

the ENGINE

The newsletter of the Guidelines International Network

GIN
DECEMBER
2012



Editorial

Dear Colleagues,

Match-making!

I recently had the very pleasant experience of being a participant in a meeting with the Dutch G-I-N Network (see more info later in this newsletter).

The meeting offered good opportunities to discuss important issues regarding Guideline development, like the use of open source WIKI tools to reflect patient perspectives. The WIKI tool might be a good solution to have a more open democratic say from patients in guideline development, but who should take the responsibility for conflicting recommendations in such instances?

Based on the introduction from Teun Zuiderent-Jerak about including different types of knowledge in guideline development (BMJ. 2012 Oct 5;345:e6702. doi: 10.1136/bmj.e6702) we discussed the challenging questions about making good guidelines for clinical care and public health, even in situations where there is lack of high quality evidence. Are the present evidence hierarchies suitable and sufficient, or do we need 'question and context sensitive evidence hierarchies'?

The GRADE paper highlighted in the literature overview later in this newsletter also sheds light around these issues (Z EvidFortbildQualGesundhwes. 2012;106(5):369-76. doi: 10.1016/j.zefq.2012.05.018. Epub 2012 Jun 6).

We hope that G-I-N and its newsletter, called ENGINE, can become a real force in pulling persons and organizations together in sharing experiences, exploring new fields and finding ways of working together to improve quality of guidelines and to reduce duplication of work. As expressed by Sonja Kersten in the Dutch G-I-N meeting; match-making is about finding common ground, becoming friends and starting to do the hard work together by having fun! Use the Guidelines International Network to find your matches; think, share and act!

Frode Forland,
Vice Chair

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Introducing a new Board Member



At the Board meeting of 11th October 2012, Dr Lubna Al-Ansary was formally co-opted to the Board of Trustees to represent an under-represented geographical area.

Lubna is the Head of the Family Medicine Unit at the College of Medicine, King Saud University in Riyadh, Saudi Arabia.

The Board has taken the decision that there will be no further co-options this year, as a measure to curtail the size of the Board, while still ensuring the best geographical and skills mix possible.

This effort will help keep Governance costs lower for G-I-N.

Introducing New Members

We are delighted to welcome some new members, who have joined since the G-I-N conference in Berlin:

Organisations

- ⊙ CEM (Cellule d'expertise medical) - Luxembourg
- ⊙ GYEMSZI (National Institute for Quality and Organizational Development in Healthcare and Medicines) - Hungary
- ⊙ ICEBM (Iranian Center for Evidence-based Medicine) - Iran
- ⊙ KIT - (Royal Tropical Institute, Netherlands)
- ⊙ KCE - (Belgian Healthcare Knowledge Centre)

Individual Members

- ⊙ Dr. Noha Dashash - Saudi Arabia
- ⊙ Dr. Mirrian Hilbink - Netherlands
- ⊙ Dr. Pankaj Malhotra - India
- ⊙ Dr. Monika Nothacker - Germany
- ⊙ Dr. Matt Richardson - Sweden

New organisational members

Diagnostic Imaging Pathways (DIP) joined G-I-N in May this year and is an evidence-based and consensus-based education and decision support tool. The core of DIP is a suite of more than 150 pathways covering all of the organ systems. Each pathway is presented as a diagnostic flowchart which guides the user through appropriate diagnostic options associated with a particular clinical scenario or suspected pathology, and provides access to supporting information and source references. DIP is published electronically and is freely available at the following web-site - www.imagingpathways.health.wa.gov.au/

The process for producing, reviewing and updating DIP ensures compliance with the AGREE II Instrument and is published at the following site - www.imagingpathways.health.wa.gov.au/includes/production.html

The team responsible for DIP is working with other international teams to distribute the burden of guideline development, and is also working with a group of pathologists on the development of Diagnostic Imaging and Pathology Pathways. See page 7 for collaboration opportunity with DIP.





CEM (Cellule d'expertise médicale) – Luxembourg

Being situated in the heart of Europe, the Grand Duchy of Luxembourg is bordered by Belgium, France, and Germany. The Luxembourgish health care system offers a comprehensive package of health services to 700.000 beneficiaries, composed of 500.000 residents and 200.000 cross-border workers.

In the frame of the latest health care reform, the “Cellule d'expertise médicale” (CEM) was established in 2011 as a publicly funded, independent, interministerial HTA organisation under the authority of the Ministry of Social Security. Its aims are:

- ⦿ to technically and scientifically support the further development of the national medical classification and tariff systems.
- ⦿ to assess the effectiveness, quality and economic efficiency of selected diagnostic and therapeutic interventions based on scientific evidence.
- ⦿ to collaborate with the national scientific council on the elaboration, regular adaptation and implementation of evidence-based clinical practice guidelines.

In its current inception phase, CEM has five staff members, of which two are medical doctors and one a health economist by training. It gains further administrative and technical support regarding legal, bio-statistical and medical know-how from other public departments.

CEM works on demand of the Ministries of Health and Social Security as well as of the national health insurance. At international level, CEM joined

- ⦿ EUnetHTA in June 2011.
- ⦿ INAHTA in June 2012 and
- ⦿ G-I-N in August 2012.

