



ANNUAL REPORT

July 2010 – July 2011

Guidelines International Network

is a Scottish Guarantee Company, established under Company Number SC243691
and is also a Scottish Charity, recognised under Scottish Charity Number SC034047.

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G-I-N Members and Partners (July 2011)

88 organisations representing 38 countries



AFRICA

Center for Evidence-Based Clinical Practice Guidelines, Central Directorate of Quality, Internal Auditing and Training of Alexandria University Hospitals (CDQAT-AUHs), EG
 South African Regional Programme on Access to Medicines (SARPAM), ZA
 Sudan Evidence-based Association (SEA), SD

AMERICA

National Coordination Unit of Health Technology Assessment and Implementation (UCEETS), AR
 Brazilian Medical Association (AMB), BR
 National Agency of Supplementary Health (ANS), BR
 Institut national d'excellence en santé et en services sociaux (INESSS), CA
 Canadian Partnership against Cancer (CPAC), CA
 Canadian Thoracic Society (CTS), CA
 National Institute of Cancer from Colombia (INC), CO
 Agency for Healthcare Research and Quality (AHRQ), US
 American Academy of Otolaryngology - Head & Neck Surgery Found. (AAO), US
 American College of Chest Physicians (ACCP), US
 American College of Physicians (ACP), US
 American Dietetic Association (ADA), US
 American Society of Clinical Oncology (ASCO), US
 American Urological Association (AUA), US
 Care Management Institute, Kaiser Permanente (KPCMI), US
 Center for International Rehabilitation (CIR), US
 College of American Pathologists (CAP), US
 Infectious Diseases Society of America (IDSA), US

ASIA

Med. Inform. Netw. Distr. Serv. Center, Jap. Council for Quality Healthc., (Minds Center), JP
 Central Asian Network of EBM Centers (CAREBMC Network), KZ
 Republican Centre for Health Development (IHD), KZ
 Korean Academy of Medical Sciences (KAMS), KR
 HTA Unit, Ministry of Health, Malaysia (HTA-DoH), MY
 Chair of Evidence-based Healthcare and Knowledge Translation (EBHC), SA
 National & Gulf Center for Evidence Based Medicine (NGHA), SA
 Ministry of Health, Singapore (MoH), SG

EUROPE

Federal Ministry of Health (BMG), AT
 Health Austria, Federal Institute for Quality in Health Care (GOEG), AT
 Vienna Medical Chamber (AEKW), AT
 Belgian Centre for Evidence-Based Medicine (CEBAM), BE
 Domus Medica; Flemish College of General Practitioners (DM), BE
 National Reference Center (NRC), CZ
 National Board of Health (SST), DK
 Finnish Office for Health Technology Assessment (Finohta), part of National Institute for Health and Welfare (THL), FI
 Current Care; Finnish Medical Society DUODECIM, FI
 Duodecim Medical Publications (DUODECIM), FI
 Centre Léon Bérard (SOR), FR
 French National Cancer Institute (INC), FR
 French National Health Authority (HAS), FR
 Agency for Quality in Dentistry (ZZQ), DE
 Agency for Quality in Medicine (AEZQ/AQuMed), DE
 Association of Scientific Medical Societies (AWMF), DE
 Berlin Chamber of Physicians (AEKB), DE

German Cancer Society (DKG), DE
 German National Institute for Quality Measurement in Health Care (BQS), DE
 German Society of Thoracic and Cardiovascular Surgery (DGTHG), DE
 Institute for Quality and Efficiency in Healthcare (IQWiG), DE
 The Mental Health Commission (MHC), IE
 Centre for the Evaluation of Effectiveness of Health Care (CEVEAS), IT
 Italian Evidence-Based Medicine Group (GIMBE), IT
 Regional Agency for Health in Tuscany, Quality Unit (ARS), IT
 Regional Health Agency Emilia Romagna (ASR), IT
 Dep. of Quality Management & Standards of Treatment, MoH (MS), MD
 Dutch Association of Comprehensive Cancer Centres (ACCC), NL
 Dutch College of General Practitioners (NHG), NL
 Dutch Institute for Healthcare Improvement (CBO), NL
 Netherlands Centre for Excellence in Nursing (LEVV), NL
 Regieraad - Kwaliteit van Zorg, NL
 Royal Dutch Society for Physical Therapy (KNGF), NL
 Trimbos-Inst. - NL Institute of Mental Health & Addiction, NL
 Directorate for Health (HDir), NO
 Norwegian Electronic Health Library (NEHL), NO
 Center for EBM, Univ. of Lisbon School of Medicine (CEMBE), PT
 Center for Health Policies and Services (CPSS), RO
 National Center for Studies in Family Medicine (CNSMF), RO
 Nat. I School of Public Health and Health Services Management (INCDS), RO
 Romanian-Swiss Centre for Health Sector Development (CRED), RO
 Basque Office for HTA (OSTEBA), ES
 Catalan Agency for Health Information, Assessment and Quality (CAHIAQ), ES
 GuíaSalud-Health Sciences Institute of Aragón (IACS), ES
 Spanish Network for Research on Guidelines (REDEGUIAS), ES
 Clinical Epidemiology Centre (CePiC), Univ. Hospital Lausanne, CH
 The State Expert Center, Ministry of Health, UA
 National Institute for Health and Clinical Excellence (NICE), UK
 Royal College of Nursing (RCN), UK
 Scottish Intercollegiate Guidelines Network (SIGN), UK
 Sowerby Centre for Health Informatics at Newcastle (SCHIN), UK

OCEANIA

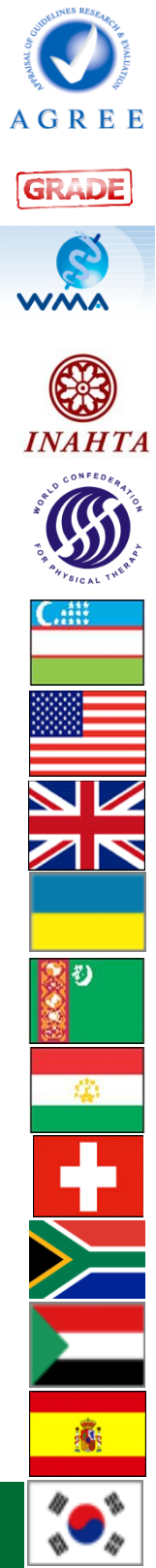
Centre for Clinical Effectiveness (CCE), AU
 Joanna Briggs Institute (JBI), AU
 National Breast and Ovarian Cancer Centre (NBOCC), AU
 National Health & Medical Research Council (NHMRC), AU
 National Heart Foundation of Australia (NHFA), AU
 Therapeutic Guidelines Ltd (TGL), AU
 New Zealand Guidelines Group (NZGG), NZ

INTERNATIONAL

European Region of the World Confederation of Physical Therapy (WCPT)

G-I-N Partners

AGREE Research Trust (ART)
 GRADE Working Group (GRADE)
 The International Network of Agencies for Health Technology Assessment (INAHTA)
 World Medical Association (WMA)





Contents

Chair’s Foreword.....	4
G-I-N Objectives and Aims	5
Membership.....	6
1. Organisational Members	6
2. Individual Members	7
3. G-I-N Partners	7
Organisation and Management	8
1. Board of Trustees, Executive Committee	8
2. G-I-N Subcommittees.....	8
2.1. Membership subcommittee	8
2.2. Finances and Risks subcommittee	9
3. Executive Officer	9
4. G-I-N Office	9
5. Company Secretary	9
6. Financial Examiner	9
Activities 2010 - 2011.....	10
1. G-I-N Website.....	10
2. G-I-N Training.....	12
3. G-I-N Groups	12
3.1. Evidence Tables Working Group.....	12
3.2. G-I-N PUBLIC	13
3.3. Adaptation Working Group.....	15
3.4. G-I-N Emergency Care Community of Interest	16
3.5. Allied Health Community	17
3.6. Implementation	18
3.7. North American Community.....	18
4. Congresses, Workshops, Meetings	20
4.1. 7 th G-I-N Annual Conference Chicago (Illinois, USA), 25 th – 28 th August 2010.....	20
4.2. G-I-N Annual Conferences 2011 and following.....	20
4.3. External representation	21
Strategic Direction	23
Financial report 2010.....	24
Board of Trustees 2010-2011.....	25
G-I-N Honorary Patrons	25
Abbreviations.....	26

Chair's Foreword



Dear G-I-N Members

I am very pleased to present the eighth annual report of the Guidelines International Network (G-I-N). This has been another great year for G-I-N, with a number of exciting developments and I am proud to have been able to serve G-I-N in my first year as Chair.

