



Policy Statement on the Grading of Recommendations in SIGN Guidelines

As of January 2013 SIGN is in the process of adapting its methodology to the principles of the internationally recognised GRADE system. One of the first, and most obvious, changes as far as guideline users are concerned is the disappearance of the 'ABCD' grades allocated to individual recommendations.

Fit for purpose?

The 'ABCD' approach has been in use in SIGN guidelines since 2000, and was itself a development of a similar approach that was in use from the publication of SIGN's first guideline in 1995. Both these approaches were based on the quality or strength of the evidence supporting a recommendation. In effect, the grade of a recommendation was strongly related to the types of study carried out on the topic, with randomized controlled trials (RCTs) scoring most highly.

As time has gone on, it has been recognised by most guideline developers and methodologists that this approach does not deal adequately with all factors relating to guideline recommendations. The type of study supporting a recommendation does not, for example, necessarily reflect the clinical importance of the topic. In some areas RCTs are difficult or impossible to carry out for ethical or practical reasons. Diagnosis or surgery are examples of areas where RCTs are rare, but which are clearly important in clinical terms.

A further issue is how non-RCT evidence is dealt with. The historic SIGN approach gave precedence to case-control or cohort studies. In practice, there is a wide range of other possible study designs which may be more appropriate than either of these for addressing specific issues.

In summary, the 'ABCD' approach imposes a straightjacket within which it is increasingly difficult to find an appropriate fit for all the evidence as research and its interpretation becomes increasingly sophisticated.

Other Views on Graded Recommendations

A small qualitative study in 2012 involving a range of individuals working in NHS Scotland found that the grading system is ignored or misinterpreted by almost all users of SIGN guidelines.

A 2012 exercise evaluating guidelines from a wide range of guideline developers as part of the development of quality indicators found that SIGN guidelines were the only ones to use 'ABCD' or any similar grading system for their recommendations.

Practical implications

The GRADE process, if applied to its full extent, seems to add a degree of complexity to the guideline development process. In fact, the greater complexity comes in the need to conduct full detailed systematic reviews for all questions. For small guideline organisations such as SIGN there are insufficient resources to do such reviews for all questions without extending the time required to develop a guideline. SIGN has issued a separate [statement of principles](#) to which we believe we can adhere and apply the GRADE principles in a practical way.

SIGN Policy

In view of the above issues, SIGN has taken the decision to stop grading recommendations using the 'ABCD' method from 2013 onwards. An alternative based on the GRADE approach of making 'strong' or 'conditional' recommendations will be used in its place. This will be based on the approach used by NICE for the presentation of recommendations in their guidelines, which are already based on the GRADE approach. This gives a unified approach to presenting recommendations across national guidelines within the UK.

Feedback

Clear recommendations with an indication of the confidence the guideline group has in the likelihood of achieving the expected benefits from following them are a critical part of guideline implementation. SIGN recognises that further work may be required in this area as we seek to develop a sustainable methodology. We welcome comments and suggestions which should be addressed to the SIGN Lead Methodologist (robin.harbour@nhs.net) in the first instance.