



# ANNUAL REPORT

**October 2009 – July 2010**

## **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.

Registered Office: J. & H. Mitchell W.S., 51 Atholl Road, Pitlochry, Perthshire PH16 5BU, Scotland

Administrative Secretariat: Agency for Quality in Medicine, TiergartenTower, Straße des 17. Juni 106-108, 10623 Berlin, Germany

## G-I-N Members and Partners (July 2010)

95 organisations representing 37 countries



### AFRICA

Healthcare Quality and Accreditation Unit of Alexandria Univ. Hospitals, EG

Sudan Evidence-based Association (SEA), SD



### AMERICA

Brazilian Medical Association (AMB), BR

National Agency of Supplementary Health (ANS), BR

Québec Governm. Agency for Health Services & TA (AETMIS), CA

Canadian Partnership against Cancer (CPAC), CA

Canadian Thoracic Society (CTS), CA

Guidelines Advisory Committee (GAC), 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., US

American College of Chest Physicians (ACCP), US

American College of Physicians (ACP), US

American Society of Clinical Oncology (ASCO), US

American Urological Association (AUA), US

Care Management Institute, Kaiser Permanente (PKCMI), US

Center for International Rehabilitation (CIR), US

Infectious Diseases Society of America (IDSA), US

National Kidney Foundation (NKF), US



### ASIA

Med. Inform. Netw. Distr. Serv. Center, Jap. Coun. for Quality Healthc., JP

Central Asian Network of EBM Centers (CAREBMC Network), KZ

Healthcare Development Institute (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

Center for Health Policy Res. & Develop., Nat. Health Res. Inst. (NHRI), TW

Public Enterprise State Pharmacological Center of the Ministry of Health (MoH), UA



### 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

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

Italian National Institute of Health (ISS), 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 (LEVIV), 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 (SHdir), 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 Technology Assessment and Research (AATRM), ES

GuiaSalud-Health Sciences Institute of Aragón (IACS), ES

Spanish Network for Research on Guidelines (REDEGUIAS), ES

National Board of Health and Welfare, Socialstyrelsen (SOS), SE

Clinical Epidemiology Centre (CePIC), Univ. Hospital Lausanne, CH

Swiss Federal Office of Public Health (BAG), CH

Swiss Medical Association (FMH), CH

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

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 Accident Compensation Corporation (ACC), NZ

New Zealand Guidelines Group (NZGG), NZ

### INTERNATIONAL

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

European Union of Medical Specialists (UEMS)

### 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)



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## Chair's Foreword

Dear G-I-N Members

We are pleased to present the seventh annual report of the Guidelines International Network. This has been a great year for G-I-N, with a number of exciting developments. I am proud to have been Chair for two such exciting years in the evolution of G-I-N.

The annual conference in Lisbon in November continued our great tradition of working and playing hard. It was attended by people from 42 countries, a new record. The quality of the plenaries, presentations, workshops and posters continues to grow and the bar is set very high for this year's conference in Chicago.



At the Annual General Meeting we were able to announce that we remain in a positive financial position despite worldwide recession. This has allowed us to invest in a fantastic new website and employ a full time Executive Officer.

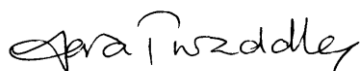
Magali's role has been central to many of the developments within G-I-N and her enthusiasm and ideas are taking us forward at a fast pace. I know many of you had an opportunity to meet Magali in Lisbon and she has been in touch with many more of you by email and telephone. I'm sure you will agree that Magali is a great asset for G-I-N, ably assisted by Martina and Inga.

Other significant developments this year have been the formal incorporation of the ADAPTE group within G-I-N, the establishment of new groups looking at implementation and the role of Allied Health Professionals in the development and implementation of guidelines, and the full establishment of the Board subcommittees, bringing wider involvement of the membership into the work of the Board. While all this is going on, the existing working groups have been forging ahead to bring real benefits for G-I-N members.

At the AGM we will be presenting the revised G-I-N strategy – a major piece of work undertaken by the Board during the last few months. Please let us have your thoughts and feedback; we are here to meet the needs of our members.

Finally I would like to pay special thanks to a number of people. Thanks to the Board for their hard work and commitment; to Magali, Martina and Inga, who keep the show on the road; to Stuart Neville who physically produces enGINE and, most of all, to you all for supporting G-I-N and providing your support, ideas and encouragement. I wish to pay particular thanks to Najoua Mlika-Cabanne, Vice Chair, and Catherine Marshall, who are leaving the Board after many years of tireless work for G-I-N. The Board will be a poorer place without their input.

I look forward to seeing you all in Chicago.

A handwritten signature in black ink, reading 'Sara Twaddle'.

**Sara Twaddle**  
**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 seeks to improve the quality of health care by promoting systematic development of clinical practice guidelines and their application into practice, through supporting international collaboration.

The Network aims at:

- promoting the systematic development, dissemination, implementation and evaluation of clinical practice guidelines
- improving and harmonising guideline methodologies
- developing and maintaining an international Guideline Library, enabling the systematic search, comparison and dissemination of clinical practice guidelines from all G-I-N members
- promoting international collaboration in guideline activities and improving coordination with other health care quality initiatives
- support research relating to clinical practice guidelines and to facilitate the implementation of research findings into practice
- organise and promote trans-national project groups, training courses, events and conferences
- preparing and publishing articles on guidelines.

## Membership

### Organisational Members

By July 2010 the Guidelines International Network had **91 Organisational Members**:

- 9 organisations joined the Network in the period (Table 1).
- 8 members left the Network in 2010 (Association of Family Doctors of Georgia, GE; CARI Guidelines, AU; Estonian Health Insurance Fund, EE; Federal Joint Committee, DE; Joanna Briggs Institute, AU; National Center for Health Technology Excellence, MX; Prof. Develop. And Quality Assurance, Department of Health, HK; Public Health Agency of Latvia, LV).

