



ANNUAL REPORT

July 2011 – July 2012

Guidelines International Network

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

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G-I-N Members (July 2012)

86 organisations representing 36 countries



AFRICA

Center for Evidence-Based Clinical Practice Guidelines, Healthcare Quality Directorate of Alexandria University Hospitals (CEBCPGs, HCQD-AUHs), EG



Hospital Dr. Baptista de Sousa, CV
Mozambique Medical Association, MZ

AMERICA

National Coordination Unit of Health Technology Assessment and Implementation (UCEETS), AR
Brazilian Medical Association (AMB), BR
Alberta Health Services (AHS), CA
Canadian Thoracic Society (CTS), CA
Institut national d'excellence en santé et en services sociaux (INESSS), CA
National Institute of Cancer from Colombia (INC), CO
Pontificia Universidad Javeriana (JU), CO
Universidad Nacional de Colombia (UNC), CO
National Center for Health Technology Excellence (CENETEC), MX
Agency for Healthcare Research and Quality (AHRQ), US
American Academy of Otolaryngology - Head & Neck Surgery Found. (AAO), US



American College of Chest Physicians (ACCP), US
American College of Physicians (ACP), US
Academy of Nutrition and Dietetics (AND, former: American Dietetic Association), US
American Psychological Association (APA), US
American Society of Clinical Oncology (ASCO), US
American Urological Association (AUA), US
Care Management Institute, Kaiser Permanente (KPCMI), US
Center for International Rehabilitation (CIR), US
College of American Pathologists (CAP), US
Institute for Clinical Systems Improvement (ICSI), US
Infectious Diseases Society of America (IDSA), US

ASIA

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

EUROPE

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 Board of Health (SST), DK
Finnish Office for Health Technology Assessment (Finohta), part of
National Institute for Health and Welfare (THL), FI
Current Care; Finnish Medical Society DUODECIM, FI
Duodecim Medical Publications (DUODECIM), FI
French National Health Authority (HAS), FR

EUROPE (Cont'd)

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
Institute for Quality and Efficiency in Healthcare (IQWiG), DE
Centre for the Evaluation of Effectiveness of Health Care (CEVEAS), IT
Italian Evidence-Based Medicine Group (GIMBE), IT
Regional Health Agency Emilia Romagna (ASR), IT
Comprehensive Cancer Centre, the Netherlands (IKNL, former: Dutch Association of Comprehensive Cancer Centres), NL
Dutch Association of Medical Specialists (ORDE), NL
Dutch College of General Practitioners (NHG), NL
Dutch Institute for Healthcare Improvement (CBO), NL
Regieraad - Kwaliteit van Zorg, NL
Royal Dutch Society for Physical Therapy (KNGF), NL
Trimbos-Inst. - NL Institute of Mental Health & Addiction, NL
Directorate for Health (HDir), NO
Norwegian Electronic Health Library (NEHL), NO
Center for EBM, Univ. of Lisbon School of Medicine (CEMBE), PT
Romanian-Swiss Centre for Health Sector Development (CRED), RO
Basque Office for HTA (OSTEBA), ES
Catalan Agency for Health Information, Assessment and Quality (CAHIAQ), ES
GuíaSalud-Health Sciences Institute of Aragón (IACS), ES
Spanish Network for Research on Guidelines (REDEGUIAS), ES
European Centre for Disease Prevention and Control (ECDC), SE
National Board of Health and Welfare (SOS), SE
Clinical Epidemiology Centre (CePiC), Univ. Hospital Lausanne, CH
The State Expert Center, Ministry of Health, UA
BMJ Group, UK
National Institute for Health and Clinical Excellence (NICE), UK
Royal College of Nursing (RCN), UK
Scottish Intercollegiate Guidelines Network (SIGN), UK

OCEANIA

Australian Commission on Safety and Quality in Health Care (ACSQHC), AU
Cancer Council Australia (CCA), AU
Centre for Clinical Effectiveness (CCE), AU
Diagnostic Imaging Pathways (DIP), AU
Joanna Briggs Institute (JBI), AU
Cancer Australia (CA - formerly National Breast and Ovarian Cancer Centre NBOCC), AU
National Health & Medical Research Council (NHMRC), AU
National Heart Foundation of Australia (NHFA), AU
National Stroke Foundation (NSF), AU
Therapeutic Guidelines Ltd (TGL), AU