For further information, see: www.mss.public.lu/acteurs/igss/cem/index.html

ICEBM (Iranian Center for Evidence-based Medicine) – Iran

Iranian Center for Evidence-Based Medicine was the first established Iranian center for EBM in 2004 at Tabriz University of Medical Sciences. The center was designed and developed by the initiatives of Professor Hajebrahimi and recruited members from various University departments.

The center has its reputation as one of the pioneers of EBM in Iran and has achieved its goals to introduce EBM in routine practice in teaching hospitals and outpatient clinics of Tabriz University of Medical Sciences and some collaborating medical centers. Adapting and developing national EBM clinical guidelines, Health technology assessments, EBM decision making and policy making, developing Clinical governance, introducing EBM Journal clubs in various clinical groups in the University, Publishing books including translated EBM related books, teaching EBM in various international, national, regional and local workshops are in the list of achievements by the center.

The center has strengthened its links with a number of EBM centers worldwide. The center owes these achievements to the dedication of the members and willingness to share their EBM experience with colleagues and students. A number of research activities are also supported by funding, granted to various researchers and clinicians in all specialty and sub-specialties of medicine.

Royal Tropical Institute Amsterdam, www.kit.nl

The Royal Tropical Institute (KIT) in Amsterdam is an independent center of knowledge and expertise in the areas of international and intercultural cooperation, operating at the interface between theory and practice and between policy and implementation. The Institute contributes to sustainable development, health, poverty alleviation and cultural preservation and exchange. KIT has a diverse group of people working in the field of Development, Policy & Practice, which provides research, advice, capacity building and education on international health care, economic, social and institutional development, Biomedical Research which conducts health research, advises on capacity building for health research, and develops diagnostic tests for tropical diseases and KIT Information & Library Services, which works on international and development cooperation, and also provides information services to developing countries.





The Collaboration for Evidence Based healthcare in Africa, presently lead by KIT, is a network of Faculties of Medicine, Schools of Public Health and Ministries and NGOs that aim to support the existence of an African healthcare system in which both public health policies and individual patient care are based on informed and evidence-based decisions. The focus is on topics that are linked to the disease burden of the countries. The staff has a broad experience in the field of epidemiology, public health, training and capacity building of research methodology and EBM in Europe and Africa.

KCE – Belgian Healthcare Knowledge Centre

The Belgian Healthcare Knowledge Centre (KCE) is a federal institution. It was founded in 2002 and is active since 2003. It is headquartered in Brussels. The KCE has about 60 employees, of which 44 are researchers (physicians, health economists, data analysts, statisticians, etc).

The KCE produces studies and reports to advise the Belgian policymakers when deciding on health care and health insurance. It is not involved in making these decisions, neither in their implementation. Its role is to point the way to the best possible solutions. It does so in a context of optimal access to health care of high quality and taking into account increasing demand and budgetary limitations.

The KCE is active in three major research fields:

- ⊙ Analysis of clinical practices and development of recommendations of good practice (Good Clinical Practice)
- ⊙ Assessment of health technologies and drugs (Health Technology Assessment)
- ⊙ Healthcare financing and organization (Health Services Research)

The KCE guidelines are developed in collaboration with experts from Belgian and international scientific associations and according to strict standards. These standards are described in the 'KCE Process notes for Good Clinical Practice', which are currently undergoing an update and will be available as a web book early 2013.

Since its existence, the KCE has developed over 60 guidelines on various topics, such as the treatment of dementia, osteoporosis, varicose veins, neck pain, the use of pacemakers, the screening and treatment of different types of cancer, etc. All of these reports can be downloaded from the KCE website - <https://kce.fgov.be>.

Publications

The paper "Towards International Standards for Clinical Practice Guidelines" written by the 2010 – 11 G-I-N Board of Trustees and published in April 2012 in the *Annals of Internal Medicine* has now been translated into Italian and published in the Italian journal "Evidence". The paper can be found on their homepage: www.evidence.it

A working party of the G-I-N Emergency Care community undertook a survey in 2010 to identify the preferred attributes of guidelines to improve the usability and uptake of evidence based recommendations. Samar Aboulsoud, Sue Huckson, and fellow G-I-N members Peter Wyer and Eddy Lang have now published the results of this work in the *International Journal of Emergency Medicine*.

Results of the survey were presented at the 9th G-I-N Conference (2011) held in Seoul and can be seen here:

Presentation

Survey of preferred guideline attributes: what helps to make guidelines more useful for emergency health practitioners? Aboulsoud S, Huckson S, Wyer P and Lang E. *International Journal of Emergency Medicine* 2012, 5:42 (10 November 2012). Link www.intjem.com/content/pdf/1865-1380-5-42.pdf





Committee Focus

In each edition of enGINE, we take the opportunity to introduce some of our Board sub-committees, task forces and groups and tell you a bit more about them and what they are doing to serve the members and the organisation.

This time we are introducing the new Membership Committee:

Membership Committee Update

In August 2012 Minna Kaila stepped down from the G-I-N Board and Board related activities including Chair of the Membership Committee. Sue Huckson www.g-i-n.net/about-g-i-n/trustees-bio/sue-huckson and Sonja Kersten www.g-i-n.net/about-g-i-n/trustees-bio/sonja-kersten were appointed Chair and Vice Chair respectively. We thank Minna for her work on the committee and wish her the best for the future.

What is our role?

The work of the membership committee is to actively promote membership for G-I-N by:

- ⦿ Identifying opportunities to increase visibility of the network internationally
- ⦿ Recommending strategies to the Board that will improve communication and promotion the activities of G-I-N, and
- ⦿ Provide a forum through which members concerns can be raised at the Board

What are our priorities?