**Table 1: Organisations which joined G-I-N**

Austria	Ministry of Health
Colombia	National Cancer Institute
Czech Republic	National Reference Center
Kazakhstan	Healthcare Development Institute
The Netherlands	Regieraad
Saudi Arabia	National & Gulf Center for Evidence Based Medicine
Saudi Arabia	Research Chair for Evidence-Based Health Care and Knowledge Translation, King Saud University
Ukraine	Public Enterprise State Pharmacological Center of the Ministry of Health
USA	Care Management Institute, Kaiser Permanente

**Chart 1: Organisational Members**



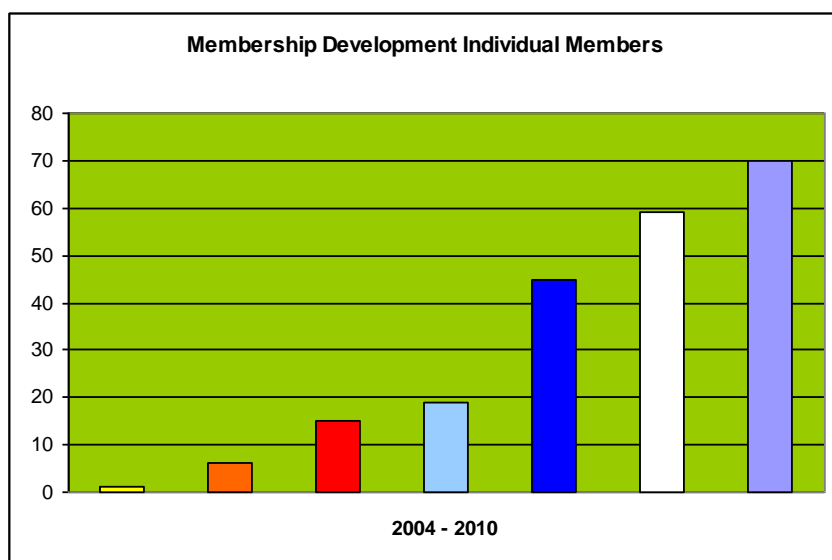
## Individual Members

By July 2010 G-I-N had 70 individual members from 25 countries, 17 individuals joined the Network in the period (Table 2).

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

• Rasmieh Ayed. H. Al Zeidan, Saudi Arabia	• Paula Manchon-Walsh, Spain
• Cynthia Allen, USA	• Joseph L. Mathew, India
• Abdullah Alshehri, UK	• Loes Meijer, The Netherlands
• Fidel Davila, USA	• Josephine Muxlow, Canada
• Maria-Eugenia Esandi, Argentina	• Elaine Santa Mina, Canada
• Raymond Huang, Singapore	• Istvan Szabo, Hungary
• Carel Hulshof, The Netherlands	• Uwe Wagner, Germany
• Erika Kis, Hungary	• Sally Welham, UK
• Jaya P. Kolli, USA	

**Chart 2: Individual Members**



## 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 2010, G-I-N has established an official partnership with four organisations:

- AGREE Research Trust (ART)
- GRADE Working Group (GRADE)

- International Network of Agencies for Health Technology Assessment (INAHTA)
- World Medical Association (WMA)

Until 2009 the ADAPTE Collaboration was a G-I-N partner. This partnership has now been superseded by the formal integration of the activities around guideline adaptation (methodology, training...) within G-I-N following an approach from the ADAPTE Collaboration.

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

## Organisation and Management

### Board of Trustees, Executive Committee

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

- up to 12 individual persons elected by the Organisational Members;
- up to 3 individual 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 3 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 Lisbon, Portugal during the 6<sup>th</sup> International G-I-N conference and a 2 days strategic meeting in Paris, France at the end of March 2010.

Members of the Board of Trustees 2009-2010 are listed at the end of the report (p. 27).

### G-I-N Subcommittees

The three subcommittees established in 2009 advise the Board on specific issues. The major work of the subcommittees during 2009/10 is shown below.

#### 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 committee 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 has planned a focus group session that will take place during the 7<sup>th</sup> G-I-N Annual Conference in Chicago at the end of August 2010.

#### Members of the Membership Subcommittee are:

- |                          |                           |
|--------------------------|---------------------------|
| - Dave Davis, US (Chair) | - Amir Qaseem, US         |
| - Sue Huckson, AU        | - Airtion Stein, BR       |
| - Ian Nathanson, US      | - Philip van der Wees, NL |

#### Conferences and promotion subcommittee

The Conferences and Promotion committee support the organisation of G-I-N conferences, review proposals for pre-conferences courses and identify other conferences where G-I-N representation would be beneficial. It advised the Board on the selection of the host for future G-I-N conferences and recommended participants for the scientific committees.

The committee has developed a set of indicators to allow evaluation of the performance of G-I-N conferences. These will provide a useful set of data to use in planning future G-I-N conferences. In addition, a standardised evaluation form for completion by the participants of

the conferences was developed which will provide further information around the organisation of conferences and their scientific contents.

**Members of the Conferences and Promotion Subcommittee are:**

- Catherine Marshall, NZ (Chair)
- Hans de Beer, NL
- Mary Hemming, AU
- Keng Ho Pwee, SG
- Richard Rosenfeld, US
- Sandra Zelman-Lewis, US
- Rick Shiffman, US

**Finances and Risks subcommittee**

The Finance and Risks committee meets at intervals to support the Honorary Treasurer in oversight of the organization, to ensure compliance with the OSCR regulations for Scottish charities. The Committee 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 to ensure that it supports G-I-N objectives. It also reviewed the financial statement for the year 2009 prepared by the accountant and advised the Board on acceptance.

Upon request from the Board, the committee discussed the development of a reserve and advised the Board on the amount to be placed in this reserve as well as on how to secure the funds.

**Members of the Finances and Risks Subcommittee are:**

- Rick Shiffman, US (Chair)
- Fergus Macbeth, UK
- Safia Qureshi, UK

**Executive Officer**

The G-I-N Executive Officer, Magali Remy Stockinger, coordinates the Network's projects and all aspects of its administration. During 2009 /10 the work of the EO included supporting the enhancement and redevelopment of the website together with the Webmaster.

**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.

**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.

**Financial Examiner**

In 2009 Milne Craig, Chartered Accountants, Abercorn House, 79 Renfrew Road, Paisley PA3 4DA, UK were reappointed as G-I-N's Financial Examiner.

## Activities 2009 - 2010

The G-I-N Board had a 2 day strategy meeting in Paris, France in March 2010. The Board discussed current and future activities of the Network and developed a strategy for the years 2010-2013. The strategy includes work on the following priority areas:

- Promoting the systematic development, dissemination, implementation and evaluation of clinical practice guidelines
- Promoting international collaboration in guideline activities to avoid duplication of effort and to facilitating information sharing and knowledge transfer
- Building links between member organizations and individuals to improve coordination and learning
- Offering mentoring and professional development opportunities (e.g. 'buddy' systems between agencies and individuals)
- Raising participation of non-medical professionals
- Further developing partnerships with other groups working in the field.

