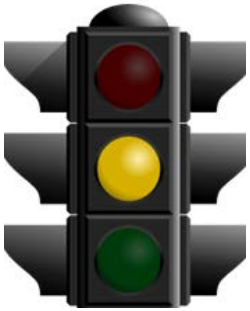
How the AAO-HNSF CPG development process measures up to the current standards

How the AAO-HNSF CPG Development Process Measures Up

G-I-N Standard 1

Composition of Guideline Development Group

A guideline development panel should include diverse and relevant stakeholders, such as health professionals, methodologists, experts on a topic, and patients or other health care consumers.



IOM Standard 3

Guideline Development Group (GDG) Composition

3.1 The GDG should be multidisciplinary and balanced, comprising a variety of methodological experts and clinicians, and populations expected to be affected by the CPG.
3.2 Patient and public involvement should be facilitated (at least at the time of clinical question formulation and draft CPG review) a current or former patient, and a patient advocate or patient/consumer organization representative in the GDG.
3.3 Strategies to increase effective participation of patient and consumer representatives, including training in appraisal of evidence, should be adopted by GDGs.

How the AAO-HNSF CPG Development Process Measures Up

G-I-N Standard 2

Decision-Making Process

A guideline should describe the process used to reach consensus among the panel members and, if applicable, approval by the sponsoring organization. This process should be established before the start of guideline development.

IOM Standard 1

Establishing Transparency

1.1 The processes by which a CPG is developed and funded should be explicitly and publicly accessible.

How the AAO-HNSF CPG Development Process Measures Up

G-I-N Standard 3

Conflicts of Interest

A guideline should include disclosure of the financial and nonfinancial conflicts of interest for members of the guideline development group. The guideline should also describe how any identified conflicts were recorded and resolved.

IOM Standard 2

Management of Conflict of Interest (COI)

2.1 Prior to the selection of the guideline development group (GDG), individuals being considered for membership should declare all interests and activities potentially resulting in COI with development group activity, by written disclosure to those convening the GDG.
2.2 Disclosure of COIs within GDG: All COI of each GDG member should be reported and discussed by the prospective development group prior to the onset of his or her work.
2.3 Divestment: Members of the GDG should divest themselves of financial investments they or their family members have in, and not participate in marketing activities or advisory boards of, entities whose interests could be affected by CPG recommendations.
2.4 Exclusions: Whenever possible GDG members should not have COI
In some circumstances, a GDG may not be able to perform its work without members who have COIs, such as relevant clinical specialists who receive a substantial portion of their incomes from services pertinent to the CPG.
Members with COIs should represent not more than a minority of the GDG.

How the AAO-HNSF CPG Development Process Measures Up

G-I-N Standard 4

Scope of a Guideline

A guideline should specify its objective(s) and scope.

How the AAO-HNSF CPG Development Process Measures Up

G-I-N Standard 5

Methods

A guideline should clearly describe the methods used for the guideline development in detail.

Covered under IOM Standard 1

Establishing Transparency

How the AAO-HNSF CPG Development Process Measures Up

G-I-N Standard 6

Evidence Reviews

Guideline developers should use systematic evidence review methods to evaluate evidence related to the guideline topic.

IOM Standard 4

Clinical Practice Guideline – Systematic Review Intersection

4.1 Clinical practice guideline developers should use systematic reviews that meet standards set by the Institute of Medicine's Committee on Standards for Systematic Reviews of Comparative Effectiveness Research

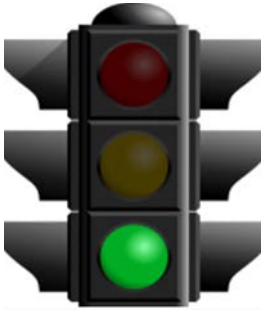
4.2 When systematic reviews are conducted specifically to inform particular guidelines, the GDG and systematic review team should interact regarding the scope, approach, and output of both processes.

How the AAO-HNSF CPG Development Process Measures Up

G-I-N Standard 7

Guideline Recommendations

A guideline recommendation should be clearly stated and based on scientific evidence of benefits; harms; and, if possible, costs.



IOM Standard 6

Articulation of Recommendations

6.1 Recommendations should be articulated in a standardized form detailing precisely what the recommended action is, and under what circumstances it should be performed

6.2 Strong recommendations should be worded so that compliance with the recommendations can be evaluated.

How the AAO-HNSF CPG Development Process Measures Up

G-I-N Standard 8

Rating of Evidence and Recommendations

A guideline should use a rating system to communicate the quality and reliability of both the evidence and the strength of its recommendations.

IOM Standard 5

Establishing Evidence Foundations for and Rating Strength of Recommendations

5.1 For each recommendation, the following should be provided:

An explanation of the reasoning underlying the recommendation, including:

- A clear description of potential benefits and harms
- A summary of relevant available evidence (and evidentiary gaps), description of the quality (including applicability), quantity (including completeness), and consistency of the aggregate available evidence
- An explanation of the part played by values, opinion, theory, and clinical experience in deriving the recommendation
- A rating of the level of confidence in (certainty regarding) the evidence underpinning the recommendation
- A rating of the strength of the recommendation in light of the preceding bullets
- A description and explanation of any differences of opinion regarding the recommendation

How the AAO-HNSF CPG Development Process Measures Up

G-I-N Standard 9

Peer Review and Stakeholder Consultations

Review by external stakeholders should be conducted before guideline publication.

IOM Standard 7

External Review

7.1 External reviewers should comprise a full spectrum of relevant stakeholders, including scientific and clinical experts, organizations (e.g. healthcare, specialty societies), agencies (e.g. federal government), patients, and representatives of the public.

7.2 The authorship of external reviews submitted by individuals and/or organizations should be kept confidential unless that protection has been waived by the reviewer(s)

7.3 The GDG should consider all external reviewer comments and keep a written record of the rationale for modifying or not modifying a CPG in response to reviewers' comments

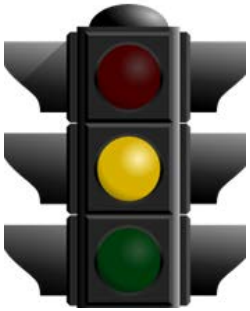
7.4 A draft of the CPG at the external review stage or immediately following it (i.e. prior to the final draft) should be made available to the general public for comment. Reasonable notice of impending publication should be provided to interested public stakeholders.

How the AAO-HNSF CPG Development Process Measures Up

G-I-N Standard 10

Guideline Expiration and Updating

A guideline should include an expiration date and/or describe the process that the guideline groups will use to update recommendations



IOM Standard 8

Updating

8.1 The CPG publication date, date of pertinent systematic evidence review, and proposed date for future CPG review should be documented in the CPG.

8.2 Literature should be monitored regularly following CPG publication to identify the emergence of new, potentially relevant evidence and to evaluate the continued validity of the CPG.

8.3 CPGs should be updated when new evidence suggests the need for modification of clinically important recommendations. For example, a CPG should be updated if new evidence show that a recommended intervention cause previously unknown substantial harm; that a new intervention is significantly superior to a previously recommended intervention from an efficacy or harms perspective; or that a recommendation can be applied to new populations.

How the AAO-HNSF CPG Development Process Measures Up

G-I-N Standard 11

Financial Support and Sponsoring Organizations

A guideline should disclose financial support for the development of both the evidence review as well as the guideline recommendations.

Covered under IOM Standard 1

Establishing Transparency