The annual conference in August 2010 continued our great tradition of networking. We experienced a fantastic congress in the wonderful setting of Chicago, with almost 450 colleagues from 31 countries around the world. High quality presentations and debate about current developments in the field of guidelines: that is what our Network is about. Prior to the conference at our Annual General Meeting we discussed the network's long term strategy, and based on that the Board of Trustees established priorities for action. Our three priorities for the past year were: to determine future directions for our annual conference, to ensure the generation of deliverables and tools for use by our members, and to better communicate who we are: the world leading organization for collaboration in guideline development, adaptation and implementation.

In my first year as Chair of G-I-N I had the exciting experience to work with the Board of Trustees with an enormous background and expertise in guideline development and implementation. I had great support from our Vice Chair, Minna Kaila, who took care of some delicate procedures. And the Board is superbly supported by our outstanding Executive Officer, Magali Remy Stockinger, who has shown to be able to accomplish the almost impossible task to create coherence in our activities taking into account the different perspectives from our members all over the globe. Our staff is completed by Martina Westermann, G-I-N Secretary, and Inga Koenig, G-I-N Webmaster, who are both doing excellent jobs. In summary: the best position I could possibly imagine as Chair. Thank you for your invaluable support!

In March 2011 the G-I-N Board held its midterm meeting to evaluate the past year and to make plans for the coming (financial) year. Our main conclusion was that we are very proud of the amount of work that is being done by our committees, working groups and communities. And their results are prominent. Some examples: the Evidence Tables Working Group published their work in BMJ Quality & Safety, G-I-N PUBLIC held a course on patient and public involvement in guidelines prior to the Chicago Conference, while the implementation working group developed an excellent program for a pre-conference course in Seoul on guideline implementation. In addition, G-I-N North America was recently launched, under the lead of Rich Rosenfeld, as a new community from a regional perspective. And our subcommittees provide the Board with very valuable advice. Thank you all for contributing to our Network.

Our network also implies coming and going of people in various positions. G-I-N is financially in a stable position and Günter Ollenschläger decided that this was a good moment to stop his activities as Treasurer. As of 1 April 2011, at the start of the new financial year, we have a new Treasurer: Fergus Macbeth. I would like to thank Günter for his tremendous contribution for many years in creating a healthy financial position for G-I-N. And I wish Fergus all the best in his new position. We also have several Board members stepping down from their position. I would like to thank Jako Burgers, Frode Forland, Sue Phillips, Rosa Rico and Sara Twaddle for their collegiality and contribution to the Board. Sara and Jako are not eligible for re-election and I will miss their support, since they brought in tons of experience as previous chairs of G-I-N.

I look forward to seeing you all in Seoul.



**Philip van der Wees, Chair
On behalf of the Executive Committee**

G-I-N Objectives and Aims

The Guidelines International Network is an international not-for-profit association of organisations and individuals involved in clinical practice guidelines. G-I-N's **mission is to lead, strengthen and support collaboration and work within the guideline development, adaptation and implementation.** The main purpose of the Network is to:

- foster and support collaboration among all relevant stakeholders: guideline developers, implementers, researchers, students, users in all health disciplines, policy makers, health technology assessment agencies, administrators and patients.
- promote awareness of the value of guidelines in facilitating high quality, evidence-based health care
- disseminate, improve access to and reduce duplication by promoting awareness of existing guidelines and methodological resources
- improve guideline development and application in clinical and public health practice
- grow the science of knowledge translation, particularly guideline development, adaptation and implementation.

G-I-N supports evidence-based health care and improved health outcomes by supporting work to reduce inappropriate variation in practice throughout the world. It does this by addressing the following three aims:

1. to provide a network and partnerships for guideline-developing organisations, implementers, users (such as healthcare providers, healthcare policy makers and consumers), researchers, students and other stakeholders
2. to assist members reduce the duplication of effort and improve the efficiency and effectiveness of evidence-based guideline development, adaptation, dissemination and implementation appropriate to the healthcare settings within which members work
3. to promote best practice through the development of opportunities for learning and building capacity, and the establishment of high quality standards of guideline development, adaptation, dissemination and implementation.



Membership

1. Organisational Members

By July 2011 the Guidelines International Network had 88 **Organisational Members**:

- 6 organisations joined the Network in the period (Table 1). In addition, ÄZQ has applied for and been granted health library access.
- 9 members left the Network in 2011 (Guidelines Advisory Committee, CA; Division of Health Policy Research and Development, Inst. of Population Health Sciences, National Health Research Institutes, TW; National Kidney Foundation, USA; National Board of Health and Welfare, SE; New Zealand Accident Compensation Corporation, NZ; Swiss Federal Office of Public Health, CH; Swiss Medical Association, CH; Italian National Institute of Health, IT; European Union of Medical Specialists). Main reasons indicated by these organisations to leave the Network are as follows: lack of funding for the coming year, change in the status and missions of the organisation and/or integration of the guideline activities within another organisation already member of G-I-N

Table 1: Organisations which joined G-I-N in 2010-2011

USA	American Dietetic Association
USA	College of American Pathologists
Australia	Joanna Briggs Institute (rejoined after a year where they were not able to pay the membership fees)
Singapore	Ministry of Health, Singapore
Argentina	National Coordination Unit of Health Technology Assessment and Implementation
South Africa	South African Regional Programme on Access to Medicines

Chart 1: Organisational Members



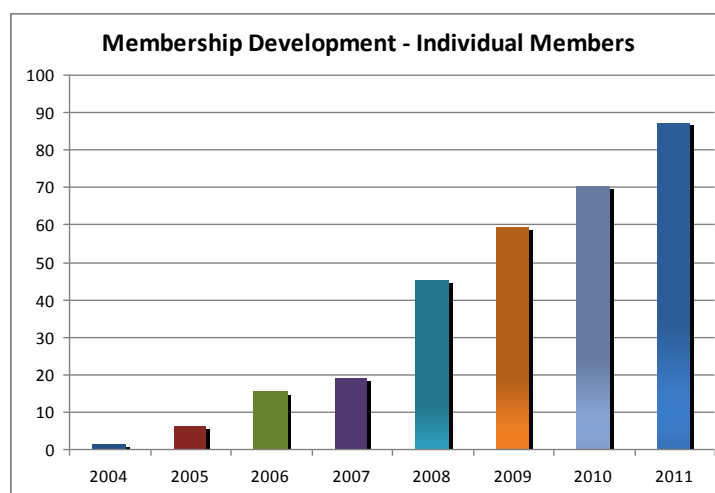
2. Individual Members

By July 2011 G-I-N had 87 individual members from 26 countries. 22 individuals joined the Network in the period (Table 2)

Table 2: Individuals who joined G-I-N in 2010-2011

• Matthias Augustin, Germany	• Mark Krueger, USA
• Dominique Broclain, France	• Su Jung Lee, South Korea
• Jako Burgers, Netherlands	• Debjani Mukherjee, USA
• Cesar Carcamo Quezada, Chile	• Nyokabi Musila, Kenya
• Philip Dahm, USA	• John Pilla, Canada
• Julian Dobranowski, Canada	• Jess Rogers, Canada
• Nathalie Flacke, France	• Roland Schaffler, Austria
• Henry Jose Garcia Lozada, Colombia	• Joachim Szecsenyi, Germany
• Andrei Issakov, Switzerland	• Martin Waibel, Germany
• Valerie King, USA	• Kate White, Australia
• Niranjana Konduri, USA	• Kevin Wilson, USA

Chart 2: Individual Members



3. G-I-N Partners

In 2005, the Board created a new membership category of "G-I-N Partner" for organisations with a special interest in G-I-N. Such partnerships aim at a "win-win" situation for both partners, to promote G-I-N among members of the partner organisation and vice versa. They enable wider communication on the activities of G-I-N and its partners as well as opportunities to develop shared activities.

By July 2011, G-I-N had established formal and informal partnerships with four organisations:

- AGREE Research Trust (ART)
- GRADE Working Group (GRADE)
- International Network of Agencies for Health Technology Assessment (INAHTA)
- World Medical Association (WMA)

Further partnership possibilities are being discussed and assessed. If all goes according to plan G-I-N should sign an agreement with the International Federation for Emergency Medicine (IFEM) in August 2011.

G-I-N is also a technical member of the WHO Health Evidence Network.