In addition, to clarify members' requirements and to prioritise issues and projects, a membership survey was carried out in May-June 2010 to plan for the future.

## G-I-N Website

The new G-I-N website [www.g-i-n.net](http://www.g-i-n.net) was launched in January 2010. 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.

Chart 3: New design of [www.g-i-n.net](http://www.g-i-n.net)



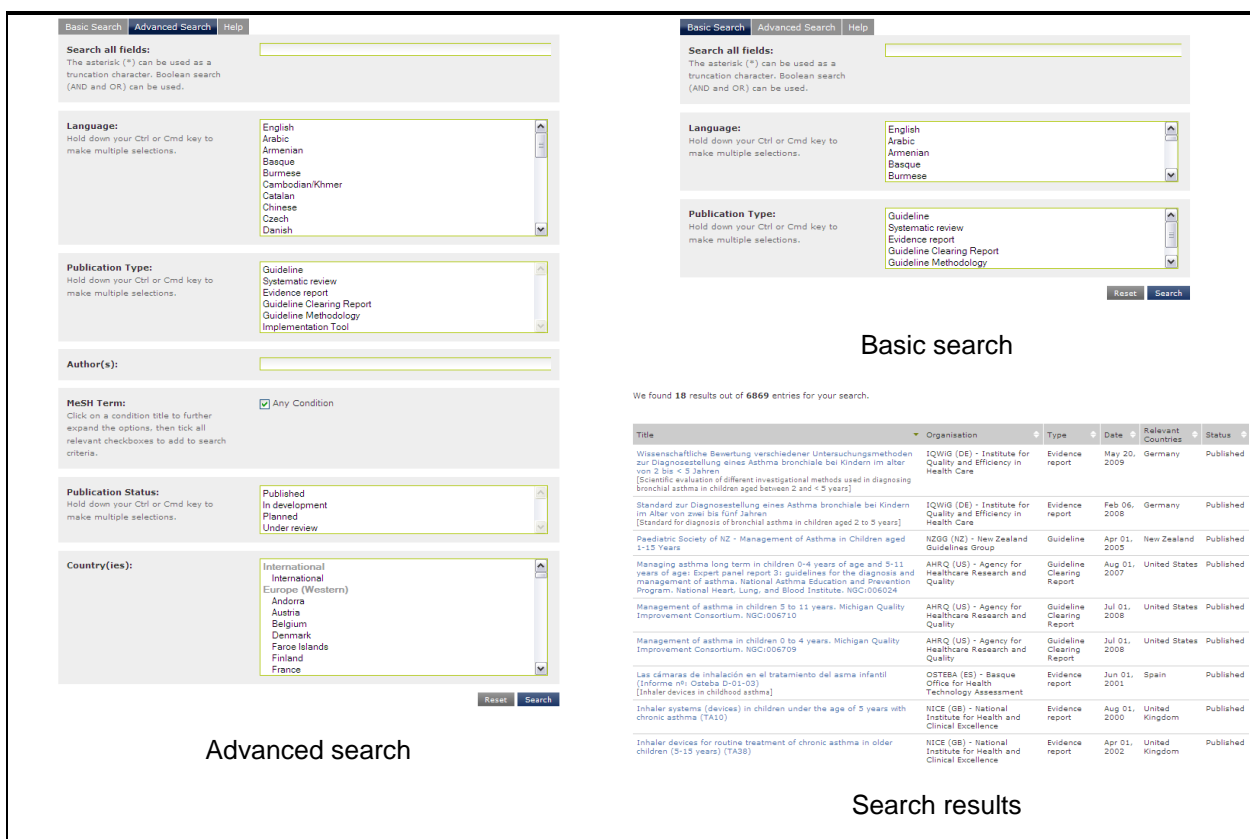
The G-I-N website includes improved search functions in the guideline library and the ability to save searches, export search results to EndNote and RefMan, personalised dashboards and discussion boards for each of the G-I-N groups.

In 2008, the Guidelines International Network [www.g-i-n.net](http://www.g-i-n.net) was audited again by the Health on the Net Foundation. It was reconfirmed that the G-I-N website follows the principles of HON.

Decisions on content and format are prepared by the Network's Website Content / Editorial Steering Group and are approved by the Board of Trustees. Inga Koenig from the AQUmed is the G-I-N Webmaster.

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).

Chart 4: Design of search and results pages [www.g-i-n.net](http://www.g-i-n.net)



The screenshot displays the G-I-N website's search interface, divided into two main sections: 'Basic search' and 'Search results'.

**Basic search:** This section features a search bar at the top with tabs for 'Basic Search', 'Advanced Search', and 'Help'. Below the search bar, there are several filters: 'Search all fields' (with a note on the asterisk character), 'Language' (a list including English, Arabic, Armenian, Basque, Burmese, Cambodian/Khmer, Catalan, Chinese, Czech, and Danish), 'Publication Type' (a list including Guideline, Systematic review, Evidence report, Guideline Clearing Report, Guideline Methodology, and Implementation Tool), 'Author(s)' (a text input field), 'MeSH Terms' (with a checkbox for 'Any Condition'), and 'Publication Status' (a list including Published, In development, Planned, and Under review). At the bottom of the filters, there is a 'Country(ies)' list (including International, Europe (Western), Andorra, Austria, Belgium, Denmark, Faroe Islands, Finland, and France). A 'Reset' button and a 'Search' button are located at the bottom right of the filter section.

**Search results:** This section displays the results of a search. It starts with a message: 'We found 18 results out of 6869 entries for your search.' Below this, there is a table with the following columns: 'Title', 'Organisation', 'Type', 'Date', 'Relevant Countries', and 'Status'. The table lists 18 results, including titles like 'Wissenschaftliche Bewertung verschiedener Untersuchungsmethoden zur Diagnosestellung eines Asthma bronchiale bei Kindern im Alter von 2 bis < 5 Jahren' and 'Standard zur Diagnosestellung eines Asthma bronchiale bei Kindern im Alter von zwei bis fünf Jahren'. The table is paginated, showing results 1 through 18.

