



# **Manual for Guideline Adaptation**

**Version 1.0**

Prepared by the **ADAPTE** Collaboration

[www.adapte.org](http://www.adapte.org)

2007

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## **The ADAPTE Collaboration**

The ADAPTE Collaboration is an international collaboration of researchers, guideline developers, and guideline implementers who aim to promote the development and use of clinical practice guidelines through the adaptation of existing guidelines. The group's main endeavour is to develop and validate a generic adaptation process that will foster valid and high-quality adapted guidelines as well as the users' sense of ownership towards the adapted guideline.

The ADAPTE Collaboration was born of two independent groups focussing on guideline adaptation—the ADAPTE group and the Practice Guideline Evaluation and Adaptation Cycle (PGEAC) group. Based on the similarity of their concepts and underlying principles and the commonality in processes, the two groups joined in January 2006 and became the current ADAPTE Collaboration.

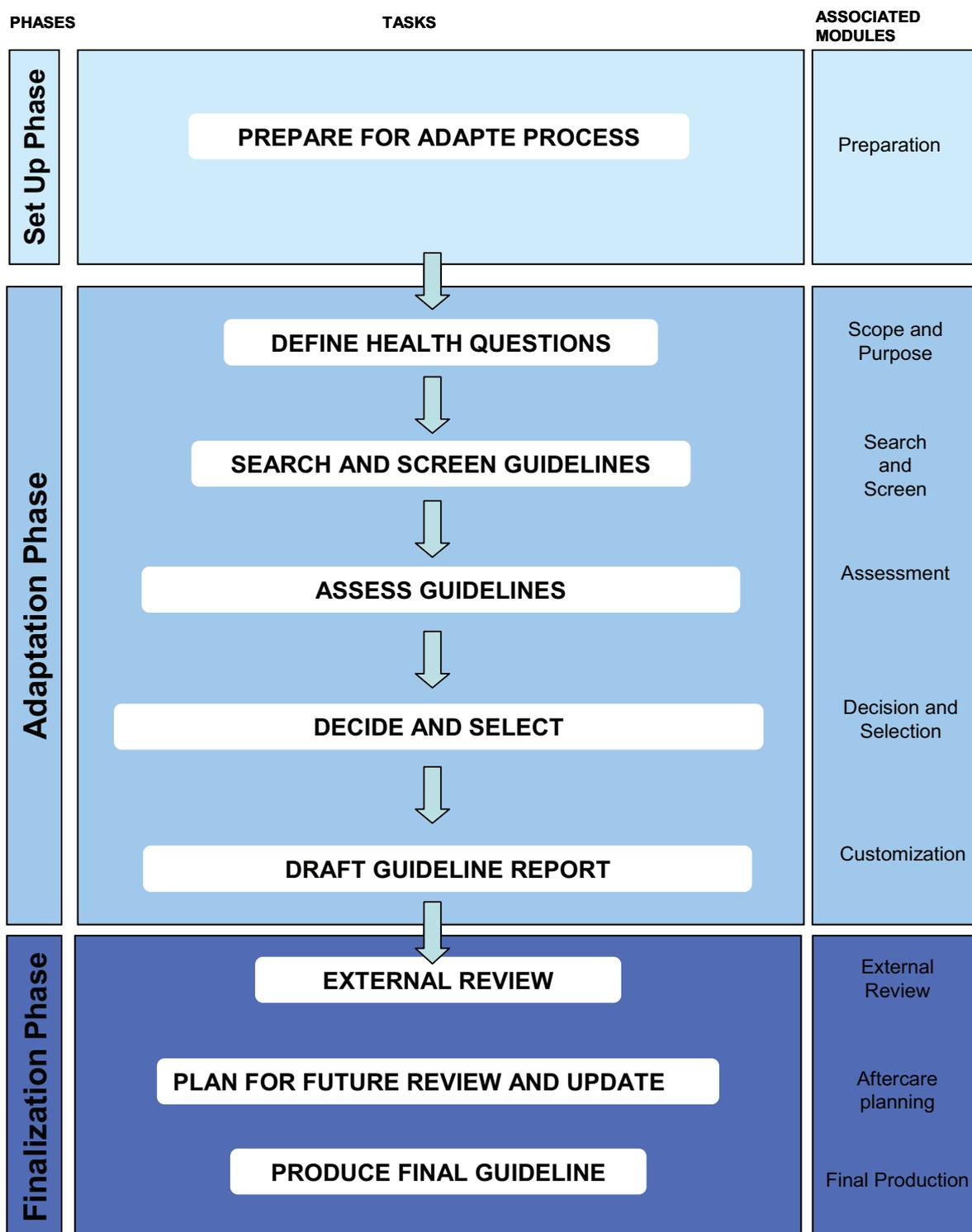
## **Note to users**

The ADAPTE process includes the manual and resource toolkit, which are currently undergoing evaluation. The evaluation will assess their use, acceptability, relevance, and benefits to different user groups (guideline developers, health care professionals, and other decision makers) in various contexts. More detailed information on the evaluation of the ADAPTE process will eventually be available on [www.adapte.org](http://www.adapte.org). Until the results of the evaluation are available, conscientious use of the process and tools of ADAPTE is recommended.

## **Disclaimer**

The ADAPTE process has been thoroughly developed and care has been taken in the preparation of the information contained in this document. Nonetheless, any person seeking to apply or consult this manual is expected to use independent judgment in his own context. The ADAPTE Collaboration makes no representation or warranties of any kind whatsoever regarding the content or use or application of the ADAPTE process and disclaims any responsibility for the application or use of the manual or resource toolkit in any way.

## Summary of the ADAPTE process



## **Definition**

The ADAPTE Collaboration defines guideline adaptation as the systematic approach to considering the use and/or modification of (a) guideline(s) produced in one cultural and organizational setting for application in a different context. Adaptation can be used as an alternative to *de novo* guideline development or for customizing (an) existing guideline(s) to suit the local context.

## **Aim and objective**

The overall objective of adaptation is to take advantage of existing guidelines in order to enhance the efficient production and use of high-quality adapted guidelines. The adaptation process described in this manual has been designed to ensure that the resulting and final recommendations address specific health questions relevant for the context of use and that they are suited to the needs, priorities, legislation, policies, and resources in the targeted setting, without undermining their validity. The explicit approach described in this manual is intended to be useful to users such as local health care authorities and organizations, guideline development organizations, and international health care organizations.