INTERNATIONAL

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



Contents

Chair's Foreword	4
G-I-N Objectives and Aims	6
Members and Partners	7
1. Organisational Members	7
2. Individual Members	9
3. G-I-N Partners	10
Organisation and Management	11
1. Board of Trustees, Executive Committee	11
2. G-I-N Subcommittees	11
2.1. Membership subcommittee	11
2.2. Finances and Risks subcommittee	12
3. G-I-N Office and staff	12
4. Company Secretary	12
5. Financial Examiner	12
Activities 2011 - 2012	13
1. G-I-N Website	13
2. G-I-N Courses	15
3. G-I-N Groups	15
3.1. Evidence Tables Working Group	15
3.2. G-I-N PUBLIC	16
3.3. Adaptation Working Group	18
3.4. G-I-N Emergency Care Community of Interest	19
3.5. Allied Health Community	20
3.6. Implementation	21
3.7. North American Community	22
4. Congresses, Workshops, Meetings	24
4.1. 8 th G-I-N Annual Conference Seoul (Korea), 28 th – 31 st August 2011	24
4.2. G-I-N Annual Conferences 2012 and following	24
4.3. External representation	25
Strategic Direction 2013	26
Financial report 2011	27
Board of Trustees 2011-2012	28
G-I-N Honorary Patrons	28
Abbreviations	29

Chair's Foreword



Dear G-I-N Members

I am very pleased to present the ninth annual report of the Guidelines International Network (G-I-N). This has been another interesting year for G-I-N, with a number of exciting developments and I am proud to have been able to serve G-I-N in my second and last year as Chair. The past year was a year of high production. One of the aims of our strategic plan is to increase the output of G-I-N in terms of deliverables. I am sure that in reading this report you will be pleased to find satisfying results.

Our annual conference in Seoul 2011 continued our great tradition of networking. It was our first conference in Asia and it was a wonderful experience thanks to the generous hospitality of our host Hyeong Sik Ahn. The vast majority of the work in G-I-N is done via our members in working groups and communities. I am very proud of the results of our groups and I would like to thank the chairs and members of all working groups and communities, for sharing so generously your time and expertise. We exist because of you!

Here are some of the highlights of 2011-12:

- The conference in Seoul 2011 resulted in 324 participants from 36 countries, and we organized pre-and post-conference workshops on adaptation, implementation and GRADE.
- The Evidence Tables Working Group launched GINDER, as a data extraction resource for evidence tables. Their paper was published in BMJ Quality & Safety in 2011.
- G-I-N Public is in the final round of delivering the Toolkit of Patient & Public Involvement methods.
- The Adaptation Working Group was established to continue the work of guideline adaptation and to support the further use of the ADAPTE resource toolkit.
- The G-I-N Emergency Care Community submitted the results of a survey to identify preferred attributes of guidelines in emergency care to a peer reviewed journal.
- The Allied Health Community submitted their paper to a peer reviewed journal, which addresses the importance of patient functioning and quality of life within guidelines.
- The Implementation Working Group is working on the taxonomy of implementation terms, and the group has grown into the Implementation Community via partnership with GIRAnet: The Guideline Implementability Research and Application Network.
- G-I-N North America is a rising star in the G-I-N universe and performed excellently in its inaugural year: a monthly webinar series in and an upcoming guideline conference in December.

Our stability comes from the outstanding collaboration within our management and organization structure. The Membership Committee and the Finances and Risks Committee keep us on track in terms of members and finances. Thank you for your contribution! The backbone of G-I-N is provided by our office. Our outstanding Executive Officer, Magali Remy Stockinger, has again shown that she can

handle the work of three people, although it is about time that we normalize her workload. Our staff is completed by Martina Westermann, G-I-N Secretary, and Inga Koenig, G-I-N Webmaster, who are both doing excellent jobs. Thank you Magali, Martina and Inga for your invaluable support!

The networking character of G-I-N is well represented in our Board of Trustees. Last year we worked as a group of 15 Trustees from all over the world with wide expertise in guideline development and implementation. I am very grateful for your collegiality and eagerness to move the international guideline community forward. We worked as a team and the positive flow in the group was extraordinary. As a result we were able to publish papers on the development of guidelines in the journals *Annals of Internal Medicine* and *Systematic Reviews*.