Organisation and Management

1. Board of Trustees, Executive Committee

The governance of G-I-N is overseen by a Board of Trustees comprising

- up to 12 persons elected by the Organisational Members;
- up to 3 persons co-opted by the Board;
- the Treasurer appointed by the Board; and
- the immediate past Chair for one year after retirement.

The Executive Committee, comprising the Chair, the Vice-Chair, the Treasurer, the Executive Officer of the Network and up to three Trustees appointed by the Board, is responsible for implementing Board decisions.

The full Board had bi-monthly teleconferences and two face to face meetings, one in Chicago, Illinois, USA, during the 7th International G-I-N conference and a two day strategic meeting in London, UK in March 2011 during which the Board discussed current and future activities of the Network and further worked on implementing the strategy for the years 2010-2013 that was validated at the end of 2010 after the AGM in Chicago.

In addition, to clarify members' requirements and to prioritise issues and projects, a membership survey was carried out in April-May 2011 to plan for the future.

Members of the Board of Trustees 2010-2011 are listed at the end of the report (p. 25).

Note: According to the revised articles of Association validated August 2010, the composition of the Board will change from end of August 2011 and include a person elected by the individual members.

2. G-I-N Subcommittees

Two subcommittees advise the Board on specific issues. The major work of the subcommittees during 2010/11 is shown below.

2.1. Membership subcommittee

The subcommittee revised the membership applications forms to ensure that relevant information was collected, reviewed applications for membership and advised the Board on acceptance.

The subcommittee investigated ways to further involve individuals in the Network while maintaining key differences between individual members and organisational members. In addition, advice has been provided to encourage the development of formal and informal partnerships with other groups/organisations with shared objectives.

Finally, the group held a focus group session that took place at the 7th G-I-N Annual Conference in Chicago. The session enabled gathering views and ideas from individual members, organisational members and non-members. Taking into account the success of this first G-I-N focus group and its outcome the committee decided to renew the experience during the 8th G-I-N conference in Seoul (August 2011).

Members of the Membership Subcommittee are:

- | | |
|--|--------------------------------|
| - Dave Davis, USA (Chair until April 2011) | - Ian Nathanson, USA |
| - Minna Kaila, Finland (Chair from April 2011) | - Airton Stein, Brazil |
| - Ali El-Ghorr, United Kingdom | - Susanne Weinbrenner, Germany |
| - Sue Huckson, Australia | |

2.2. Finances and Risks subcommittee

The Finance and Risks subcommittee meets at intervals to support the Treasurer in oversight of the organisation, to ensure compliance with the Office of the Scottish Charity Regulator . The subcommittee also advises the Board on financial implications arising from Board decisions and maintains a register of actual and potential risks that may affect G-I-N.

The committee reviewed the annual budget for the year 2011 to ensure that it supports G-I-N objectives. It also reviewed the financial statement for the year 2010 prepared by the accountant and advised the Board on acceptance.

Members of the Finances and Risks Subcommittee are:

- Fergus Macbeth, United Kingdom (Chair)
- Rick Shiffman, USA
- Amir Qaseem, USA

3. Executive Officer

The G-I-N Executive Officer, Magali Remy Stockinger, coordinates the Network's projects and all aspects of its administration. During 2010/11 the work of the EO included supporting the reorganisation of the conferences, participating and supporting G-I-N working groups and communities (e.g. support to the Evidence Tables Working Group for the development of G-I-N Data Extraction Resource - GINDER), preparing and following up the budget, supporting the organisation of the 2011 and 2012 G-I-N Conferences, participating in the editorial team of enGINe and discussing needs for evolutions in G-I-N's communication.

4. G-I-N Office

G-I-N has its office at the German Agency for Quality in Medicine, Berlin with the Administrative Secretary, Martina Westermann and Webmaster, Inga Koenig.

5. Company Secretary

The Network has a Company Secretary in Scotland: Colin Liddell, J. & H. Mitchell W.S., 51 Atholl Road, Pitlochry, Perthshire, PH16 5BU, UK.

6. Financial Examiner

In 2010 Milne Craig, Chartered Accountants, Abercorn House, 79 Renfrew Road, Paisley PA3 4DA, UK were reappointed as G-I-N's Financial Examiner.

Activities 2010 - 2011

1. G-I-N Website

Work to improve the G-I-N website, www.g-i-n.net, and its functionalities is being pursued. It remains the key tool supporting most of the Network's activities and communication. New features have been added to the website enabling increased interactivity, networking and facilitating the work of the G-I-N working groups, subcommittees and Board.

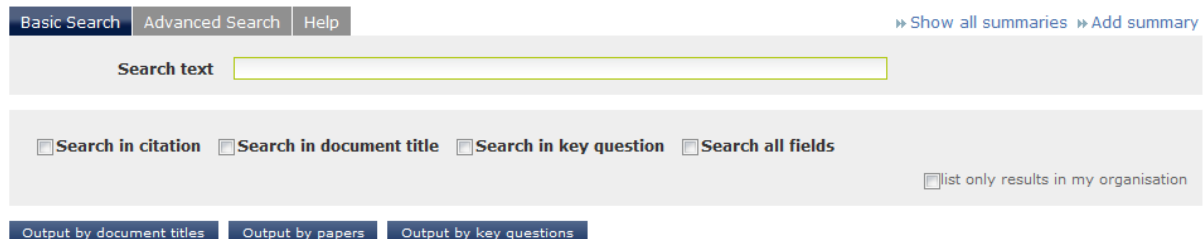
In 2010, the Guidelines International Network www.g-i-n.net was audited again by the Health on the Net (HON) Foundation. It was reconfirmed that the G-I-N website complies with the principles of the HONcode.

In 2011 work to build the G-I-N Data Extraction Resource (GINDER) started and this tool will be launched at the 8th G-I-N Conference. For more information please read the section related to the work of the G-I-N Evidence tables Working Group.

Chart 4: GINDER search form

G-I-N Data Extraction Resource:

GINDER is a resource for guideline developers to both access and enter data extracted from individual studies in a standardised template. This resource forms the foundation for the development of evidence tables. Currently, only diagnostic accuracy studies can be entered into GINDER. In the future, it will be possible to enter intervention, health economic and prognostic studies.



The screenshot shows the GINDER search interface. At the top, there are three tabs: 'Basic Search' (selected), 'Advanced Search', and 'Help'. To the right, there are links for 'Show all summaries' and 'Add summary'. Below the tabs is a search text input field. Underneath the input field are several search options: 'Search in citation', 'Search in document title', 'Search in key question', and 'Search all fields', each with a checkbox. There is also a checkbox for 'list only results in my organisation'. At the bottom, there are three buttons for output format: 'Output by document titles', 'Output by papers', and 'Output by key questions'.

A cornerstone of the website is the G-I-N International Guideline Library - a searchable database which provides G-I-N Members with the ability to search and review published and planned guidelines, systematic reviews, evidence reports, guideline clearing reports of all member organisations, as well as related documents (e.g. evidence tables, search strategies, patient information).

Following requests from the membership at the annual general meeting in Helsinki, public access to part of the information displayed in the Library was introduced in June 2010.

To demonstrate the potential of the guideline database to non-members, the Health Topic Collection (HTC) provides an overview for selected topics where people can find guidelines and other publications from the Guideline Library:

- [Respiratory Tract Infections \(C08.730\)](#)
- [Diagnostic Techniques and Procedures \(E01.370\)](#)
- [Emergency Treatment \(E02.365\)](#)
- [Pediatrics \(G02.403.776.610\)](#)
- [Nursing \(G02.478\)](#)
- [Asthma \(MesH C08.381.495.108\)](#)
- [Emergency Medical Services \(N02.421.297\)](#)

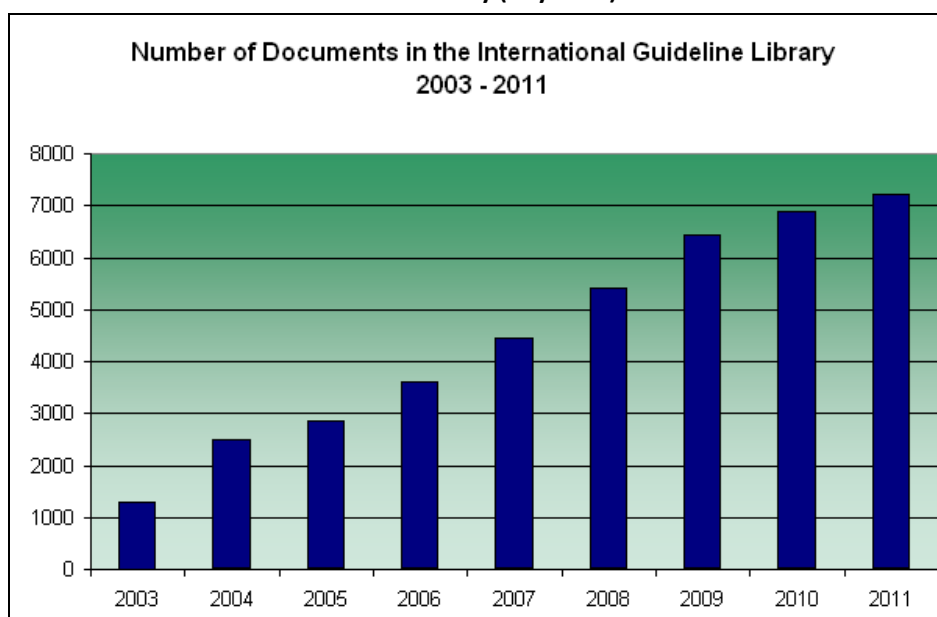
The HTC shows all documents from the G-I-N International Guideline Library under the mentioned MESH terms.