Until this year, only G-I-N members have been able to search the guideline library and access its content. However, 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:

- Emergency Medical Services (N02.421.297)
- Emergency Treatment (E02.365)
- Laryngeal Diseases (C09.400)
- Nursing (G02.478)
- Pharyngeal Diseases (C09.775)
- Sleep Disorders (F03.870)

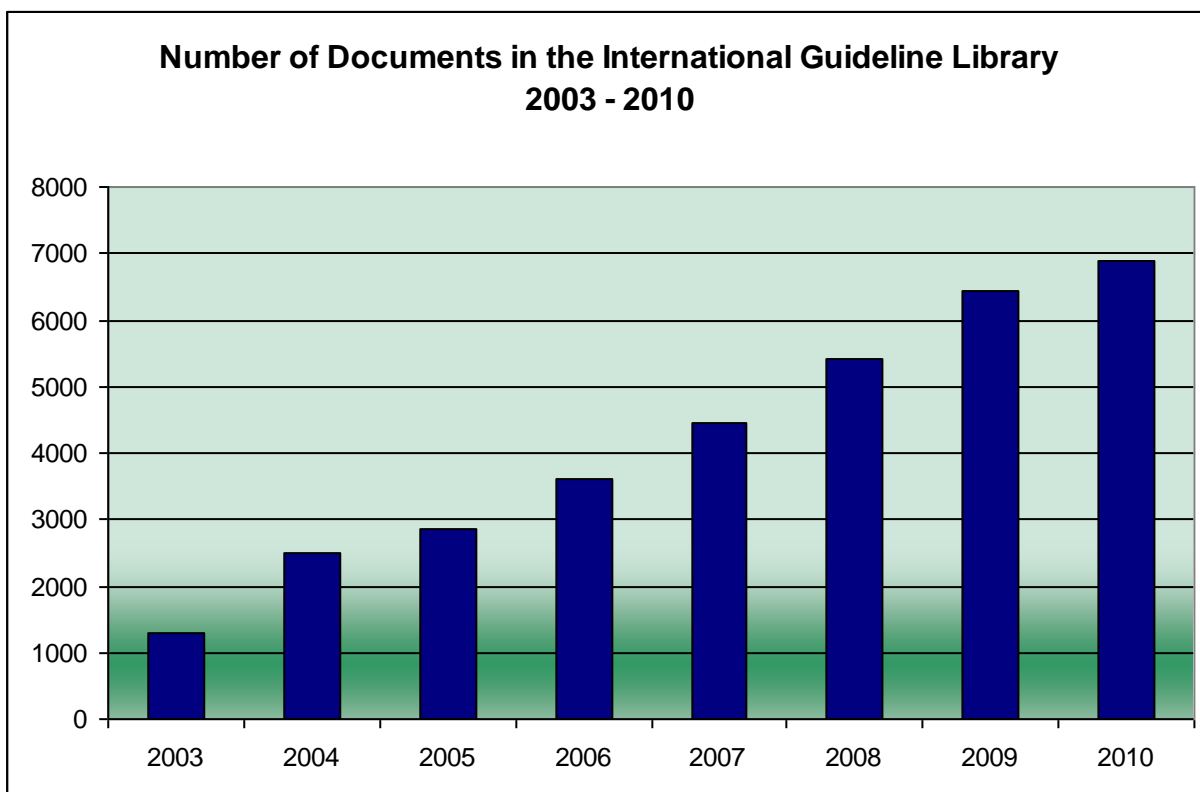
Topics are changed at regular intervals and the HTC shows all documents from the G-I-N International Guideline Library under the mentioned MESH terms.

The ***G-I-N International Guideline Library*** continues to expand with a total of over 6890 items of information available (July 2010) from 34 language groups (Table 6).

**Table 6: Number of items of information in the G-I-N International Guideline Library (by July 2010)**

Language	Documents (n)	Language	Documents (n)
Arabic	8	Armenian	1
Basque	68	Burmese	30
Cambodian/ Khmer	1	Catalan	86
Chinese	1	Czech	18
Danish	11	Dutch	370
English	4827	Estonian	32
Finnish	124	French	378
German	511	Greek	5
Hungarian	2	Indonesian	2
Italian	119	Japanese	4
Korean	2	Macedonian	1
Norwegian	60	Persian	1
Polish	1	Portuguese	278
Romanian	33	Russian	19
Serbian	1	Spanish	218
Swedish	35	Thai	13
Turkish	3	Vietnamese	2

Chart 5: Data in the G-I-N International Guideline Library (July 2010)



## G-I-N Training

In December 2009, G-I-N was invited by the Health Care Quality Unit, Alexandria University Hospitals (Egypt), to deliver a 3 days training course on guideline adaptation. 36 medical staff, including the director of the Health Care Quality Unit, attended the full 3 days session.

A one day pre-conference course on public and patient involvement in guidelines is scheduled to take place before the 7<sup>th</sup> Annual G-I-N Conference in Chicago. This course has been organised by G-I-N PUBLIC. The course will support mentoring and exchange between guideline organizations that have different levels of experience with patient and public involvement. It will offer opportunities for guideline organizations to discuss challenges and explore practical solutions to foster the development of high quality patient-oriented guidelines.

In the future, G-I-N plans to deliver new courses/training and is investigating the development of various programmes, including one more particularly targeting lower income countries.

## 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 of the working groups 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 a successful work, especially the speakers of the Working Groups and the Coordinator of the Community of Practice for their dedication and valuable support.

### 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 ETGW 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 on, a proposal of template for summarising studies addressing diagnostic questions was developed, discussed at Helsinki conference in October 2008 and finalised thereafter. A publication has been submitted presenting the work on developing the template for summarising studies addressing intervention questions.

Currently, the ETWG is working on the development of two templates proposals (e.g. prognostic, economic evaluation). These proposals will be presented in the workshop

scheduled at the Chicago conference in August 2010. Discussions in Chicago will help the production of a final version of these templates.

The ETWG has also defined the specification for a database to store and retrieve studies evaluated using the templates already developed by the group. This database will have a web interface for completing new templates for studies not already in the database through a log in. The preliminary specifications for the database were presented in the workshop at the Lisbon conference in November 2009. Discussions in Lisbon showed huge interest in this database and encouraged its development. The G-I-N Board approved the budget for the database during its spring meeting and the ETWG and the website developer has been working on the technical specification.