- ⦿ Recruiting new members to the committee: the Board was requested to nominate individuals with a focus on underrepresented regions. Additionally, 6 members from the network responded to the Expression of Interest to join the committee. The committee is currently reviewing all of those nominations with a view to ensure representation across regions from both individual and organizational members.
- ⦿ Reviewing the communication review undertaken for G-I-N in 2011/12 to develop effective strategies to add value to the network membership and promote the G-I-N resources such as the recently published Guideline Standards and Public Tool kit.
- ⦿ Working with groups seeking to establish regional communities – the G-I-N North America was the first of the regional groups to be established www.g-i-n.net/activities/g-i-n-na

Who are the current members of the Membership Committee?

- ★ Sue Huckson
- ★ Sonja Kersten
- ★ Ian Nathanson
- ★ Corrina Schaefer
- ★ Airton Stein

How can you be involved?

We would like to hear ideas about making G-I-N work for you – please email suggestions or comments to office@g-i-n.net





G-I-N North America: The Making of a Regional Community

Richard M. Rosenfeld, MD, MPH, Steering Group Chair

As the Guidelines International Network (G-I-N) North America concludes its second year of existence, I thought it might be useful to reflect on where we came from, what we have accomplished, and how it might influence regional initiatives for G-I-N in other parts of the world.

Having attended many Cochrane Colloquia, I was always impressed by the US Contributors Meeting organized by Kay Dickersin, Director of the US Cochrane Center. Although not a formal Cochrane group, the US Contributors Meeting had good turnout with impressive collegiality, congeniality, and networking. Clearly some additional energy, and opportunity, arose from the shared thoughts and ideas of this geographic subgroup within the global Cochrane framework.

After participating in several G-I-N Conferences, some parallels with Cochrane became obvious, including the potential synergy that could arise from a regional working group. My enthusiasm was somewhat blunted, however, upon hearing concerns that a regional group might fragment the organization, detract from the annual conference, and lead to loss of membership. I had not considered these at first, but upon reflection they were (and remain) valid. The immediate challenge was to move forward while addressing concerns and using the regional network to strengthen the parent organization.

Here is a brief overview of steps we followed to make G-I-N North America a successful regional network that synergizes with the mission of G-I-N. They are presented as strategies and suggestions that might apply to any new regional initiative.

1. **Engage the Board of Trustees.** Speak with the board about your idea, hear their suggestions and concerns, and take them seriously. G-I-N is only 10 years old, but there is much accumulated wisdom ready to be shared.
2. **Define your region broadly,** but not too broadly. G-I-N North America began with only the US, but adding Canada and Mexico (e.g., North America) made sense and created new opportunity. We could have also added Central and South America to become "G-I-N America," but it would be too diverse and geographically expansive to function as a community.
3. **Choose an energetic and representative steering group.** About 10 or 12 will suffice, but they must represent your region (by geography, discipline, and expertise) and include at least one G-I-N Trustee. Involving Cochrane and related groups is highly desirable.
4. **Do something useful.** We decided early on to create a monthly podcast program www.g-i-n.net/activities/g-i-na/g-i-na-events-activities/g-i-na-webinar-series, launched in January 2012, and very graciously hosted on a Kaiser Permanente WebEx platform. Content was based on steering group suggestions and feedback from open sessions at the annual G-I-N conference. We have been fortunate to attract top speakers and have robust participation (80 to 150 participants per webinar).
5. **Do something even more useful.** We also decided early to plan a 2-day conference <http://nyam.org/egapps2012>, for which we partnered with the New York Academy of Medicine and were fortunate to obtain financial support from AHRQ and engage Health Affairs as a publication venue. By the time you read this the conference will have taken place and we will begin planning for the next venue.
6. **Always support G-I-N.** Use all regional events to garner interest in G-I-N and the annual conference, and ensure that regional activities, including meetings, are noncompetitive (timing, content, speakers). We have acquired new organizational and individual G-I-N members as a result of G-I-N North America, with benefits to all involved.

The *principles* of developing trustworthy guidelines are largely *global*, but the *practices* of creating, adapting, and implementing them in different regions of the world are unquestionably *local*. Herein lies the opportunity for additional regional G-I-N communities, adding new members, new voices, and new opportunities for growing G-I-N as the premier global networking organization for guidelines and related activities.

As G-I-N North America moves from infancy to being a toddler I wanted to briefly thank all those who have made this such a wonderful success: the Board, our steering group, our members, webinar participants, conference attendees, our webinar host (Kaiser Permanente), and our conference partner (New York Academy of Medicine) and funder (AHRQ). We look forward to continued success and to learning from the successes of regional initiatives to come.





Collaboration opportunity / Calls for Interest

Diagnostic Imaging Pathways (DIP) is an online education and decision support resource for health service professionals, patients and carers.

www.imagingpathways.health.wa.gov.au

Information at the web-site can assist health service professionals in their choice of the most appropriate examinations in a wide range of clinical cases, according to the best available evidence and broad consensus opinion. The aim is to stop unnecessary referrals or failure to refer a patient when imaging is recommended.

Information for patients and carers is also provided to assist in their understanding of medical imaging techniques and their use in diagnosing clinical conditions.

NHS Evidence has accredited the process that is used to develop the content of DIP.