The *G-I-N International Guideline Library* continues to expand with a total of over 7200 items of information available (July 2011) from 31 language groups (Table 3).

Table 3: Number of items of information in the G-I-N International Guideline Library (by July 2011)

Language	Documents (n)	Language	Documents (n)
Arabic	2	Armenian	0
Basque	66 (summaries)	Burmese	30
Cambodian/Khmer	1	Catalan	86
Chinese	3	Czech	18
Danish	8	Dutch	487
English	5152	Estonian	0
Finnish	129	French	358
German	522	Greek	4
Hungarian	2	Indonesian	1
Italian	135	Japanese	4
Korean	2	Macedonian	1
Norwegian	60	Persian	1
Polish	1	Portuguese	275
Romanian	35	Russian	8
Serbian	1	Spanish	193
Swedish	35	Thai	13
Turkish	3	Vietnamese	1

Chart 5: Data in the G-I-N International Guideline Library (July 2011)



2. G-I-N Training

In September 2010, G-I-N delivered a two-day training course on guideline adaptation at the Høgskolen i Bergen, Senter for Kunnskapsbasert Praksis (Bergen University College, Center for Evidence Based Practice). The session was organised to support two master students working on the adaptation of clinical practice guideline as part of their curriculum. Fifteen participants, mostly nurses, attended the 2 days session.

A one day pre-conference course on implementation of guidelines is scheduled to take place before the 8th Annual G-I-N Conference in Seoul. This course is organised by G-I-N implementation working group. The course is a practical introduction to the art and science of implementing evidence-based practice and guidelines with experts who have both developed and implemented guidelines. The course will draw on real examples from Emergency care and primary care. All participants will be encouraged to work on and develop a practical implementation plan for their own evidence-based projects which will meet the needs of policy makers, health practitioners, patients and consumers.

In the future, G-I-N plans to deliver new courses/training and is investigating the development of various programmes. An education taskforce is being set for this purpose.

3. G-I-N Groups

G-I-N continues to support working groups to take forward different aspects of our work. Information on the groups, their work plans and an update on their progress is posted in the relevant sections of the G-I-N website.

The Board would like to express its deep gratitude to all those who have contributed with their ideas and input to the work undertaken, especially the speakers of the Working Groups and the Coordinator of the Community of Practice for their dedication and valuable support.

3.1. Evidence Tables Working Group

Aims and Objectives

The aim of the Evidence Tables Working Group (ETWG) is to define a minimum data set that should be included in all evidence tables. This will facilitate the creation of a database of evaluated studies with data presented in a consistent format. Such a database will allow G-I-N members to populate their own evidence tables using the data directly as presented or slightly modified according to their specific needs.

To reach these objectives the ETWG agreed that a single format to address different types of questions (e.g. intervention, diagnosis, prognosis, ...) is difficult to achieve. Hence, the ETWG group focused its work on identifying the data to be extracted from the considered studies for the addressed question and producing relevant templates.

Progress of the Evidence Tables Working Group

The ETWG began its work by developing a minimum data set for summarising studies addressing intervention questions and produced a definitive template for describing them. Later, a proposal for a template for summarising studies addressing diagnostic questions was developed, discussed at Helsinki conference in October 2008 and finalised thereafter.

In February 2011 the work on developing the template for summarising studies addressing intervention questions was published in the journal *Quality and Safety in Healthcare*: Mlika-Cabanne N, Harbour R, de Beer H, Laurence M, Cook R, Twaddle S; on behalf of the Guidelines International Network (G-I-N) Working Group on Evidence Tables. Sharing hard labour: developing a standard

template for data summaries in guideline development. Qual Saf Health Care. 2011 Feb;20(2):141-145. doi:10.1136/bmjqs.2010.040923

Two template proposals (e.g. prognostic, economic evaluation) were presented and discussed at the Chicago Conference in August 2010, resulting in a second version of both templates. The second version of the prognostic template has been evaluated in Spring 2011 by guideline methodologists and medical professionals. Based on their feedback the template was refined. At the Seoul Conference 2011 results of the evaluation study will be presented and discussed, probably resulting in a definitive version of the prognostic template.

The evaluation study of the economic evaluation template is still ongoing.

After having refined the specification for the development of registry to store and retrieve studies evaluated using the templates already developed by the group the ETWG has worked with a provider to develop GINDER (G-I-N Data Extraction Resource). This registry proposes a web interface for completing new templates for studies not already in the database through a log in (i.e. accessible to members only). At the start, the registry will include possibilities to register studies summarised using the diagnostic and intervention templates. Further templates will be added in the registry as the group finalise them. GINDER is currently being finalised and will be officially launched during this year's conference in Seoul. It is expected to bring important added value to G-I-N members.

Core members of the ETWG:

- Hans de Beer, CBO/Netherlands (Co-speaker)
- Craig Whittington, National Collaborating Mental Health/United Kingdom (Co-speaker)
- Rob Cook, Bazian/United Kingdom
- Markos Dintios, IQWiG/Germany
- Andreas Gerber, IQWiG/Germany
- Robin Harbour, SIGN/ United Kingdom
- Kelvin Hill, Stroke Foundation/Australia
- Ton Kuijpers, CBO/Netherlands
- Najoua Mlika-Cabanne, France
- Magali Remy-Stockinger, G-I-N/Norway
- Sara Twaddle, SIGN/United Kingdom

The full list of members can be found on the G-I-N website.

3.2. G-I-N PUBLIC

Catherine Marshall, Mary Nix, Beatrice Fervers and Kay Currie stepped down in 2010 and the group welcomed three new members: Sara Twaddle, Nancy Huang and Carrie Davino. Antoine Boivin and Victoria Thomas passed the role of Steering Committee Coordinators on to Corinna Schaefer and Loes Knaapen in October 2010. Early 2011 Judi Strid stepped down. The group is currently recruiting a new Consumer Representative to join us.

Meetings:

Six meetings were held, including two face-to-face in Chicago, and three teleconferences (Sept, Dec, June), one teleconference meeting for the toolkit subcommittee and an additional in July.

G-I-N Public in Chicago 2010

On the 25th of August 2010 in Chicago, prior to the G-I-N conference, G-I-N PUBLIC held a workshop entitled "Interested but challenged by patient and public involvement?". It discussed practical ways to develop high quality patient-oriented guidelines and supported mentoring and exchange between guideline organizations that have different levels of experience with patient and public involvement. It offered opportunities for guideline organizations to discuss challenges and explore practical solutions to foster the development of high quality patient-oriented guidelines. (To obtain the report of the workshop please visit: <http://attachments.wetpaintserv.us/olWeWC3nKiqFzq5yBlyqLw1470394>). An open lunch meeting, attended by about 20 people from Canada, Netherlands, Australia, USA, Norway and Spain was held to present G-I-N PUBLIC. Most attendants wanted to learn how (better) to involve

patients in guideline development and contribute their own experiences and questions. We were able to recruit new members as a result of this meeting.

Dave Davis called "G-I-N 2010 a breakthrough for patient & public involvement". Sceptics and proponents alike now believe PPI is an essential and inevitable part of guideline development.

Developers have less questions about why to do it, and more about how best to do it, and how to avoid difficulties they envision.

It seems time to redirect emphasis from convincing people of the need for PPI, towards providing practical, pragmatic advice to those who want to start or improve patient involvement. Having a toolkit to provide people with the advice and confidence to go forward thus remains a high priority of G-I-N PUBLIC.