One of the consequences of our networking principles is that we have a high turnover of people moving in and out of the Board each year. And this year is very special: colleagues who have been involved with G-I-N since its early inception are leaving the Board. They call themselves the 'dinosaurs', but I can assure you that they kept track with evolution over the years. I would like to thank Dave Davis, Minna Kaila, Günter Ollenschläger and Jean Slutsky for your longstanding and extraordinary support of G-I-N.

The turnover also involves our one-year appointees in the Board: the individually elected Trustee and the co-opted Trustees. I would like to thank Hyeong Sik Ahn, Hernando Gaitan, Tamara Kredo and Rick Shiffman for your collegiality and fresh perspectives in the Board.

I look back at two exceptional years as Chair of G-I-N. It gave me the opportunity to work with dedicated and innovative people that are willing to share knowledge with an open mind. I wish my successor all the best and I am certain that G-I-N will flourish under the new Board of Trustees with the continuing support of our membership.

I look forward to seeing you in Berlin to celebrate our tenth anniversary!

A handwritten signature in black ink, appearing to read 'Philip van der Wees', is located to the right of the text block.

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

G-I-N Objectives and Aims

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

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

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

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

Members and Partners

1. Organisational Members

By July 2012 the Guidelines International Network had **86 Organisational Members**:

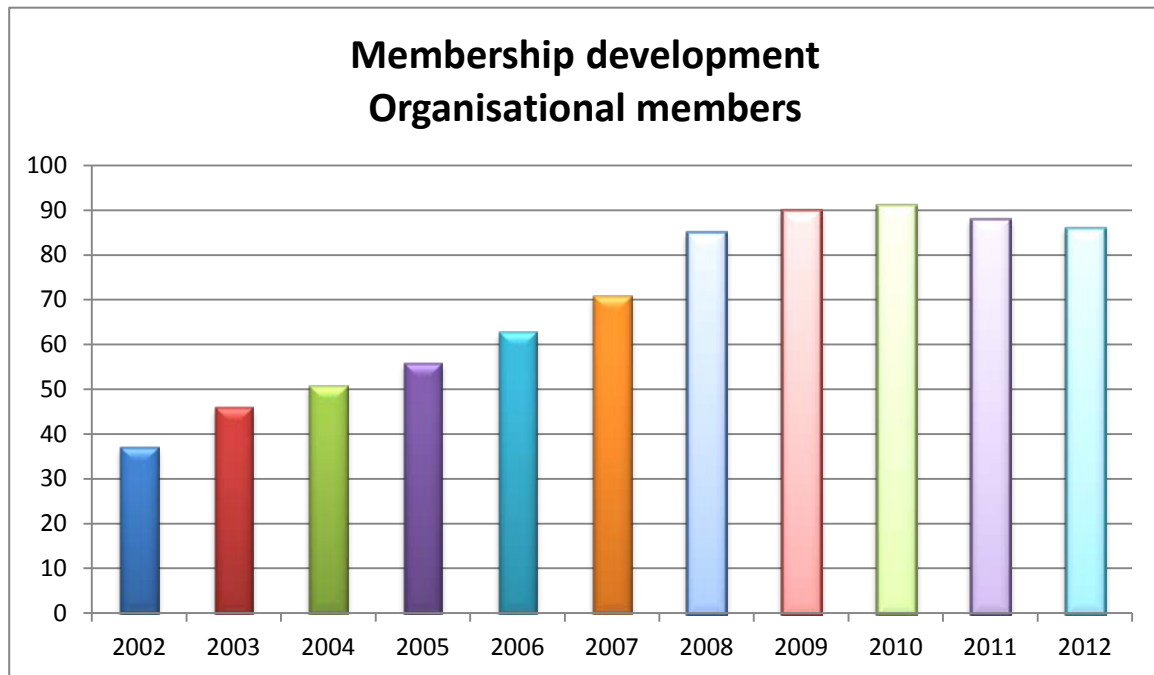
- 18 organisations joined the Network in the period (Table 1).
- 18 organisations left the Network in 2011-2012 (Canadian Partnership against Cancer, CA; Center for Health Policies and Services, RO; Centre Léon Bérard, FR; Dep. of Quality Management & Standards of Treatment, MoH, MD; Federal Ministry of Health, AT; French National Cancer Institute, FR; German Society of Thoracic and Cardiovascular Surgery, DE; National Agency of Supplementary Health, BR; National Center for Studies in Family Medicine, RO; National Reference Center, CZ; Natl. School of Public Health and Health Services Management, RO; Netherlands Centre for Excellence in Nursing, NL; New Zealand Guidelines Group NZ; Regional Agency for Health in Tuscany, Quality Unit, IT; Southern African Regional Programme on Access to Medicines, ZA; Sowerby Centre for Health Informatics at Newcastle, UK; Sudan Evidence-based Association, SD; The Mental Health Commission, IE).