At the core of the website is a suite of diagnostic pathways categorised according to organ systems. Some of the pathways contain pathology recommendations.

The intention now is to build on the content of DIP and using similar processes develop an online evidence-based and consensus-based educational and decision support resource for diagnostic imaging and pathology referrals – Diagnostic Imaging And Pathology Pathways (DIAPP).

DIAPP will contain a fully integrated suite of recommendations for imaging and pathology referrals. An integrated resource is needed because a decision to investigate with imaging can be contingent on the performance and result of a pathology test (and vice versa).

A DIAPP Steering Committee has been convened comprising General Practitioners, Imaging Sub-specialists and Pathology Sub-specialists to guide the development of content.

An invitation is extended to G-I-N members to collaborate in this initiative. Please make contact if you would like to know more or if you would like to participate.

phillip.bairstow@health.wa.gov.au

Health Technology Assessment International

Call for Interest for English Editorial Board Members

The International Steering Committee of the HTA Glossary is looking for professionals to revise the English version of the HTA Glossary. For further information please see the advert at: [www.htai.org/index.php?id=630&tx_ttnews\[tt_news\]=349&chash=42a9a23ca245c1ab0463c6463b53a878](http://www.htai.org/index.php?id=630&tx_ttnews[tt_news]=349&chash=42a9a23ca245c1ab0463c6463b53a878)

Please note that the deadline for expressions of interest will be extended to **Friday 11th January 2013**.





Simone van Dulmen - Update from ISQua

ISQua stands for The International Society for Quality in Health Care. ISQua's goal is to:

Inspire, promote and support continuous improvement in the safety and quality of health care worldwide.

In October 2012, the annual conference with more than 1000 delegates took place in Geneva, Switzerland.

On the last day of the conference, in a parallel session focused on patient centered care, on behalf of the G-I-N Allied Health Steering Group I had the opportunity to promote G-I-N and to present our position paper we developed with the Allied Health Steering Group.

The position paper described the essential elements of a patient-centered approach in best practice guideline development. It includes a checklist for guideline developers, guideline implementers and health care providers. In particular, the checklist was perceived as very interesting by the audience, because it provides information on the barriers and facilitators which might help to define strategies for patient-centered care.

Informed by a literature review and a Nominal Group Technique within the G-I-N Allied Health Steering group, four recommendations were identified to enhance a patient-centered approach in clinical guidelines: 1) to use a joint definition of Health Related Quality of Life, 2) to use the International Classification of Functioning as a construct which covers all domains related to the patient's health, 3) to include a shared decision making model, and 4) to incorporate health outcome measures. Those topics were discussed at a workshop at an annual conference and an internet discussion board and resulted in a checklist for guideline developers, guideline implementers and health care providers.

The link to the website: www.isqua.org/docs/geneva-presentations/c1-2562-s-v-dulmen.pdf?sfvrsn=2



Sonja Kersten, GIN board member and Head of the Guideline development department at IKNL (Association of Comprehensive Cancer Centres) was also invited to speak at the ISQUA conference in Geneva on patient participation in guideline development. See Sonja's report below:

"IKNL, together with the patient association federation and the Athena institute, studied actors and factors that hinder or stimulate successful patient participation. The study showed that to have at least 2 patient(representative)s on a guideline development group (GDG) is crucial. That it is important for patient(representative)s to be trained in the field of guideline development, to have an open and active attitude and to be facilitated by IKNL's process manager. The process manager makes sure that the patient(representative)s find a platform in the GDG to 'speak up'.

The process manager has to facilitate the patient(representative)s with specific tools and support, since tone of voice and timing are important. The care professionals and chair (mostly one of the care professionals) have to prevent jargon and expose a sense of urgency that patient participation is essential for guideline development. The communication and relationship between all actors on the group also seems very important.

The presentation was given as a 'pitch', in 3 minutes. We had a lively discussion afterwards. The chair of the session provided me with the opportunity to elaborate on GIN's mission and goals during the discussion. Free PR possibilities, very much appreciated, not only by me, but also by the attendees! I say: find some extra chairs in San Francisco!"





Cochrane Colloquium

The Cochrane Colloquium was held in Auckland, New Zealand from 30 September to 3 October. The Collaboration was celebrating its 20 year birthday and it was great for G-I-N to be represented. Prior to the Colloquium, Sue Huckson and Catherine Marshall ran a one day Guideline Implementation Training Class with a panel of guest speakers including the following G-I-N members: Jean Slutsky, Holger Schünemann, Rich Rosenfeld and Rosie Forster. A number of other G-I-N Board members were also at the Colloquium including Lubna Al-Ansary and Craig Robbins.

Catherine was invited by the Colloquium organisers to be an opening plenary speaker and she took the opportunity to share information on the newly released G-I-N Public Toolkit. A number of Cochrane people who have shared interests in both G-I-N and Cochrane were involved in the development of the toolkit. During the plenary about one-third of those attending indicated that they had been involved with G-I-N activities. For further information on the Colloquium and to listen to Catherine's plenary, click here:

www.cochrane.org/multimedia/multimedia-cochrane-colloquia-and-meetings/2012-20th-cochrane-colloquium-auckland-new-zea



REMINDER - FREE online trial to BMJ Quality and Safety

We would like to remind those of you who have not yet accessed the free trial to BMJ Quality and Safety, that it is available to members of Guidelines International Network until 31 January 2013.