## **Basic principles**

- Respect for the evidence-based principles of guideline development
- Reliable and consistent methods to ensure the quality of the adapted guideline
- Participative approach involving all key stakeholders to foster acceptance and ownership of the adapted guideline
- Explicit consideration of context during adaptation to ensure relevance for local practice
- Transparent reporting to promote confidence in the recommendations of the adapted guideline
- Flexible format to accommodate specific needs and circumstances
- Accountability to primary guideline sources

## **Purpose of this manual**

The ADAPTE manual provides an introduction to users wishing to use the ADAPTE process and gives a concise overview to the different phases and steps of the process. The manual should be used together with the ADAPTE resource toolkit which provides a practical guide and related tools to facilitate the application of the adaptation process. The manual can be used as support to give a synopsis of the ADAPTE process to the members of a guideline panel.

The ADAPTE process described in this manual is intended to be useful to guideline users and implementers such as local health care authorities and organizations, guideline development organizations, and international health care organizations. The methods aim to suit the needs of a broad range of stakeholders (from novices to those experienced with guideline development and groups with lesser or greater resources). In addition, this adaptation process can be applied to guidelines for health promotion, screening, diagnosis, treatment, follow-up, or other interventions in any disease area. In some situations, the decision may be to adapt a specific guideline rather than using several guidelines to adapt.

### Outline of the process

The ADAPTE process consists of three main phases (Set-up Phase, Adaptation Phase, Finalization Phase) each with a set of modules.

SET-UP PHASE	ADAPTATION PHASE	FINALIZATION PHASE
Preparation Module	Scope and Purpose Module Search and Screen Module Assessment Module Decision and Selection Module Customization Module	External Review and Acknowledgment Module Aftercare Planning Module Final Production Module

## PHASE ONE - SET-UP

The Set-up Phase outlines the necessary tasks to be completed prior to beginning the adaptation process (e.g., identifying necessary skills and resources). Readers familiar with guideline development will already have experience with these tasks.

### 1.1 Preparation Module

Steps	Products/ Deliverables	Skills and Organizational Requirements	Tools
1. Establish an organizing committee 2. Select a topic 3. Check whether adaptation is feasible 4. Identify skills and resources needed 5. Complete set-up tasks 6. Write protocol	<ul style="list-style-type: none"> <li>• Organizing committee established</li> <li>• Topic identified</li> <li>• Panel selected</li> <li>• Protocol completed</li> </ul>	Clinical expertise  Methodological expertise  Managerial and administrative skills	Tool 1 – Guideline Development and Implementation Resources Tool 2 – Search Sources and Strategies Tool 3 – Sample Declaration of Conflict of Interest Tool 4 – Consensus Process Resources Tool 5 – Work Plan Example

#### Step 1. Establish an organizing committee

The organizing committee determines the project scope, organizational and governance structures (e.g., working group and multidisciplinary panel members), terms of reference, and development of an adaptation plan.