Toolkit

After the Workshop, G-I-N PUBLIC picked up the Toolkit project with renewed momentum. Several members have negotiated dedicated time to work on the Toolkit, the workplan is established, a coordination group is in place, several chapters have been assigned and the first drafts are expected later this year. Several guideline programs are currently revising/developing their own manuals on patient and public involvement (AZQ, Guiasalud and NHMRC), so we expect a productive synergy working with Corinna Schaefer, Javier Gracia and Nancy Huang.

Networking, news from members:

A listserv email-list (ginpublic@googlegroups.com) was established to keep in touch with members and interested guideline developers, researchers and consumer representatives. The Wikiforum also continues to be updated. Continued networking with the field of Health Technology Assessment (HTA) will be fruitful as many are encouraging Patient and Public involvement in this field. G-I-N PUBLIC member Javier Gracia continues to work closely with the HTA international sub-group on Patient and Citizen Involvement. The European Patients' Forum conducted a survey of HTA agencies on their Patient Involvement initiatives and perspectives (<http://www.eu-patient.eu/Initatives-Policy/Initiatives>); EPPOSI organized two 'patient engagement in HTA' workshops in June and November 2010 in Brussels. G-I-N PUBLIC members keep us informed of the developments in their respective countries. One of GIN PUBLIC's steering committee consumer member, Carol Sakala, participated as a reviewer on the Institute of Medicine report "Clinical practice guidelines we can trust" that recommended the involvement of patient and public representatives in guideline development and quoted G-I-N PUBLIC work. Other interesting developments include the establishment of a national consumer organization for health care issues in New- Zealand; the establishment of a guideline development network in Australia which organized a workshop on patient & public involvement in 2010; an article by G-I-N PUBLIC member Javier Gracia in BMJ Qual Saf on methods based on Spanish National CPG Development Program (Guiasalud); Guidelines for Guidelines from the Dutch guideline council (Regieraad); the report "Implementation of Medical Research in Clinical Practice" published by the European Science Foundation (EFS) in May 2011 has a specific chapter "Patient and Public Involvement in Research".

After last year's intensive and successful preconference workshop, G-I-N PUBLIC has redirected energies towards the Toolkit. We look forward to meeting and working with (new) Steering Committee members face-to-face and to discuss toolkit progress and new plans, tasks and budget for next year. For the Steering Committee members who won't be able to travel to Seoul, we aim to have teleconferencing (possibly with Webcam) in place to facilitate communication. We will hold a 'meet&greet' event for all G-I-N members interested in Patient & Public Involvement so we can get in touch and start exchanging and learning from each other.

Steering committee of G-I-N PUBLIC:

- Loes Knaapen, Mc Gill University/Canada (Coordinator)
- Corinna Schaefer, Agency for Quality in Medicine AEZQ /Germany (Coordinator)
- Antoine Boivin, Scientific Institute for Quality of Healthcare/Canada
- Carrie Davino, Kaiser Permanente / USA
- Javier Gracia, Health Technology Assessment Unit, Guiasalud /Spain
- Nancy Huang, National institute of clinical studies/NHMRC / Australia
- Carol Sakala, Childbirth Connection/USA (consumer representative)
- Victoria Thomas, NICE/United Kingdom
- Trudy van der Weijden, Maastricht University/Netherlands
- Judi Strid, Office of the Health and Disability Commissioner/New Zealand (till 1-2011)
- Sara Twaddle, SIGN / United Kingdom

3.3. Adaptation Working Group

Guideline adaptation is a topic of high interest among G-I-N members. Following a successful meeting held at the G-I-N conference in Chicago in 2010, the G-I-N Board of Trustees agreed to support the establishment of a new G-I-N Adaptation Working Group and appointed Jako Burgers (former ADAPTE Group member) and Sue Phillips as co-Chairs.

As a first step towards establishing the group, Jako and Sue worked with Magali-Remy Stockinger (former ADAPTE Group member) and Bernard Bertrand (former ADAPTE Group member) to explore the views and preferences of G-I-N members around this topic through a survey conducted in autumn 2010. The survey showed that many members are interested in guideline adaptation with 112 members responding and 27 indicating an interest in participating in the working group. A summary of the survey findings was published in enGINE in January 2011.

Interested individuals were contacted and a first meeting was held by teleconference on 1 March 2011. The meeting was well attended with 14 participants and 14 apologies. The group agreed to establish a steering group to help develop the group's work plan and to lead and co-ordinate the activities of this large group. There was strong agreement among the group about the need to refine the ADAPTE methodology and develop a new version with short cuts and more concise steps. This will be considered for inclusion in the work plan once the steering group has been established.

Meanwhile an online discussion forum has been developed on the G-I-N website to facilitate communication within the group. The forum is available at: <http://www.g-i-n.net/activities/adaptation/adaptation-forum>. The group also called for a template for sharing people's experiences of adapting guidelines and this is now available on the forum webpage, see <http://www.g-i-n.net/activities/adaptation/adaptation-forum/sharing-your-adaptation-experiences-and-needs>. We encourage all interested G-I-N members to visit this forum site and post information about their guideline adaptation activities.

Workshop and meeting at Seoul 2011 G-I-N conference

Sue Phillips, Jako Burgers and Magali Remy-Stockinger will be facilitating a workshop on guideline adaptation at the G-I-N conference in Seoul in late August 2011. The workshop aims to provide opportunities for conference participants to investigate more efficient ways to adapt and implement guidelines and to increase international collaboration to help refine and update the guideline adaptation method described in the ADAPTE Manual and Toolkit. A face-to-face meeting of the Adaptation Working Group may also be scheduled during the G-I-N 2011 conference.

Members of the Adaptation Working Group:

- Jako Burgers, IQ healthcare, Radboud University Nijmegen Medical Centre, Netherlands, Co-Chair
- Sue Phillips, NHMRC, Australia, Co-Chair
- Samar Aboulsoud, Cairo University, Egypt
- Rasmieh Al-Zeidan, King Saud University, Saudi Arabia

- Klara Brunnhuber, BMJ Publishing Group, United Kingdom
- Bernard Burnand, CepiC-IUMSP, CHUV & University of Lausanne, Switzerland
- Fulvia Baldassarre, Cancer Care Ontario, Canada
- Abuabker Ibrahim Mohamed Saeed, Sudan
- Rosmin Esmail, University of Alberta, Canada
- Arritxu Etxeberria, OSTEBA, Spain
- Maria Eugenia Esandi, Instituto de Investigaciones Epidemiologicas, Argentina
- Liat Fishman, AEZQ, Germany
- Anita Fitzgerald, NZGG, New Zealand
- Karin Hannes, Centre for Methodology of Education Research, Katholic University Leuven, Belgium
- Thomas Langer, AEZQ, Germany
- Alison MacLeod, University of Aberdeen, United Kingdom
- Rintaro Mori, University of Tokio, Japan
- Philippa Middleton, ARCH, University of Adelaide, Australia
- Jill Petrella, Cancer Care Nova Scotia, Canada
- Rosa Rico, OSTEBA, Spain
- Yasser Sami Amer, Centre for Evidence-Based Clinical Practice Guidelines, University of Alexandria, Egypt
- Ann Scott, Institute of Health Economics, Canada
- Orit Schieir, Ontario University Health Network, Canada
- Juan Sebastian Castillo, National Cancer Institute, Colombia
- Carolyn Simpkins, BMJ Group, North America
- Mario Tristan, IHCAI Foundation, Costa Rica
- Seda Usubutun, MoH, Turkey
- Joan Vlayen, KCE, Belgium
- Hayfaa Wahabi, EBM Association, Saudi Arabia
- Susanne Weinbrenner, AEZQ, Germany
- Paula Wye, Hunter New England Area Health Service, Australia

3.4. G-I-N Emergency Care Community of Interest

Identifying relevant formats of guideline and guideline products continued to be a priority activity for the G-I-N Emergency Care Community building on the outcomes from a workshop held at the 2010 International Conference for Emergency Medicine (ICEM). A working group was established to lead this activity with representation from both the Expert Reference Group and the broader membership. A survey was designed to identify preferences related to: formats of guidelines, attributes of guidelines and where guidelines are most commonly accessed by the target group. The survey was conducted from December 2010 – January 2011. The results of the survey are to be presented at the 2011 GIN Conference in Seoul. Currently the working group are preparing a paper for publication.