A note from BMJ about the journal:

This monthly international journal provides a rich mix of news, opinion, debate and research for academics, clinicians, healthcare managers and policy makers. It encourages innovation and creative thinking to improve the quality of health care and the science of improvement.

Some of you may already be familiar with the journal, which was previously known as Quality and Safety in Healthcare. In 2011, the journal re-launched as BMJ Quality and Safety, and moved to monthly publication. A new editor, Kaveh Shojania (Director, University of Toronto Centre for Patient Safety, University of Toronto) was appointed and together we have been introducing a more dynamic journal, which is now led by a patient-focused editorial team with a view towards helping all team members improve their knowledge with the overall goal of improving patient care. BMJ Quality and Safety integrates the academic and clinical aspects of quality and safety in healthcare by encouraging academics to create evidence and knowledge valued by clinicians and clinicians to value using evidence and knowledge to improve quality.

The trial will end on the **31st January 2013**. In order to access the trial please visit <http://qualitysafety.bmj.com>

We value your input and invite you to send your feedback through a short survey that we will be conducting in early January. It will only take 5 minutes of your time, but will allow us to ensure that we create a journal useful to all aspects of your work.

Thank you from the BMJ team.





BMJ invites applications for the post of Section Editor – Guidelines – Education and Practice

Education and Practice (E&P) is an edition of Archives of Disease in Childhood (ADC) and is published six times per year (launched in 2004). It aims to assist paediatricians, at all levels in their training, in their ongoing professional development and is supported by the RCPCH but has international appeal.

Each edition contains a number of educational sections including:

- ⊙ Best practice
- ⊙ Problem solving in clinical practice
- ⊙ Pharmacy update
- ⊙ Guidelines review
- ⊙ Picket - Evidence-based medicine
- ⊙ Illuminations - radiology
- ⊙ Dermatophile - dermatology
- ⊙ Interpretations - rational use of tests

E & P is seeking a section editor for its Guidelines section who would be expected to:

- ⊙ take a wide-ranging view of the guideline literature
- ⊙ write articles and commission appropriate authors to write summaries of new and important guidance
- ⊙ help redesign and reformat the guidelines section as part of a re-launch of the section

The closing date for applications is **31st December 2012**. Interviews will be held in London or Birmingham. It is envisaged that the incoming editor will start the role as soon as possible.

Further details of the post can be discussed with the Editor-in-Chief of Archives of Disease in Childhood, Dr Mark Beattie (email: editor.adc@bmjgroup.com) and/or Dr Ian Wacogne, Deputy Editor, Education and Practice (email: ian.wacogne@bch.nhs.uk)

Applications including a CV should be addressed to Dr Mark Beattie, Editor-in-Chief, ADC, BMJ Publishing Group Ltd, BMA House, Tavistock Square, London WC1H 9JR or email Claire Langford, Journal Manager, ADC: clangford@bmjgroup.com

GIRAnet

www.g-i-n.net/activities/implementation/giranet

The Guideline Implementability Research and Application Network

The Guideline Implementability Research and Application Network (GIRAnet), with assistance from G-I-N, brings together guideline developers, implementers, and researchers to identify, develop, evaluate and share guideline implementability tools (**GItools**). This refers to information within or accompanying guidelines that helps users to accommodate, implement, and evaluate use of the recommendations. For more information visit: www.g-i-n.net/activities/implementation/giranet

We need your help!

Please help us to plan ongoing GIRAnet activities and research by completing the brief survey that was recently sent out by email. It can be found at: www.surveymonkey.com/s/TZK5VZL. This may require 10 minutes. Responses will remain confidential and a summary of the findings will be shared in a future G-I-N newsletter.





Criteria and Methods for Developing GItools

Thank you to all G-I-N members that recently participated in our other survey requesting feedback on a GItool definition and identifying criteria by which to develop and assess their merits. Respondents suggested a number of required (tool objectives are stated, target users identified, development described, underpinning evidence cited) and ideal (quality of evidence described, development incorporated user input, pilot-testing with stakeholders, full-scale evaluation, mechanism to prospectively gather feedback for improvement and to monitor use and impact) GItool Assessment Criteria. Findings are available in a [summary report](#). Based on this initial list of criteria, we will now undertake a more rigorous process to confirm and expand on those criteria.

GItool Directory

We are currently developing a searchable Internet directory of GItools. A survey of GIRAnet Interest Group members contributed to the development of a GItool record template. The findings are available in a [summary report](#). We will populate this directory with tools identified thus far, call upon G-I-N members to evaluate this prototype, and develop a process for reviewing and approving GItools submitted to the directory. This may lead to a sustainable effort where international guideline developers, implementers and researchers contribute to, and draw from this shared resource.

Join the GIRAnet Interest Group

To remain informed about GIRAnet products or participate in our activities, consider joining the [GIRAnet Interest Group](#). Please contact [Muriah Umoquit](#).