#### **Core members of the ETWG:**

- Najoua Mlika-Cabanne, HAS (FR) Speaker
- Sara Twaddle, SIGN (UK)
- Hans de Beer, CBO (NL)
- Rob Cook, Bazian (UK)
- Markos Dintsios, IQWiG (DE)
- Andreas Gerber, IQWiG (DE)
- Rabin Harbour, SIGN (UK)
- Kelvin Hill, Stroke Foundation (AU)
- Magali Remy-Stockinger, G-I-N (NO)
- Craig Whittington, National Collaborating Mental Health (UK)

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

## **G-I-N PUBLIC**

### **Structure**

G-I-N PUBLIC aims to support effective patient and public involvement in the development, implementation, and evaluation of clinical practice guidelines (CPGs). Our specific objectives are to:

1. Share experiences and evidence to support the development of effective patient and public involvement programs;
2. Foster international research collaboration on patient and public involvement activities and methodologies;
3. Propose methods and standards for involving patients and the public in specific contexts of CPG development, implementation, and evaluation.

G-I-N PUBLIC steering committee oversees our activities. In 2009-2010, G-I-N PUBLIC steering committee held 6 meetings, including 2 face-to-face meetings at the Lisbon conference and 4 teleconferences. Subcommittees held 4 additional teleconferences in preparation for the pre-conference workshop and G-I-N PUBLIC toolkit. Antoine Boivin and Victoria Thomas chaired G-I-N PUBLIC steering committee meetings.

### **1-day course on patient and public involvement**

G-I-N PUBLIC is organizing a workshop entitled “Interested but challenged by patient and public involvement? Practical ways to develop high quality patient-oriented guidelines,” that will be held on August 25 in Chicago, prior to the G-I-N conference. This workshop will support mentoring and exchange between guideline organizations that have different levels of experience with patient and public involvement. It will offer opportunities for guideline

organizations to discuss challenges and explore practical solutions to foster the development of high quality patient-oriented guidelines. Information on the workshop and registration can be found at [www.ginpublic.net](http://www.ginpublic.net).

### **Publication: practice and research agenda on public involvement**

G-I-N PUBLIC has published this year a research and practice agenda on patient and public involvement in guidelines based on an international consultation with 56 CPG developers, researchers and patient/public representatives:

Boivin A, Currie K, Fervers B, Gracia J, James M, Marshall C, Sakala C, Strid J, Thomas V, van der Weijden T, Grol R, Burgers J, on behalf of the Guideline International Network Patient and Public Involvement Working Group. Patient and public involvement in guidelines: international experiences and future perspectives. Qual Saf Health Care. 2010 Apr 27. [Epub ahead of print].

### **Introduction to public involvement in guidelines**

The Health Innovation in Context website has published an online set of interviews of public involvement in healthcare, which includes an introduction to the work of G-I-N PUBLIC. This is available at [http://www.hinnovic.org/category/public\\_participation/](http://www.hinnovic.org/category/public_participation/)

### **G-I-N PUBLIC toolkit**

Our plans to develop a toolkit on patient and public involvement in guidelines have been put on hold, due to lack of dedicated time and resources to support its development.

### **Research: Systematic review of patient/public involvement in guidelines**

The knowledge synthesis on patient and public involvement in clinical practice guidelines co-led by France Légaré and Antoine Boivin in Canada is in its final stage and two results papers are in the writing stage. The published protocol for this study can be found at: [www.implementationscience.com/content/4/1/30](http://www.implementationscience.com/content/4/1/30)

### **Research: Linking practice guidelines with patient decision aids**

The research project on integrating individual patient values in clinical practice guidelines led by Trudy van der Weijden in the Netherlands is ongoing and a paper is being drafted among experts from the shared decision making and clinical practice guidelines community. The published protocol for this study can be found at: <http://www.implementationscience.com/content/5/1/10>

### **Presentations on patient and public involvement at the Chicago conference**

Again this year, the annual G-I-N conference will include a number of presentations on patient and public involvement in guidelines, on top of G-I-N PUBLIC pre-conference workshop. Other individual presentations include:

1. Developing patients' versions: The experience from a clinical practice guideline (CPG) for autistic spectrum disorders (ASD). Javier Gracia (Health Technology Assessment Unit, Madrid, Spain, Madrid, Spain)
2. Patient guidelines in oncology: A comparison of international standards and methodologies. Markus Follmann, MD (German Cancer Society, Berlin, Germany)
3. The role of patients, family, and stakeholders in guideline development: Meta-ethnography of qualitative research on peer support in chronic disease. Author: Mary J. Bell, MD (Sunnybrook Health Sciences Centre, Toronto, Ontario, Canada)
4. Target for improvement: integrating public, professionals, and managers' perspectives in quality indicator prioritization. Antoine Boivin, MD (Scientific Institute for Quality of Healthcare, Rouyn-Noranda, Quebec, Canada)
5. Consumer involvement in guideline development: Early stage chronic kidney disease. Allison Tong, PhD (University of Sydney, Sydney, New South Wales, Australia)

6. Involving decision makers in guidelines research: A case study. Author: Martin H. Reed, MD (Winnipeg, Manitoba, Canada)
7. Lessons for optimization of patient participation in guideline development: An action research approach. Alida van der Ham, MS (VU University Amsterdam, Amsterdam, Netherlands)
8. Patient involvement in Germany: How and when? Corinna Schaefer (German Agency for Quality in Medicine (ÄZQ), Berlin, Germany)
9. Patient perspectives in clinical practice guideline (CPG): Participation and qualitative research. Javier Gracia (Health Technology Assessment Unit, Madrid, Spain, Madrid, Spain)
10. Patients initiate and lead the Multidisciplinary Guideline for Orofacial Pain. Marianne van den Berg, PhD (Dutch Headache Patient Organisation, Bunde, Netherlands)
11. Stakeholder engagement in the scoping phase of clinical guideline development: Challenges and solutions. Nichole Taske, PhD (NICE, London, England, United Kingdom)
12. Standardization of patient participation in guideline development. Ilse Raats, PhD (Dutch Institute for Healthcare Improvement CBO, Utrecht, Netherlands)
13. Patients and career participation in the elaboration of the clinical guideline (CG) of psychosocial interventions in the treatment of severe mental illness. Maria Jose Vicente-Edo (Health Sciences Institute of Aragon, Zaragoza, Zaragoza, Spain)
14. Engaging with Spanish-speaking patients: Learning from the challenges and achievements of the Pacientes online initiative. Claudia Cattivera, BSc (PACINTES ON LINE, Buenos Aires, Argentina)
15. Patient-centered guidance: identifying evidence on patient preferences for NICE short clinical guidelines. Author: Louise Foster (NICE, Manchester, England, United Kingdom)
16. "Community members brought real life experience" - an evaluation of lay people's contribution to public health guidelines. Author: Jane Cowl (NICE, London, England, United Kingdom)