#### Step 2. Select a guideline topic

Criteria that can be used to prioritize and identify areas for guideline adaptation are:

- The prevalence of the condition and/or burden associated with the condition
- Existence of underuse, overuse or misuse of interventions
- The likelihood that the guideline will be effective in influencing practice
- The existence of relevant good quality evidence-based guidelines

#### Step 3. Check whether adaptation is feasible

Check whether any guidelines have been produced or are currently being developed on the selected topic by searching the Web sites of guideline sources (e.g., guideline clearinghouses, known developer's sites, or specialty organizations). In some situations, the decision may be to adapt a specific guideline rather than searching for a larger number of potential source guidelines.

#### Step 4. Identify necessary resources and skills

Resources include commitment by the panel members, the coverage of meeting costs and, if applicable, honorariums provided to panel members, and the availability of project management and administrative support. The panel (i.e., guideline working group) should include individuals from among the key stakeholders affected by the guideline. Necessary skills include clinical knowledge in the topic area, personal experiential expertise (patient views and preferences),

policy and administrative expertise, methodological expertise on guideline development and critical appraisal, information retrieval expertise, implementation expertise, and managerial and facilitation skills, to help the panel function effectively.

### **Step 5. Complete Tasks for the Set-up Phase**

The following items need to be completed or considered:

- Terms of reference: scope of the work, membership and meetings of the panel
- Declaration of conflict of interest of all panel members
- Consensus process: how the panel will manage decisions
- Guideline authorship
- Potential endorsement bodies of the final guideline
- Dissemination and implementation strategies

### **Step 6. Write adaptation plan**

The plan includes the topic area, panel membership, credentials, and declarations of conflicts of interest, panel terms of reference, modules to be followed, timeline for completion, and funding source(s).

## PHASE TWO - ADAPTATION

The Adaptation Phase assists users through the process of selecting a topic to identifying specific health questions, searching for and retrieving guidelines, assessing the guideline quality, currency, content, consistency and applicability, decision making around adaptation, and preparing the draft adapted guideline.

### 2.1 Scope and Purpose Module

Steps	Products/ Deliverables	Skills and Organizational Requirements	Tools
7. Determine the health questions	<ul style="list-style-type: none"> <li>List of health questions to be included and those that are to be specifically excluded in the projected guideline</li> </ul>	Clinical expertise  Methodological expertise	Tool 6 – PIPOH

#### Step 7. Determine the health questions

The use of the following five items (PIPOH) will help to define the clinical questions:

- the **P**opulation concerned and characteristics of disease
- the **I**ntervention(s) (or diagnostic test) of interest
- the **P**rofessionals to whom the guideline will be targeted
- the expected **O**utcomes including patient outcomes (e.g., improved disease free survival and improved quality of life); system outcomes (e.g., decrease in practice variation); and/or public health outcomes (e.g., a decrease in cervical cancer incidence)
- the **H**ealthcare setting and context in which the guideline is to be implemented.

### 2.2 Search and Screen Module

Steps	Products/ Deliverables	Skills and Organizational Requirements	Tools
8. Search for guidelines and other relevant documentation 9. Screen retrieved guidelines 10. Reduce total number of guidelines if there are more than can be dealt with by the panel	<ul style="list-style-type: none"> <li>Set of potential source guidelines</li> <li>List of excluded guidelines</li> </ul>	Search – Clinical expertise, information retrieval skills  Screen – Clinical and methodological expertise	Tool 2 – Search Sources and Strategies Tool 7 – Example Table for Recording the Guideline Characteristics Tool 8 – Example Table for Recording the Clinical Content of Guidelines Tool 9 – AGREE Instrument Tool 10 – AGREE Inter-rater Agreement Spreadsheet and AGREE Score Calculation Spreadsheet

### Step 8. Search for guidelines and other relevant documents

A search strategy should be developed that is based on the key question(s). The characteristics of the retrieved guidelines that should be recorded are the developing organisation/authors, date of publication, country/language of publication, and dates of the search used by the source guideline developers. An additional search should be conducted to identify any other relevant documents such as recent systematic reviews or health technology assessments reports that were published since the preparation of the retrieved guidelines.