For more information about GIRAnet please visit the [GIRAnet webpage](#) For specific enquiries please contact the GIRAnet lead: Anna Gagliardi, Associate Professor, University of Toronto and Affiliate Scientist, University Health Network, Toronto, Canada, anna.gagliardi@uhnresearch.ca

Submitting Organization: AGREE Enterprise Scientific Office (McMaster University, Hamilton, Ontario, Canada)

No. of Submissions for Consideration: 3

Submitted by: Julie Makarski, AGREE Program Manager (makarsj@mcmaster.ca)

Submitted on: November 20, 2012, via email to office@g-i-n.net

AGREE Enterprise Website User Survey and a NEW feature, "Our AGREE"

Since its launch in September 2010, the AGREE Enterprise website has been widely used by the international community. As of September 2012, the site had received 8,384 visits to the training tools page, 2,959 practice guideline appraisals had been completed or were in progress by 1,508 users, and a total of 2,469 individuals were registered as users of the "My AGREE" platform. The AGREE Enterprise website is also the medium that supports the language translations of the AGREE II instrument, with a total of 7 translations completed and another 11 in progress.

We seek to continually improve and to respond to the needs of our users. We are presently refining our website with minor upgrades and the introduction of a new on-line platform for group practice guideline appraisals called "Our AGREE". "Our AGREE" will allow for the on-line appraisal of one guideline by multiple appraisers with the results of individual appraisers collated, calculated and available for export in various file formats.

As part of this project, we are surveying our registered users to seek feedback on their experience with the website overall and to seek their suggestions for an effective "Our AGREE" platform.

If you receive a request to complete our short survey, we hope you will take the time to offer your feedback and suggestions. We sincerely thank you in advance.

Look for the new on-line group appraisal platform, "Our AGREE", in early 2013!

For more information, please contact Julie Makarski, AGREE Program Manager, at makarsj@mcmaster.ca

AGREE Enterprise website, www.agreetrust.org

AGREE II Training Tools, www.agreetrust.org/resource-centre/training/

AGREE II instrument language translations, www.agreetrust.org/resource-centre/agree-ii-translations/





Introducing a NEW Guideline Development Framework: REX-F [Recommendation EXcellence Framework]

As a guideline developer, are you interested in optimizing the uptake of your guideline into practice? Would you be interested in knowing what you can do during the development process to increase the likelihood of your guideline's implementability?

An international collaboration has developed a new framework targeting practice guideline development that considers the end goal of guideline implementability during the development process. The "Recommendation EXcellence Framework" (REX-F) is an organized representation of attributes that are intrinsic to practice guidelines and that can have an impact on practice guideline implementability.

The REX-F is based on the results of a realist review conducted by the collaboration that sought to understand i) why/why not practice guidelines are implemented and ii) under what circumstances and "how" can the uptake of guidelines be facilitated. The realist review focused on attributes that are intrinsic to guidelines, that is, those attributes that are modifiable by the guideline developer.

The international REX-F project is co-lead by Dr. Melissa Brouwers (AGREE A3 project team) and Dr. Onil Bhattacharyya (*Better Guidelines for Better Care* project team).

In January 2013, the REX-F will be available for external review through an on-line survey of the practice guideline development community. If you receive a request to participate in this external review, we hope you accept our request and provide us your feedback.

For any questions or more information, please feel free to contact Julie Makarski, AGREE Program Manager, makarsj@mcmaster.ca

Updating Practice Guidelines: Guidance and a Survey

The updating of practice guidelines is an important task as the currency of guidelines has implications for its relevance and validity of recommendations. However, updating practice guidelines is an undoubtedly challenging and resource-intensive task. A new international effort is emerging with the goal of providing a common resource for practice guideline updating. The goal is to draw on existing work and knowledge in the area of practice guideline updating and to provide guidance both for the guideline developers and for the users.

To guide this effort and to engage both communities from the outset of this initiative, an on-line survey will be launched in early 2013 to assess the need, preferences, and suggestions for such updating guidance. Please watch for a survey request in early 2013.

The initiative is being lead by Dr. Pablo Alonso Coello and Dr. Melissa Brouwers. For any questions, please contact Dr. Alonso Coello at PAlonso@santpau.cat





Dutch G-I-N members rejoiced with Genever



On November 30th, the Dutch G-I-N members – and special guest Frode Forland (G-I-N Vice Chair) – shared their achievements of the past six months and ideas for the future. Each participant received a small bottle of genever as a symbolic gesture.

Genever - the Dutch alcoholic beverage that gin is based on – means GEzamenlijk, Nederlands Verbond voor Excellente Richtlijnen: united Dutch alliance of excellent guidelines.

Through various presentations they discussed “*appraising different kinds of knowledge in guideline development*”, how to formulate recommendations without available RCTs, SRs or MAs, “*implementing guidelines in child care*”, different strategies to implement important recommendations, the “*Dutch Guideline Database*”, one database for all Dutch healthcare guidelines, introducing level of evidence “P” (patients opinion) in “*WIKI as a participating tool for patients*”, and the IKNL-KCE-SIGN Love Story about **international collaboration**.

The members agreed that more effort should be invested in frequently sharing ideas for collaboration rather than just sharing results.

Sharing common steps in guideline development prevents duplication of effort. In overlapping research questions, steps like literature search, selection of evidence, review and synthesis of evidence and literature monitoring saves time and money!





G-I-N 2013 update

Preparations for G-I-N 2013 are now well underway, with the Scientific Committee having now agreed the five themes for the abstracts and the plenary sessions. Details will be shared soon on the conference website and the call for abstracts will open on 10th December.

The sponsorship brochure has been finalised and published and Kaiser Permanente is working hard at obtaining sponsorship. However, we would ask any members with an interest in sponsoring the conference to get in touch via the Conference Committee, who will direct you to the right contact. Sponsorship can take many forms (eg advertising or printing), so we are not only seeking financial donations. The sponsorship programme can be found on the conference website at: www.gin2013.net

If your organisation (or one of your contacts) is interested in a sponsorship or exhibitor opportunity, please contact: eo@g-i-n.net in the first instance.