### Collaboration with HTAi and Cochrane Collaboration

G-I-N PUBLIC has developed strong links with HTAi and CCNET. Representatives from our working group have been invited to participate to the HTAi special interest group on patient and public involvement and participate in a related publication:

*Facey K, Boivin A, Gracia J, Hansen H, Lo Scalzo A, Mossman J, Single A, on behalf of the Health Technology Assessment International Special Interest Group on Patient and Citizen Involvement. Patients' perspectives in HTA: a route to robust evidence and fair deliberation. International Journal of Technology Assessment in Health Care (Accepted for publication, March 16, 2010).*

There is also representation from our working group on the Cochrane Collaboration Consumer Involvement Advisory Group.

### Terms of reference and budget

G-I-N PUBLIC submitted to the G-I-N Board its proposal for new terms of reference to structure our membership and work, in order to respond to our increasing activities and requests from many G-I-N members to interact more directly with our group.

In summary, G-I-N PUBLIC is becoming increasingly present and recognized at the international level and we hope that this will continue in future years.

### For 2009-2010, our steering committee members included:

Name	Country	Organization
Antoine Boivin	Canada	Scientific Institute for Quality of Healthcare
Kay Currie (until March 2010)	Australia	National Institute of Clinical Studies/NHMRC
Béatrice Fervers	France	Centre Léon Bérard

Name	Country	Organization
Javier Gracia	Spain	Unidad de Evaluación de Tecnologías Sanitarias
Mary Nix	United States	Agency for Healthcare Research and Quality
Loes Knaapen	Canada	McGill University
Catherine Marshall	New Zealand	Independent guideline advisor
Carol Sakala	United States	Childbirth Connection
Corinna Schaefer	Germany	AQUMED- AZQ
Judi Strid	New-Zealand	Office of the Health and Disability Commissioner
Victoria Thomas	United Kingdom	National Institute for Health and Clinical Excellence
Trudy van der Weijden	Netherlands	Maastricht University

### Adaptation Working Group

Following a request from the ADAPTE Collaboration, G-I-N formally incorporated the work of the Collaboration in 2009. The G-I-N Adaptation Working Group is currently being set up.

#### Members of the Adaptation Working Group:

- Bernard Burnand, CepiC (CH), Chair
- Jako Burgers, CBO (NL)

### G-I-N Emergency Care Community of Interest

The G-I-N Emergency Care Community was invited to develop and lead a workshop at the 2010 International Conference of Emergency (ICEM) held in Singapore.

The G-I-N Steering Group approved the proposal to ICEM outlining the workshop program. Speakers included members of the G-I-N EC Community and invited clinicians from the Asia Pacific region to share their guideline implementation experience.

The format of the workshop session was a combination of presentations and moderated discussion. The topics covered included:

- An introduction to G-I-N and the G-I-N Emergency Care Community
- What sort of guidelines does the Emergency Medicine sector need?
- Introduction to AGREE II
- Prioritising recommendations for implementation of Chest Pain Guidelines
- Identifying barriers and enablers in the implementation of Chest Pain Guidelines

Identifying the formats of guidelines products has been a priority for the G-I-N Emergency Care Community. The discussion at the workshop provided a basis to develop an internet based survey to be undertaken internationally to identify the preferred attributes of guidelines for the emergency care sector. It is anticipated that the results will assist guideline developers

to consider the nature of the emergency care practice environment when developing recommendations and guideline products to support uptake of best practice.

Additional activities have included:

- Hosting of an EC Community teleconference to discuss formats of guidelines that led to focus on current activity.
- Rapid response in to disseminate international guidelines related to H1N1 and make them available on the web site.
- Increasing access to relevant guideline with linkages to the US and UK Colleges of Emergency Medicine guideline sites.
- Strengthening of the partnership with the International Federation of Emergency Medicine

### **Members of the Emergency Care Community steering group:**

- Dr Samar Aboulsoud, Cairo University Hospital and School of Medicine (currently in the UK)
- Dr Marc Afilalo, McGill University, Emergency Department Jewish General Hospital (CA)
- Prof V. Anantharaman, Department of Emergency Singapore General Hospital (SG)
- Mr Bill Barger, Operational Quality and Improvement, Quality and Educational Services Division of Ambulance Victoria (AU)
- Prof Maaret Castrén, Emergency Department, Södersjukhuset and Department of Clinical Science and Education, Karolinska Institute (SW)
- Prof Matthew Cooke, Warwick Medical School and Heart of England NHS Foundation Trust, UK & Warwick Clinical Systems Improvement (UK)
- Dr Rob Crouch, Southampton University Hospital NHS Trust and School of Health Sciences, University of Southampton, (UK)
- Prof Wyatt Decker, Mayo Clinic (US)
- Dr Barry Diner, St Luke's Episcopal Hospital (US)
- A/Prof Eddy Lang, McGill University, Emergency Department Jewish General Hospital (CA)
- A/Prof Peter Wyer, Columbia University, New York (US)
- Ms Sue Huckson, National Health and Medical Research Council's (AU), Chair

## **Allied Health Community**

The G-I-N Board of Trustees agreed to the development of the community of interest following two successful workshops held at the G-I-N conference in Lisbon in 2009. Our definition of Allied Health is broad and includes clinical healthcare professionals that 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: nurses, midwives, physiotherapists, dieticians, psychologists, occupational therapists, speech therapists, .... The Allied Health Community of Interest was launched in March 2010.

### **Objectives**

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**

- To initiate the community four activities were formulated to be achieved in 2010 and 2011
- To establish a steering group for the Allied Health Community.

- To open a dedicated section on the G-I-N website.
- To provide a toolkit that supports Allied Health Professionals in their participation in guideline activities.
- To develop a position paper that addresses the importance of patient functioning and quality of life within clinical guidelines.

After the launch 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 and development of a position paper. The projects are expected to start around summer 2010.