An informal face to face meeting of the EC Community members was held in Chicago at the 2010 GIN Conference. This meeting provided an opportunity to provide information to prospective members of the group and to have further input into the survey.

Further progress has been made in establishing a partnership between G-I-N and the International Federation of Emergency Medicine (IFEM). A formal proposal from IFEM was submitted for consideration by the G-I-N Board at their March 2011 Board Meeting. The G-I-N Board supported the proposal with finalisation of the agreement expected by July 2011. The partnership will provide G-I-N the opportunity to evaluate outcomes from activities related to implementation of guideline recommendations developed jointly with the EC Community and research networks established through IFEM.

Members of the Emergency Care Community steering group:

- Sue Huckson, NHMRC/Australia (Chair)
- Samar Aboulsoud, Cairo University Hospital and School of Medicine/currently in Qatar
- Marc Afilalo, McGill University, Emergency Department Jewish General Hospital/Canada
- V. Anantharaman, Department of Emergency Singapore General Hospital/Singapore
- Bill Barger, Operational Quality and Improvement, Quality and Educational Services Division of Ambulance Victoria/Australia
- Maaret Castrén, Emergency Department, Södersjukhuset and Department of Clinical Science and Education, Karolinska Institute /Sweden

- Matthew Cooke, Warwick Medical School and Heart of England NHS Foundation Trust, UK & Warwick Clinical Systems Improvement/United Kingdom
- Rob Crouch, Southampton University Hospital NHS Trust and School of Health Sciences, University of Southampton/United Kingdom
- Wyatt Decker, Mayo Clinic/USA
- Barry Diner, St Luke's Episcopal Hospital/USA
- Eddy Lang, McGill University, Emergency Department Jewish General Hospital/Canada
- Peter Wyer, Columbia University, New York/USA

3.5. Allied Health Community

Our definition of Allied Health is broad and includes clinical healthcare professionals who work in a healthcare team and liaise with physicians to deliver quality patient care and improve the system of care. For the purpose of the community we aim to include a wide range of allied health professionals in our group: such as nurses, midwives, physiotherapists, dieticians, psychologists, occupational therapists, speech therapists, etc.

Objectives

The main objective of the community is to further promote and stimulate multidisciplinary collaboration in clinical guidelines, and to further facilitate and increase interactions between medical and allied health professionals.

Activities

After the launch in March 2010 the steering group was established, and a dedicated section on the G-I-N website was opened. During its first teleconference in May 2010 the steering group discussed proposals for two projects:

- development of a toolkit that supports Allied Health Professionals in their participation in guideline activities and
- development of a position paper that addresses the importance of patient functioning and quality of life within clinical guidelines.

The projects were started around summer 2010.

1. Development of a toolkit

By developing modules for (online) courses we aim to support nurses and allied health professionals in guideline development. The modules are being developed under auspices of the Royal College of Nursing (RCN). The project will result in six modules which can be used in different ways, i.e. a full postgraduate program and brief (online) courses for separate modules. The next step is then to adapt these modules for wider use by allied health professionals in collaboration with the Chartered Society of Physiotherapy (CSP) and the Allied Health Professions Forum in the UK. Finally we want to develop a strategy for the international use of (online) courses within G-I-N.

2. Position paper to promote patient functioning and quality of life

The objective of this project is to develop a position paper to promote patient functioning and health related quality of life as objectives for prevention, assessment, treatment, and evaluation in clinical guidelines. The shift in health care from (only) medical diagnosis and treatment towards an integrative multidisciplinary approach should be reflected in guideline recommendations.

We received a grant of €10,000 from two Dutch G-I-N members (Regieraad and the Royal Dutch Society for Physical Therapy (KNGF)) to develop the paper. Simone van Dulmen, junior researcher at the Scientific Institute for Quality of Healthcare in the Netherlands, started with the development of the paper under auspices of the steering group. At the Seoul conference the draft results of the position paper will be presented and the toolkit is under development under auspices of the Royal College of Nursing (RCN).

Members of the Allied Health Community Steering Group:

- Philip van der Wees, KNGF/Netherlands (Chair)
- Sarah Bazin, ER-WCPT/United Kingdom
- Dorien van Benthem, ACCC/Netherlands
- Dunja Dreesens, Regieraad/Netherlands
- Jenny Gordon, RCN/United Kingdom
- Sue Lukersmith, Australia
- Josephine Muxlow, Canada
- Elaine Santa Mina, Canada

3.6. Implementation

The Steering Group of the G-I-N Implementation Working Group (IWG) has met by teleconference several times with additional attendance from members of the G-I-N community who have been undertaking specific projects relating to implementation.

Last year Ilkka Kunnamo initiated and led a major piece of work to develop a G-I-N-endorsed taxonomy of implementation terms. While Ilkka remains actively involved with this work, Danielle Mazza and members of her team at Monash University in Melbourne, Australia have now taken a major role in further developing this work in association with Philip Bairstow. A workshop to present the work to date and identify a way to further develop the taxonomy has been planned for the Seoul meeting.

John Fraser, led work on a survey of members regarding their perspective on, and use of, implementation methods. This was presented by John at the 2010 G-I-N meeting in Chicago. It is planned that elements of this survey will become a regular part of the G-I-N annual members' survey.

Catherine Marshall, Sue Huckson & Heather Buchan have worked with other members of the IWG to develop an Implementation Workshop to be held prior to the 2011 G-I-N conference. Dave Davis and Sue Phillips are also involved in presenting and leading discussions on specific aspects of implementation at the workshop.

Anna Gagliardi is leading a project to establish a research network to investigate guideline implementability. A research grant application to fund and develop this network has been developed, submitted to the Canadian Institutes for Health Research and recently approved. The G-I-N IWG is actively supporting this project and will work with Anna and other interested researchers to develop further projects on guideline implementability.

In the coming year the group is looking to expand its membership with G-I-N members who are interested and have the time to work actively on these areas. In addition it will continue to hold a meeting during the G-I-N annual conference for people who are interested in implementation but who do not have the time to contribute to IWG projects.

Core Members of the Implementation Working Group:

- Heather Buchan, Australia
- Dave Davis, USA
- John Fraser, New Zealand
- Ilkka Kunnamo, Finland
- Anna Gagliardi, Canada
- Catherine Marshall, New Zealand
- Danielle Mazza, Australia
- Sue Huckson, Australia
- Philip Bairstow, Australia

3.7. North American Community

The exploratory session for G-I-N North America attracted 100 attendees in Chicago at the 7th Annual G-I-N Conference in August 2010. Participants expressed several concerns that would benefit from a regional community, including (a) heterogeneous guideline processes with minimal national oversight, (b) guideline development by diverse societies, groups, and organizations, (c) new standards from the Institute of Medicine that would have broad implications for guideline processes,

including possible accreditation, (d) challenges in getting funding and support, and (e) a regional desire to communicate and share best practices.

The G-I-N Board agreed in October 2010 to pilot test regional chapters. A preliminary steering group was formed with North American and G-I-N representatives, resulting in Terms for Reference that led to a more permanent steering committee in April 2011. Interest in G-I-N North America was reaffirmed in May 2011 when the community was officially launched during an invited presentation at The Institute of Medicine's workshop on implementing standards for trustworthy clinical practice guidelines. Workshop participants included Philip van der Wees (Chair of G-I-N), Amir Qaseem (G-I-N Board member), Rick Shiffman (G-I-N member), and Richard Rosenfeld (G-I-N member and Chair of the North American Community).

G-I-N North America's preliminary aims and objectives are to:

- Provide a network for North American guideline users, developers, and other stakeholders to form partnerships and discuss regional guideline issues
- Improve the efficiency and effectiveness of evidence-based guideline development, adaptation, dissemination, and implementation
- Enhance and promote relationships between G-I-N and the North American guideline community
- Organize and promote regional events that are non-competitive with the annual G-I-N conference
- Coordinate guideline activities with other health quality initiatives

In the coming year the community seeks to expand membership, refine the aims and objectives, develop an advisory committee, and plan initial projects and conferences. Efforts will also focus on defining opportunities and obstacles for implementing the Institute of Medicine Standards for Trustworthy Clinical Practice Guidelines (www.iom.edu). For more information, please visit us at the G-I-N web site and plan to attend our inaugural community meeting in Seoul, Korea.