Literature update

New Publications published in the International Guideline Library – 17th September to 23th November 2012

Organisation	Title
AEZQ (DE)	Orale Antikoagulation bei nicht valvulärem Vorhofflimmern - Leitfaden der AkdÄ zum Einsatz der neuen Antikoagulantien Dabigatran (Pradaxa®) und Rivaroxaban (Xarelto®) (Arzneimittelkommission der deutschen Ärzteschaft) [Oral anticoagulation with non-valvular atrial fibrillation - Guideline for use of new anticoagulants dabigatran (Pradaxa®) and rivaroxaban (Xarelto®)]
AHRQ (US)	Behavioral counseling interventions to promote a healthful diet and physical activity for cardiovascular disease prevention in adults: U.S. Preventive Services Task Force recommendation statement. U.S. Preventive Services Task Force. NGC:009167
AHRQ (US)	Osteoporosis. American College of Obstetricians and Gynecologists. NGC:009312
AHRQ (US)	Screening for and management of obesity in adults: U.S. Preventive Services Task Force recommendation statement. U.S. Preventive Services Task Force. NGC:009166
AHRQ (US)	Screening for coronary heart disease with electrocardiography: U.S. Preventive Services Task Force recommendation statement. U.S. Preventive Services Task Force. NGC:009277
AHRQ (US)	Screening for hearing loss in older adults: U.S. Preventive Services Task Force recommendation statement. U.S. Preventive Services Task Force. NGC:009297
AWMF (DE)	Betreuung des gesunden reifen Neugeborenen in der Geburtsklinik. S2k-LL (GNPI, DGGG, DGKJ) [Care of healthy term newborns in the maternity hospital]
AWMF (DE)	Nosokomiale Pneumonie - Epidemiologie, Diagnostik und Therapie erwachsener Patienten. S3-LL (DGP) [Nosocomial pneumonia - epidemiology, diagnosis and treatment of adult patients]
DKG (DE)	Diagnostik und Therapie des Mundhöhlenkarzinoms (Leitlinienprogramm Onkologie von AWMF, DKG und DKH) [Diagnosis and treatment of oropharyngeal neoplasms]
DM (BE)	Aanvraag van laboratoriumtests door huisartsen (deel 2) [Request for laboratory determinations by general practitioners (part 2)]
DM (BE)	Chronisch Hartfalen [Chronic Heart Failure]
DM (BE)	Chronische Nierinsufficiëntie [Chronic Renal Failure]
IQWiG (DE)	Antikörperbeschichtete Stents zur Behandlung von Koronargefäßstenosen bei Patienten mit hohem Restenose-Risiko - Rapid Report [Antibody-eluting stents for treatment of coronary artery stenosis in patients with high risk of restenosis - rapid report]
IQWiG (DE)	Ivacaftor - Bewertung gemäß § 35a Abs. 1 Satz 10 SGB V (Dossierbewertung) [Ivacaftor - Assessment according to § 35a (1), Sentence 10, Social Code Book V (dossier assessment)]
IQWiG (DE)	Pasireotid – Bewertung gemäß § 35a Abs. 1 Satz 10 SGB V (Dossierbewertung) [Pasireotide - Assessment according to § 35a (para. 1, sentence 10) Social Code Book V (dossier assessment)]
IQWiG (DE)	Positronen-Emissions-Tomographie (PET) bei rezidivierendem kolorektalen Karzinom [Positron emission tomography (PET) in recurrent colorectal cancer]
IQWiG (DE)	Primärprävention und Gesundheitsförderung bei Männern - Rapid Report [Primary prevention and health promotion in men]





NHMRC (AU)	Clinical practice points on the diagnosis, assessment and management of attention deficit hyperactivity disorder in children and adolescents
NICE (UK)	Crohn's disease (CG152)
NICE (UK)	Headaches (CG150)
NICE (UK)	Neutropenic sepsis (CG151)
NICE (UK)	Psoriasis (CG153)
NICE (UK)	Smokeless tobacco cessation - South Asian communities (PH39)
NICE (UK)	Social and emotional wellbeing - early years (PH40)

Editor's Picks

The following literature has been added to our library recently. For a good read, see the following Editors Picks

Authors

Langer G, Meerpohl JJ, Perleth M, Gartlehner G, Kaminski-Hartenthaler A, Schunemann H.

Title

[GRADE guidelines: 2. Framing the question and deciding on important outcomes]. [German]

Abstract

GRADE requires a clear specification of the relevant setting, population, intervention, and comparator. It also requires specification of all important outcomes - whether evidence from research studies is, or is not, available. For a particular management question, the population, intervention, and outcome should be sufficiently similar across studies so that a similar magnitude of effect is plausible. Guideline developers should specify the relative importance of the outcomes before gathering the evidence and again when evidence summaries are complete. In considering the importance of a surrogate outcome, authors should rate the importance of the patient-important outcome for which the surrogate is a substitute and subsequently rate down the quality of evidence for indirectness of outcome. Copyright Copyright 2012. Published by Elsevier GmbH.

Authors

Zhao D, Hu D.

Title

Barriers to translating EU and US CVD guidelines into practice in China.