### **Members of the Allied Health Community Steering Group:**

- |                                  |   |
|----------------------------------|---|
| • Sarah Bazin, ER-WCPT (UK)      | • Sue Lukersmith, Occupational Therapist (AU) |
| • Dorien van Benthem, ACCC (NL)  | • Josephine Muxlow, Nurse (CA)                |
| • Dunja Dreesens, Regieraad (NL) | • Else Poot, LEVV (NL)                        |
| • Gerdien Franx, Trimboos (NL)   | • Elaine Santa Mina, Nurse (CA)               |
| • Jenny Gordon, RCN(UK)          | • Philip van der Wees, KNGF (NL), Chair       |

### **Implementation**

Following the informal meeting on implementation held at the Annual Conference in Lisbon, it was decided to develop a community of interest on implementation. Chaired by Heather Buchan (AU), the group has met several times by conference call since the Lisbon Conference, and undertaken a wide-ranging discussion of 'implementation' and its growing importance among individual and organizational members. At a practical level, led by Ilkka Kunnamo (FI) the group has undertaken a rigorous exercise which will lead to a GIN-endorsed taxonomy of implementation terms in order to bring further order to a rapidly expanding field of endeavour. Finally, led by John Fraser (NZ), the group will undertake a survey of members regarding their perspective on and use of implementation methods.

### **Core Members of the Implementation Working Group:**

- Heather Buchan, NHMRC (AU)
- Dave Davis, AAMC (US)
- John Fraser, NZGG (NZ)
- Ilkka Kunnamo, Duodecim (FI)

## Congresses, Workshops, Meetings

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

- **6<sup>th</sup> G-I-N Annual Conference Lisbon (PT), 1<sup>st</sup> – 4<sup>th</sup> November 2009**

The 6th Guidelines International Conference was held in Lisbon, Portugal, organised by the Centre for Evidence Based Medicine. The theme of the conference was: "Evidence Translation in Different Countries".

The conference was attended by over 380 registrants from 42 countries and continued in the successful line of previous conferences in Edinburgh (2003), Wellington (2004), Lyon (2005), Toronto (2007) and Helsinki (2008). 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 four 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 218 abstracts were accepted in the format of brief presentations (104), lectures (6), workshops (16), and posters (92). The brief presentations and lectures were grouped into 13 themes, covering guideline implementation, indicators, adaptation, quality, methods, guideline programmes, patient involvement... In total, 35 different parallel and 4 plenary sessions were scheduled.

In the last year, G-I-N has been represented at several events (Table 7).

**Table 7: G-I-N Presentation 2009/2010 (G-I-N Congresses, presentations on behalf of the Network at national / international conferences/workshops/meetings)**

Date	Country	Activity
Nov. 2009	Portugal	G-I-N Annual Conference
Dec. 2009	Egypt	Workshop on guideline adaptation
April 2010	Canada	Presentation at the Annual Meeting of the Canadian Association of Radiology
May 2010	Germany	Participation in a workshop: Forward Look: Implementation of Medical Research into Clinical Practice. Workshop: Analysis and Translation
June 2010	Ireland	Panel session as the 2010 HTAi conference
June 2010	Singapore	Workshop on Evidence Based Medicine at the International Conference of Emergency Care Medicine

## Strategic Direction

8 years have passed since the foundation of G-I-N. With around 90 organisational members and 60 individual members along with 5 partners from all the continents G-I-N has now reached a relatively stable position. According to our members' survey, performed in June 2010 the membership is satisfied with G-I-N overall (about 90% of the respondents). However, the survey highlights some need for improvements and change. For the future, we should ensure that G-I-N satisfy the needs of its members but also of the guideline community at large (developers, users, policy makers, patients...) and remains in a positive financial position to enable further development of its activities.

The guideline community faces a wide range of challenges and G-I-N is therefore faced with a number of options for cooperation and work. However, as the funding available is limited (membership fees and any potential profit generated from meetings and conferences), one of the main challenges faced by the Network is to prioritise its activities to provide the most added value to members and non-members.

The G-I-N Board has tried to keep membership fees and conference fees low so that as many groups and individuals as possible can participate in the network's activities. This means that while G-I-N is able to support a small secretariat, it is still heavily reliant on an enormous amount of voluntary work from members to undertake the work that will allow it to achieve its stated aims.

For these reasons, the G-I-N Board spent time this year looking at the strategy of the Network and clarifying and redefining its rationale and aims. The 2010-2013 strategy now available is the result of the work of a subgroup of the G-I-N Board and of discussions within the Board. A draft strategy was also sent for comments to the members of the G-I-N groups and committees and the resulting document will be further discussed at the AGM in Chicago this year.

The newly developed strategy highlights the G-I-N vision as being: "to lead the guideline development, adaptation and implementation community". It also defines three main aims for the Network:

1. Providing a Network and partnerships for guideline developing organisations, user and other stakeholders
2. Assisting our members in reducing duplication of effort and improving the efficiency and effectiveness of evidence-based guideline development, adaptation, dissemination and implementation
3. Promoting best practice through the development of learning opportunities, capacity building and the establishment of standards for aspects of guidelines methodology and reporting.

The conference continues to be a key area for providing opportunities for members to develop professionally, form strong productive working collaborations and for attracting new members to G-I-N. Membership surveys and feedback confirm that this is one of the most valued aspects of G-I-N and we will continue to use the suggestions provided by members about ways the conferences can be used strategically and can be tailored to improve interaction and networking opportunities. This year the conference will be held in North



America and next year in Asia, both regions where there are opportunities for G-I-N to expand membership and gain valuable perspectives and input from the broad array of guideline professionals working in these parts of the world. To facilitate participation to the conference the G-I-N Board also offered some stipends to members from lower income countries and members of the working groups as well as consumers. This type of support is planned to be available annually.

This year, as we meet in Chicago for the seventh G-I-N Annual Meeting, we aim to build on the substantial work already undertaken to make G-I-N continue as a strong and vibrant organisation into the future. G-I-N depends on its members and greatly appreciates your support and active involvement.

