2.1	Include individuals from all relevant stakeholder groups, including patient groups, in developing guidance
Although there are no nurse prescriber representatives on the Joint Formulary Committee (JFC) and Paediatric Formulary Committee (PFC), a nurse prescriber sits on our T&G committee.	
Criterion 2.2	Include patient and service user representatives and seeks patient views and preferences in developing guidance
We would question the need for the inclusion of patient views as a requirement for these publications – both publications are aimed at healthcare professionals.	
Criterion 2.3	Include representative intended users in developing guidance
We would agree that perhaps it would be best practice to include nurse prescriber representatives on the JFC and PFC.	
Criterion 3.3	Describes the strengths and limitations of the body of evidence and acknowledges any areas of uncertainty
We would accept that a systematic appraisal of individual pieces of evidence is the gold	

standard for a guidance producer. However, we cannot see how the BNF would be able to adopt such standard and meet this criterion due to the sheer volume, depth and scope of these publications. In fact, it may even be counterproductive for the BNF to do so.

As a NICE-accredited guidance producer, we are too aware of the time it takes to search for, and carry out systematic reviews of relevant literature and evidence in producing clinical guidelines – such factor may limit the timeliness of updating these publications, particularly with the online editions which are updated monthly.

Additionally, the BNF refers to NICE and SIGN guidelines which are based on the AGREE criteria, as well as those produced by NICE-accredited guidelines producers – the processes involved are already rigorous and sound. Imposing the same requirements on the BNF would lead to duplication of work with wasteful use of resources.

Criterion 3.6	Describes the processes of external peer review
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The T&G committee provides expert advice to the BNF, but do not review the whole of chapter 13 on skin after each print edition at present. However, we believe that chapters are sent to members of the JFC and PFC after publication.

Criterion 3.7	Describes the process of updating guidance and maintaining and improving guidance quality
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We would agree with the proposal to state the last date of review for specific chapters or sections.

Criterion 4.4	The content of the guidance is suitable for the specified target audience. If patients or service users are part of this audience, the language should be appropriate
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We would not think that the absence of a nurse prescriber in the relevant multidisciplinary committees would affect the language used in either publication – there should not be any difference in the language requirements amongst healthcare professionals.

It would be worth noting that there are currently no alternative reference sources to the BNF and BNFC, NICE-accredited or otherwise.

We would strongly recommend that these publications attain NICE accreditation.



Dr Jenny Hughes, MB ChB FRCP
Chair, Therapy & Guidelines sub-committee