Abstract

With the increasing globalization of clinical research and evidence, clinical-practice guidelines (CPGs) developed by the European Union (EU) and the USA are also becoming increasingly international. However, these CPGs can encounter barriers to their practical application. In this Perspectives article, we analyze the main obstacles to the application of EU and US CPGs for cardiovascular diseases from the unique perspective of China, and highlight some potential problems in the globalization of CPGs. Currently, China and other countries with limited independent evidence for CPG development must localize or adapt the CPGs developed by the EU, the USA, or international medical organizations, with systematic consideration of cost-effectiveness and alternative strategies on the basis of the available evidence from the native populations. At the same time, comprehensive capabilities to collect and review clinical evidence to produce population-specific CPGs should be developed.

[GRADE guidelines: 2. Framing the question and deciding on important outcomes]. Langer G, Meerpohl JJ, Perleth M, Gartlehner G, Kaminski-Hartenthaler A, Schünemann H. *Z Evid Fortbild Qual Gesundhwes* 2012; 106(5):369-76.

Barriers to translating EU and US CVD guidelines into practice in China. Zhao D, Hu D. *Nat Rev Cardiol* 2012; 9(7):425-9.

European Society of Gastrointestinal Endoscopy (ESGE) Guideline Development Policy. Dumonceau JM, Hassan C, Riphaut A, Ponchon T. *Endoscopy* 2012; 44(6):626-9.

Participation in the EUREQUO database report. Lundström M, Barry P, Henry Y, Rosen P, Stenevi U. *J Cataract Refract Surg* 2012; 38(8):1510.

Thromboprophylaxis in surgical and medical patients. Bozzato S, Galli L, Ageno W. *Semin Respir Crit Care Med* 2012; 33(2):163-75.





2012

Evidence in Africa: Second Annual Symposium, Collaboration for Evidence Based Healthcare

12 December 2012 Kigali, Rwanda

Board members Fergus Macbeth and Frode Forland will be attending and teaching on a three day evidence based medicine course there immediately afterwards.

www.sph.nur.ac.rw/spip.php?article130

2013

RARE best practice kick off meeting

11 – 12 February, Rome

GRADE Working Group and DECIDE Project Meeting

24-27 February, Rome

www.gradeworkinggroup.org/members/balance.htm

Cochrane mid year meetings

18 – 24 March, Oxford

www.cochrane.org/

Patient Safety and Quality Congress Middle East 2013

24-27 March

Regency Hyatt Hotel, Abu Dhabi, UAE

Strategies for implementing quality systems and embedding a culture of safety. G-I-N members are entitled to a 20% discount by quoting H203-GIN

www.patientsafetymiddleeast.com/?WT.mc_id=GIN

The Patient Safety and Quality Congress 2013 considers itself the definitive event for healthcare management, practitioners, policy-makers and research professionals committed to improving quality, productivity and patient care in the Middle East.

20th WONCA (World Organization of National Colleges, Academies and Academic Associations of General Practitioners/ Family Physicians) World Conference Prague

“Family Medicine: Care for Generations”

25 – 29 June, Czech Republic

For further information visit the conference website: www.wonca2013.com

21st International Union for Health Promotion and Education (IUHPE) World Conference

14-18 July, Pattaya, Thailand

2nd Conference of International Society for EBHC

6th International Conference for EBHC Teachers and Developers

Evidence, Governance, Performance

30 October - 2 November, Taormina (Italy)

For further information visit the conference website: <http://ebhc.org/index.php>

For information on a variety of medical events, please see:

www.researchraven.com/find-conferences-and-meetings.aspx



Please send us information about your events so we can share them with other G-I-N members





Important dates

2012	
Conference, co-sponsored by G-I-N North America, on "Evidence-based Guidelines Affecting Policy, Practice and Stakeholders"	10-11 December
Abstract Submission Opens	10 December
2013	
Registration for G-I-N 2013 conference opens	14 January
Deadline for Abstract Submissions	Midnight (PST), 15 February
Notification of Acceptance of Abstracts	15 April
Early Bird registration ends	19 April
G-I-N Conference 2013	18 -21 August



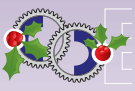
We are delighted to welcome Rich Rosenfeld to the editorial team of enGINE. Rich has been a G-I-N Board member since 2011 and is the Senior Advisor for Guidelines and Quality at the American Academy of Otolaryngology - Head and Neck Surgery (AAO-HNS). He brings editorial expertise to enGINE through his role as Editor in Chief of the official Academy journal, *Otolaryngology - Head and Neck Surgery*.

Frode Forland, our Vice Chair, remains as co-editor and Elaine Harrow, our interim Executive Officer collates all of the material.

Stuart Neville, who has worked at SIGN, one of our founding organisations, for 11 years works his technical magic to transform our pages of articles into the visual newsletter that you have just finished reading. Stuart has been working on our newsletter since its inception in 2007.

Inga König completes the last piece of the technical jigsaw by breaking the newsletter down into the readable sections you see on the web and finally sends the newsletter to your inbox.





Watch for the next issue

The next issue of enGINE is planned to be published in **March 2013**

If you wish to include some information please send your pieces by **Wednesday 20 February 2013** to office@g-i-n.net



EDITORIAL TEAM

Frode Forland • Elaine Harrow • Inga König • Stuart Neville • Rich Rosenfeld

FEEDBACK

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