### Step 9. Screen retrieved guidelines

A preliminary assessment of the health questions covered by the retrieved guidelines should be carried out to eliminate those that are clearly not relevant to the defined key questions.

### Step 10. Reduce a large number of retrieved guidelines

If a large number of potentially relevant guidelines is found during the search, one way to reduce the number of guidelines for final approval is to use the rigour dimension of the AGREE instrument (see Assessment Module 2.3 – Assess guideline quality). The panel may also decide to retain the guidelines, based on other merits (e.g., excellent format or some health questions not addressed in the higher quality guidelines).

## 2.3 Assessment Module

Steps	Products/ Deliverables	Skills and Organizational Requirements	Tools
11. Assess guideline quality 12. Assess guideline currency 13. Assess guideline content 14. Assess guideline consistency (search and selection of studies, links between evidence and recommendations) 15. Assess acceptability/ applicability of the recommendations	<ul style="list-style-type: none"> <li>• AGREE scores</li> <li>• Summary of currency evaluation</li> <li>• Recommendations matrices</li> <li>• Summary of search and selection evaluation</li> <li>• Summary of consistency between evidence, interpretations, and resulting recommendations</li> <li>• Evaluation of applicability/ acceptability</li> </ul>	<p>Clinical expertise</p> <p>Methodological expertise</p> <p>Information retrieval skills</p>	<p>Tool 9 – AGREE Instrument</p> <p>Tool 10 – AGREE Inter-rater Agreement Spreadsheet and AGREE Score Calculation Spreadsheet</p> <p>Tool 11 – Sample Currency Survey</p> <p>Tool 12 – Sample Recommendations Matrix</p> <p>Tool 13 – Table of Criteria for Assessing the Quality of Study Search and Selection</p> <p>Tool 14 – Table for Recording Evaluations of Consistency between Evidence, Its Interpretations, and Recommendations</p> <p>Tool 15 – Worksheet – Acceptability/Applicability</p>

### Step 11. Assess guideline quality

The Appraisal of Guidelines Research & Evaluation (AGREE) Instrument provides a framework for assessing the quality of clinical practice guidelines. The instrument does not assess the clinical content of the recommendations. The instructions in the introduction of the instrument should be read carefully before starting the appraisal. Each guideline should be appraised by at

least two and preferably four appraisers. Large differences in the scores of the same dimension across different guidelines can act as a discussion point.

**Step 12. Assess guideline currency**

The publication date of the guideline, or the dates/period covered by the literature, should be reviewed to ascertain whether the most current evidence has been included. Another option would be to consult with an expert well versed in the field and conduct a rapid review of the literature. For further information on currency, the guideline developer can be contacted.

**Step 13. Assess guideline content**

The guideline content can be assessed by using recommendations matrices. These can be presented in two different formats, 1) recommendations grouped by guideline and 2) recommendations grouped by similarity (specific area covered). Quality scores on the AGREE instrument, supporting studies, and levels of evidence could be added.

**Step 14. Assess guideline consistency**

The assessment of the consistency of the guideline includes three evaluations:

- Search strategy and selection of evidence supporting the recommendations
- Consistency between the selected evidence and how developers summarize and interpret this evidence
- Consistency between the interpretation of the evidence and the recommendations

These evaluations are time consuming and may require the gathering of original evidence supporting the interpretations and recommendations in the guideline.

**Step 15. Assess acceptability and applicability of the recommendations**

The acceptability and applicability of a guideline’s recommendations in the target context is dependent on the differences in the organizational and cultural context, including the availability of health services, expertise, and resources and the organization of health services, as well as population characteristics, cultural beliefs, and value judgments.

**2.4 Decision and Selection Module**

Steps	Products/Deliverables	Skills and Organizational Requirements	Tools
16. Review assessments to aid in decision making 17. Select between guidelines and recommendations to create an adapted guideline	<ul style="list-style-type: none"> <li>• Decision made on the content of the final document</li> </ul>	Clinical expertise  Methodological expertise  Facilitation skills (Chair)	List of all resources available to the panel

**Step 16. Review assessments**

The results of the assessment module provide an explicit basis for informed and transparent decision making around the selection and modifications of source guidelines. Panel members will be presented all documents that summarize the results of the assessment module (e.g., AGREE scores and dimension graphs, recommendations matrices, and supporting material).