Steering Group for G-I-N North America:

- | | |
|-------------------------------------|------------------------------------|
| • Richard M. Rosenfeld, USA (Chair) | • Sandra Zelman Lewis, USA |
| • Rebecca Burkholder, USA | • Sam E.D. Shortt, Canada |
| • Pedro G. Castellón, Mexico | • Holger Schünemann, Canada |
| • Dave Davis, USA | • Richard N. Shiffman, USA |
| • Kay Dickersin, USA | • Philip van der Wees, Netherlands |
| • Marguerite Koster, USA | • Peter Wyer, USA |

4. Congresses, Workshops, Meetings

Conferences and workshops are the most important points of contact for members and opportunities to promote the Network.

4.1. 7th G-I-N Annual Conference Chicago (Illinois, USA), 25th – 28th August 2010

The 7th Guidelines International Conference was held in Chicago, Illinois, USA, organised by the American College of Chest Physicians. The theme of the conference was: "Integrating Knowledge. Improving Outcomes".

The conference was attended by 450 participants from 31 countries and continued in the successful line of previous conferences in Edinburgh (2003), Wellington (2004), Lyon (2005), Toronto (2007), Helsinki (2008) and Lisbon (2009). Many thanks go to the hosts of the conference and the Scientific Committee for pulling together the programme and the exciting social events, and to the sponsoring agencies for their generous support.

The conference included five plenary sessions with chairs and keynote speakers from across the world, presenting recent experiences and examples with guideline development and implementation in the broader context of the healthcare system in their country.

For the parallel sessions, out of the 270 abstracts submitted, 238 were accepted in the format of brief presentations (124), workshops (15), and posters (99). The brief presentations were grouped into 26 different parallel sessions, covering guideline implementation, indicators, adaptation, quality, methods, guideline programmes, and patient involvement.

Members of the Scientific Committee

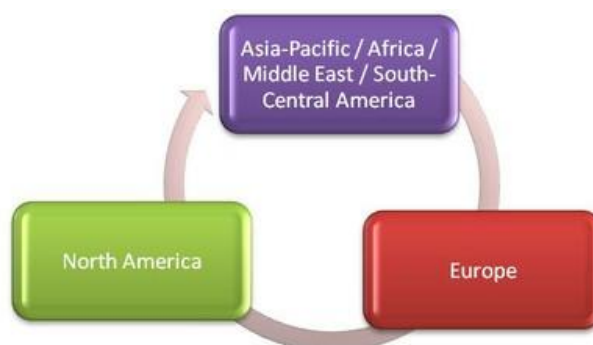
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|--|-----------------------------|
| - Richard Shiffman, USA (Chair) | - Eddy Lang, Canada |
| - Doreen Addrizzo-Harris, USA (Co-Chair) | - Val Moore, United Kingdom |
| - Hyeongsik Ahn, Korea | - Virginia Moyer, USA |
| - David Atkins, USA | - Sue Phillips, Australia |
| - Dave Davis, USA | - Amir Qaseem, USA |
| - Kay Dickersin, USA | - Rosa Rico-Iturrioz, Spain |
| - Ian Graham, Canada | - Richard Rosenfeld, USA |
| - Eeva Ketola, Finland | |

4.2. G-I-N Annual Conferences 2011 and following

The 8th G-I-N Conference will take place in Seoul, Korea. This will be the first in Asia and the G-I-N Board is hoping that this will facilitate participation from all Asian countries. The annual conferences are important to the Network and the Board discussed ways to better enable rotation throughout the globe to facilitate participation from all countries. After considering a set of options, the Board decided that a three-year rotation scheme would enable:

- ensuring equity between the regions
- ensuring communication on the Network and its activities throughout the world and recruiting new members to the Network while remaining attractive to current members
- keeping the interest of participants and providing them with adequate opportunities of participation

The rotation model agreed upon is as follows:



Further to agreeing to a rotation model, the G-I-N Board investigated possibilities to better control, manage, and brand the G-I-N conferences thus enabling better recognition, follow up and, if possible, increase of income for the Network, consequently, allowing G-I-N to provide increased support to the various activities of the Network. Modifying the processes for the organisation of the G-I-N conferences further aims to reduce the burden on the local host(s) while keeping an active link with them. Local involvement is in particular sought to ensure that the content of the conference is also relevant in the local context and that there is local buy-in, provide targeted marketing and sponsor/exhibitor search locally, support selecting relevant venues and hotels. To decrease the burden on the host organisation(s) and to increase control over the conference by G-I-N while not increasing the burden of the organisation and management of the conference on the G-I-N staff, the logistics is provided by a professional conference organiser (PCO) that enters into a contract with G-I-N.

The process to select the host(s) of the G-I-N conferences has also been clarified. It is performed via bidding that allows the obtaining of expressions of interest and of further detailed information provided using a template designed by G-I-N. Main selection criteria are:

- Interest and engagement of the submitter and other organisations in the country/region
- Attraction of the proposed country/city to foreseen participants including ease of access
- Finances: level of anticipated costs (venue, hotel rooms...) and anticipated possible sponsorship to enable keeping registration fees at a low level
- Anticipated benefits for the Network

The new model is currently being pilot tested with the organisation of the conference in 2012. The newly designed bidding process led to the obtaining of 3 very good expressions of interests and the G-I-N Board would like to renew its thanks to all submitters for the efforts and involvement. After thorough assessment, the Board selected the proposition of ÄZQ to become the local host of the 2012 conference in Berlin.

4.3. External representation

In the last year, G-I-N has been represented at several events (Table 4). In addition the Board, and in particular Günter Ollenschläger, provided input to the white paper of the European Science Foundation “Forward look: Implementation of Medical Research in Clinical Practice”

Table 4: G-I-N Presentation 2010/2011 (G-I-N Congresses, presentations on behalf of the Network at national / international conferences/workshops/meetings)

Date	Country	Activity
Aug. 2010	USA	G-I-N Annual Conference
Sep. 2010	Norway	Workshop on guideline adaptation
Oct. 2010	France	European Science Foundation meeting - Forward Look: Implementation of Medical Research into Clinical Practice. Workshop: Analysis and Translation
Oct. 2010	USA	Meeting Systematic Review Data Repository
Jan 2011	USA	Alliance for CME meeting,
Feb. 2011	Canada	Meeting Registering systematic review protocols, launch of PROSPERO
May 2011	Germany	European Science Foundation meeting - Forward Look: Implementation of Medical Research into Clinical Practice. –launch of Forward Look report, ‘Implementation of Medical Research in Clinical Practice’
May 2011	USA	Institute of Medicine meeting
May 2011	USA	Society for Academic CME meeting
June 2011	Brazil	Presentation on G-I-N and G-I-N-INAHTA collaboration at the INAHTA annual meeting

Strategic Direction

G-I-N has been in existence for nine years now and there are close to 90 organisational members. The number of individual members is growing steadily and there are about 80 of them. G-I-N has spread across the five continents, with members from 43 different countries. The latest membership survey from spring 2011 indicates overall satisfaction. As it should, the survey also highlighted areas for improvement. Most interest among the membership is expressed for implementation guidance, methodological standards for guideline development and templates for summarising evidence and sharing the evidence base.

The great challenge is to select and prioritize from among the many possible activities in the guideline world those that will bring most benefit. There are always new excellent ideas about what needs to be done. The funds for G-I-N consist mainly of membership fees, added with any potential profit generated from meetings and conferences. This translates into prioritizing the Network's activities to provide the most added value to members and non-members.

Any and most activities of the Network are reliant on the enormous voluntary work that the members do. This is as ever most gratefully acknowledged by G-I-N Board who recognize that herein lies the strength of the Network, too. The most important aims of G-I-N are avoiding duplication of effort and sharing within the guideline community. G-I-N is able to support a small secretariat forming the backbone of all operation. This past year saw the new strategy for 2010-2013: G-I-N wants to be the leader of the guideline world. There are in all eight planned actions for this period. To be able to take and keep the leading position G-I-N needs to expand further its membership. Members are the core of any living organization. Forging partnerships and making best use of the ones that exist, benefiting both parties, and helping members connect and work together ever better make the ground on which the good name of G-I-N is based. Branding, developing and updating a communication strategy is as essential as a well-designed and easy to use website. In addition to and as part of the communication strategy a separate website strategy is being developed.

Clear and effective communication is of utmost importance for any organization especially a global organization where language barriers exist. Even though English, or rather broken English, is commonly regarded as the language of choice for international communication, G-I-N has been active in producing information in different languages. At present, these are available in Chinese, German, Portuguese, and Spanish.