Najoua Mlika-Cabanne,

Vice-Chair of G-I-N 2009-2010

## Finances

### Financial Report 2009

(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 April 2009 to 31 March 2010

	Amounts
<b>INCOMING RESOURCES</b>	
Incoming resources from generating funds	
Voluntary Income	187 955 €
Investment income	1 173 €
Incoming resources from charitable activities	4 460 €
<b>TOTAL INCOMING RESOURCES</b>	<b>193 588 €</b>
<b>RESOURCES EXPENDED</b>	
Charitable activities	131 511 €
Governance costs	36 969 €
<b>TOTAL RESOURCES EXPENDED</b>	<b>168 480 €</b>
<b>NET OUTGOING RESOURCES FOR THE YEAR</b>	<b>25 108 €</b>
Total funds brought forward	66 986 €
<b>TOTAL FUNDS CARRIED FORWARD</b>	<b>92 094 €</b>

## Budget Financial Year 2009

Budget 1.04.2009 till 31.03.2010 (financial year 2009)		
		EUR
	<b>I. costs</b>	
1	Fees	
	1a) Executive Officer	60 000
	1b) Admin. Secretariat	31 500
	1c) Webmaster	15 000
	1d) Office Secret. Scotl.	1 500
	1 e) Fin. Controlling	1 700
2	Website relaunch, maintenance	40 000
3	3a) G-I-N working groups	1 000
	3b) G-I-N subcommittees	3 000
4	Administration	7 000
5	Annual report	500
6	Travel expenses	15 600
7	Promotion/Representation	1 000
8	Conferences (Representation)	2 300
9	Bank Costs	500
	<b>total costs</b>	<b>180 600</b>
	<b>II. income</b>	
1.	Organisational Member Fee	169 000
2.	Associate Member Fee	5 600
3.	Interest	1 000
4.	G-I-N Annual Congress	5 000
	<b>total income</b>	<b>180 600</b>
	<b>balance income/costs</b>	<b>0</b>

## Board of Trustees 2009-2010

Sara Twaddle (UK)	Scottish Intercollegiate Guidelines Network <u>Chair, Member of the Executive Committee</u>
Najoua Mlika-Cabanne (FR)	French National Health Authority <u>Vice Chair, Member of the Executive Committee</u>
Günter Ollenschläger (DE)	Agency for Quality in Medicine <u>G-I-N Honorary Patron, Treasurer, Member of the Executive Committee</u>
Minna Kaila (FI)	National Institute for Health and Welfare <u>Member of the Executive Committee</u>
Jako Burgers (NL)	Dutch Institute for Healthcare Improvement
Dave Davis (US)	Association of American Medical Colleges
Frode Forland (NO)	Norwegian Directorate for Health
Catherine Marshall (NZ)	Independent Guideline Advisor G-I-N Honorary Patron
Sue Phillips (AU)	National Health and Medical Research Council
Keng Ho Pwee (SG)	Ministry of Health, Singapore
Safia Qureshi (UK)	Scottish National Blood Transfusion Service
Rosa Rico (SP)	Basque Office for Health Technology Assessment
Richard Shiffman (US)	Yale Center for Medical Informatics
Philip van der Wees (NL)	Royal Dutch Society for Physical Therapy
Hayfaa Wahabi (Sudan)	Sudan Evidence-based Association

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

## Abbreviations

AAO	American Academy of Otolaryngology
AATRM	Catalan Agency for Health Technology Assessment and Research, ES
ACC	New Zealand Accident Compensation Corporation, NZ
ACCC	Dutch Association of Comprehensive Cancer Centres, NL
ACCP	American College of Chest Physicians, US
ACP	American College of Physicians, US
AEKB	Berlin Chamber of Physicians, DE
AEKW	Vienna Medical Chamber, AT
AETMIS	Québec Government Agency responsible for Health Services and Technology Assessment
AHRQ	Agency for Healthcare Research and Quality, US
AMB	Brazilian Medical Association, BR
ANS	National Agency of Supplementary Health, BR
ARS	Regional Agency for Health in Tuscany, Quality Unit, IT
ART	AGREE Research Trust
AQuMed / AEZQ	Agency for Quality in Medicine, DE
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
BAG	Swiss Federal Office of Public Health, CH
BMG	Ministry of Health, AT
BQS	German National Institute for Quality Measurement in Healthcare, DE
CAREMBC	Central Asian Network of EBM Centers, KG, KZ, TJ, TM, UZ,
CBO	Dutch Institute for Healthcare Improvement, NL
CCE	Centre for Clinical Effectiveness
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
CNSMF	National Center for Studies in Family Medicine, RO
CPAC	Canadian Partnership Against Cancer
CPSS	Center for Health Policies and Services, RO
CRED	CRED Foundation - Romanian-Swiss Centre for Health Sector Development
CTS	Canadian Thoracic Society
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
FMH	Swiss Medical Association
GAC	Guidelines Advisory Committee, CA
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
HQAU	Healthcare Quality and Accreditation Unit of Alexandria University Hospitals
HTA-DoH	HTA Unit, Ministry of Health Malaysia, MY
IACS	GuíaSalud-Health Sciences Institute of Aragón
IDSA	Infectious Diseases Society of America, US
IHD	Healthcare Development Institute
INAHTA	The International Network of Agencies for Health Technology Assessment
INC	National Institute of Cancer from Colombia, CO
INCa	French National Cancer Institute
INCDS	National School of Public Health and Health Services Management, RO
IQWiG	Institute for Quality and Efficiency in Healthcare, DE
ISS	Italian National Institute of Health, IT
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
MHC	The Mental Health Commission, IE
Minds Center	Medical Information Network Distribution Service Center, Japan Council for Quality Health Care, JP
MoH	Public Enterprise State Pharmacological Center of the Ministry of Health (), UA
MS	Department of Quality Management and Standards of Treatment, Ministry of Health, MD
NBOCC	National Breast and Ovarian Cancer Centre
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
NHRI	Center for Health Policy Research and Development, National Health Research Institutes
NICE	National Institute for Health and Clinical Excellence, UK
NKF	National Kidney Foundation, US
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
THL	National Institute for Health and Welfare
SCHIN	Sowerby Centre for Health Informatics at Newcastle, UK
SEA	Sudan Evidence-Based Association, SD
SHDIR	Directorate for Health and Social Affairs, NO
SIGN	Scottish Intercollegiate Guidelines Network, UK
SOR	Centre Léon Bérard, Cancer Centre
SOS	National Board of Health and Welfare Socialstyrelsen, SE
SST	National Board of Health, DK
TGL	Therapeutic Guidelines Ltd., AU
TRIMBOS	Trimbos-Institute - Netherlands Institute of Mental Health & Addiction, NL

UEMS	European Union of Medical Specialists
WCPT	European Region of the World Confederation of Physical Therapy
WMA	World Medical Association
ZZQ	Agency for Quality in Dentistry, DE