## Step 17. Select between guidelines and recommendations to create an adapted guideline

Decision making and selection occurs around the following five options:

- 1) REJECT the whole guideline
- 2) ACCEPT the whole guideline and all of its recommendations
- 3) ACCEPT the evidence summary of the guideline
- 4) ACCEPT specific recommendations
- 5) MODIFY specific recommendations

## 2.5 Customization Module

Steps	Product/ Deliverables	Skills and Organizational Requirements	Tools
18. Prepare a document that respects the needs of the end users and provides a detailed transparent explanation of the process	<ul style="list-style-type: none"> <li>• Draft guideline document</li> </ul>	Knowledge of clinical practice and local context  Editorial skills  Design skills	Tool 16 – Checklist of Adapted Guideline Content Tool 17 – Report on Results of Updating Process

## Step 18. Prepare draft adapted guideline

The draft document produced should include details on the process followed. Two key and common defining elements of the guideline format, regardless of the model used, should be the transparency and explicitness of the process (i.e., sufficient detail so that the methodology could be reproduced) and the appropriate referencing and acknowledgement of intellectual credits to the source documents.

## PHASE THREE - FINALIZATION

The Finalization Phase guides the user through the process of obtaining feedback on the document from stakeholders impacted by the guideline, consulting with the developers of source guidelines used in the adaptation process, establishing a process for the review and updating of the adapted guideline, and creating a final document.

### 3.1 External Review and Acknowledgement Module

Aims/Tasks	Product/ Deliverables	Skills and Organizational Requirements	Tools
19. External review by target users 20. Consult with relevant endorsement bodies 21. Consult with developers of source guidelines 22. Acknowledge source documents	<ul style="list-style-type: none"> <li>Feedback from external review incorporated into guideline</li> <li>Approval by endorsing body(ies)</li> <li>Feedback from source guideline developers incorporated into guideline</li> </ul>	Managerial and administrative skills	Tool 18 – Samples of External Review Surveys

#### Step 19. External review by target users of the guideline

The targeted users include any practitioners who would use the guideline in practice and any patient affected by the guideline, as well as policy makers, decision makers, organization representatives, and managers. Different questions might need to be asked of each group. The external review should ask questions about whether users approve of the draft guideline, what its strengths and weaknesses are, what requires modification, whether they would use the guideline in their practice, how it would impact or change their current practice or routines, the acceptability of the guideline for the organization, and the resource implications.

#### Step 20. Consult with endorsement bodies

We recommend that the adapted guideline be formally endorsed by the professional body(ies) or organization(s) most closely connected to the guideline topic (e.g., a national college of family physicians might endorse guidelines related to primary care).

#### Step 21. Consult with source guideline developers

We recommend that the draft guideline be sent for feedback to any guideline developers whose recommendations have been used in the draft guideline, particularly in the case where changes have been made to the original recommendations.

#### Step 22. Acknowledge source documents

All documents used in the creation of the draft guideline should be referenced in the final document. The panel will need to determine whether they need to seek permission to use any guideline or guideline recommendation used in the adapted guideline. This information should be available as part of the guideline document under a copyright clause.

## 3.2 Aftercare Planning Module

Steps	Product/ Deliverables	Skills and Organizational Requirements	Tools
23. Plan for aftercare of the adapted guideline	<ul style="list-style-type: none"> <li>Plan for review and updates</li> </ul>	Clinical expertise  Methodological expertise  Information retrieval skills	

### Step 23. Plan scheduled review and update of adapted guideline

Whether new evidence requires a guideline update depends on how extensively it impacts on the guideline's recommendations (e.g., resource changes, outcome changes, technology changes, changes in existing benefits and harms, or changes in values related to outcomes). A review date should be decided upon, along with a process for dealing with reviewing the adapted guideline. The panel needs to decide who will undertake the initial search for new evidence at the scheduled review date. Depending on the extent of change, the updated guideline should be sent to a group of experts, stakeholders, and policy makers for external review. Feedback on the updated guideline should be incorporated in the final document.

## 3.3 Final Production Module

Steps	Product/ Deliverables	Skills and Organizational Requirements	Tools
24. Produce high quality final guideline	<ul style="list-style-type: none"> <li>Final guideline document</li> <li>Summary document and tools for application, e.g., patient information material</li> </ul>	Editorial skills  Design skills	

### Step 24. Produce final guidance document

The final guideline product should be easily accessible, clear, and unambiguous. Algorithms or care pathways, checklists, and patient information material are desirable.

## References

Graham ID, Harrison MB, Brouwers M, Davies BL, Dunn S. Facilitating the use of evidence in practice: evaluating and adapting clinical practice guideline for local use by health care organizations. *J Obstet Gynecol Neonatal Nurs* 2002;31:599-611.

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