The annual conference will remain central in providing opportunities for members to develop professionally, form strong productive working collaborations and for attracting new members to G-I-N. People need to meet face to face. Then they can work using today's technologies that enable distant communication without which an organization as ours might not be able to survive. As previously, to facilitate participation the Board offered stipends to members from lower income countries and members of the working groups as well as consumers. This year we are for the first time in Asia, meeting in Seoul for the eighth G-I-N Annual Meeting. This reflects the clear aim to reach out to areas where there may be fewer guidelines, and certainly much opportunity to attract more members to this vibrant community. G-I-N depends on its members and greatly appreciates your support and active involvement.

Minna Kaila, Vice-Chair of G-I-N 2010-2011

Financial report 2010

(The following is an extract of the Financial Statements by the independent financial examiner Milne Craig, the complete report is available to members via the G-I-N Website and can be sent to others upon request).

The charity has no recognised gains or losses other than the results for the year as set out below. All of the activities of the charity are classed as continuing.

Statement of Financial Activities	
Period from 1.04.2010 - 31.03.2011	
Incoming resources	
Incoming resources from generating funds	
Voluntary income	177.165 €
Investment income	966 €
Incoming resources from charitable activities	17.873 €
Total incoming resources	196.004 €
 Resources expended	
Charitable activities	129.625 €
Governance costs	42.380 €
Total resources expended	170.005 €
 Net outgoing resources for the year	 23. 999 €
 Total funds brought forward	 92.094 €
<hr/> Total funds carried forward	<hr/> 116.093 €

Board of Trustees 2010-2011

Jako Burgers (NL)	IQ healthcare, Radboud University, Nijmegen Medical Centre
Dave Davis (US)	Association of American Medical Colleges
Frode Forland (NO)	Norwegian Directorate for Health
Minna Kaila (FI)	Finnish Medical Society Duodecim, Current Care and University of Helsinki, Hjelt Institute <u>Vice Chair, Member of the Executive Committee</u>
Fergus Macbeth (UK)	National Institute for Health and Clinical Excellence <u>Treasurer and Member of the Executive Committee from 1 April 2011</u>
Günter Ollenschläger (DE)	Agency for Quality in Medicine <u>G-I-N Honorary Patron, Treasurer and Member of the Executive Committee (until 1 April 2011)</u>
Sue Phillips (AU)	National Health and Medical Research Council
Keng Ho Pwee (SG)	Ministry of Health, Singapore
Amir Qaseem (US)	American College of Physicians <u>Member of the Executive Committee</u>
Rosa Rico (ES)	Basque Office for Health Technology Assessment
Jean Slutsky (US)	Agency for Healthcare Research and Quality
Sara Twaddle (UK)	Scottish Intercollegiate Guidelines Network
Philip van der Wees (NL)	Royal Dutch Society for Physical Therapy <u>Chair, Member of the Executive Committee</u>

All members of the Board of Trustees signed a declaration of interest.

G-I-N Honorary Patrons

- Catherine Marshall, New Zealand
- Najoua Mlika-Cabanne, France
- Günter Ollenschläger, Germany
- Jean Slutsky, USA

Abbreviations

AAO	American Academy of Otolaryngology, US
ACCC	Dutch Association of Comprehensive Cancer Centres, NL
ACCP	American College of Chest Physicians, US
ACP	American College of Physicians, US
ADA	American Dietetic Association, US
AEKB	Berlin Chamber of Physicians, DE
AEKW	Vienna Medical Chamber, AT
AHRQ	Agency for Healthcare Research and Quality, US
AMB	Brazilian Medical Association, BR
ANS	National Agency of Supplementary Health, BR
AQuMed / AEZQ	Agency for Quality in Medicine, DE
ARS	Regional Agency for Health in Tuscany, Quality Unit, IT
ART	AGREE Research Trust
ASCO	American Society of Clinical Oncology, US
ASR	Regional Health Agency Emilia Romagna, IT
AUA	American Urological Association, US
AWMF	Association of Scientific Medical Societies, DE
BMG	Ministry of Health, AT
BQS	German National Institute for Quality Measurement in Health Care
CAHIAQ	Catalan Agency for Health Information, Assessment and Quality, ES
CAP	College of American Pathologists
CAREMBC	Central Asian Network of EBM Centers, KG, KZ, TJ, TM, UZ,
CBO	Dutch Institute for Healthcare Improvement, NL
CCE	Centre for Clinical Effectiveness, AU
CDQAT-AUHS	Central Directorate of Quality, Internal Auditing and Training of Alexandria University Hospitals; AUFM-Center for Evidence-Based Clinical Practice Guidelines (AUFM-CEBCPGs), EG
CEBAM	Belgian Centre for Evidence-Based Medicine, BE
CEMBE	Center for EBM, Univ. of Lisbon School of Medicine, PT
CePiC	Clinical Epidemiology Centre, University of Lausanne, CH
CEVEAS	Centre for the Evaluation of Effectiveness of Health Care, IT
CIR	Center for International Rehabilitation, US
CLB	Centre Léon Bérard, Cancer Centre, FR
CNSMF	National Center for Studies in Family Medicine, RO
CPAC	Canadian Partnership Against Cancer, CA
CPSS	Center for Health Policies and Services, RO
CRED	CRED Foundation - Romanian-Swiss Centre for Health Sector Development, RO
CTS	Canadian Thoracic Society, CA
DGTHG	German Society of Thoracic and Cardio-Vascular Surgery, DE
DKG	German Cancer Society, DE
DM	Domus Medica vzw; Flemish College of General Practitioners (formerly WVVH), BE
DUODECIM	Duodecim Medical Publications Ltd, FI
DUODECIM	Finnish Medical Society, FI
EBHC	Chair of Evidence-based Healthcare and Knowledge Translation, SA
GIMBE	Italian Evidence-Based Medicine Group, IT
GOEG	Health Austria, Federal Institute for Quality in Health Care, AT
GRADE	GRADE Working Group
HAS	French National Health Authority (formerly ANAES), FR
HDir	Directorate for Health, NO
HTA-DoH	HTA Unit, Ministry of Health Malaysia, MY
IACS	GuíaSalud-Health Sciences Institute of Aragón, ES
IDSA	Infectious Diseases Society of America, US
IHD	Republican Centre for Health Development, KZ

INAHTA	The International Network of Agencies for Health Technology Assessment
INC	National Institute of Cancer from Colombia, CO
INCa	French National Cancer Institute, FR
INESS	Institut national d'excellence en santé et en services sociaux, CA
IQWiG	Institute for Quality and Efficiency in Healthcare, DE
JBI	Joanna Briggs Institute, AU
KAMS	Korean Academy of Medical Sciences, KR
KNGF	Royal Dutch Society for Physical Therapy, NL
KPCMI	Care Management Institute, Kaiser Permanente, US
LEVV	Netherlands Centre for Excellence in Nursing, NL
MHC	The Mental Health Commission, IE
Minds Center	Medical Information Network Distribution Service Center, Japan Council for Quality Health Care, JP
Moh Singapore	Ministry of Health Singapore
MoH Ukraine	The State Expert Center, Ministry of Health, UA
MS	Department of Quality Management and Standards of Treatment, Ministry of Health, MD
NBOCC	National Breast and Ovarian Cancer Centre, AU
NEHL	Norwegian Electronic Health Library, NO
NGHA	National & Gulf Center for Evidence Based Medicine, SA
NHFA	National Heart Foundation of Australia, AU
NHG	Dutch College of General Practitioners, NL
NHMRC	National Health and Medical Research Council, AU
NICE	National Institute for Health and Clinical Excellence, UK
NRC	National Reference Center, CZ
NZGG	New Zealand Guidelines Group, NZ
OSTEBA	Basque Office for Health Technology Assessment, ES
RCN	Royal College of Nursing, UK
REDEGUIAS	Spanish Network for Research on Guidelines, ES
Regieraad	Regieraad - Kwaliteit van Zorg, NL
SARPAM	South African Regional Programme on Access to Medicines
SCHIN	Sowerby Centre for Health Informatics at Newcastle, UK
SEA	Sudan Evidence-Based Association, SD
SIGN	Scottish Intercollegiate Guidelines Network, UK
SMSPMS	National School of Public Health and Health Services Management, RO
SST	National Board of Health, DK
TGL	Therapeutic Guidelines Ltd., AU
THL	National Institute for Health and Welfare, FI
TRIMBOS	Trimbos-Institute - Netherlands Institute of Mental Health & Addiction, NL
UCEETS	National Coordination Unit of Health Technology Assessment and Implementation, AR
WCPT	European Region of the World Confederation of Physical Therapy
WMA	World Medical Association
ZZQ	Agency for Quality in Dentistry, DE