Main reasons indicated by these organisations for leaving the Network are as follows: lack of funding for the coming year, change in the status and missions of the organisation and/or integration of the guideline activities within another organisation already member of G-I-N.

Table 1: Organisations which joined G-I-N in 2011-2012

Canada	Alberta Health Services
USA	American Psychological Association
Australia	Australian Commission on Safety and Quality in Health Care
United Kingdom	BMJ Group
Australia	Cancer Council Australia
USA	College of American Pathologists
Australia	Diagnostic Imaging Pathways
Netherlands	Dutch Association of Medical Specialists
Sweden	European Centre for Disease Prevention and Control
USA	Institute for Clinical Systems Improvement
Australia	Joanna Briggs Institute (rejoined after one year)
Singapore	Ministry of Health, Singapore
Sweden	National Board of Health and Welfare (rejoined after one year)
Australia	National Stroke Foundation
Mexico	National Center for Health Technology Excellence (rejoined after two years)
Argentina	National Coordination Unit of Health Technology Assessment and Implementation
Colombia	Pontificia Universidad Javeriana
Colombia	Universidad Nacional de Colombia

Chart 1: Organisational Members



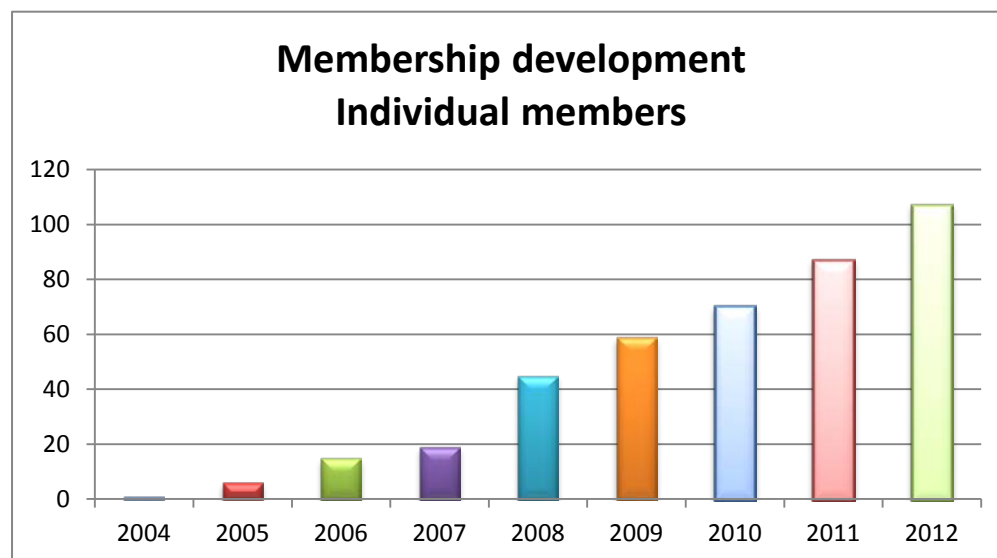
2. Individual Members

By July 2012 G-I-N had **107 individual members** from 29 countries. 36 individuals joined the Network in the period (Table 2). 16 members left the Network.

Table 2: Individuals who joined G-I-N in 2011-2012

<ul style="list-style-type: none"> • Aylin Baydar Artantas, Turkey • Onil Bhattacharyya, Canada • Cynthia Boyd, USA • Francois Cachat, Switzerland • Samantha Chakraborty, Australia • Ananda Chatterjee, Canada • Louise Corben, Australia • Thomas Drivsholm, Denmark • Verona du Toit, Australia • Anna Gagliardi, Canada • Leigh Hayden, Canada • Kurt Hegmann, USA • Hans Hendrickx, Netherlands • Sue Huckson, Australia • Baktygul Kambaralieva, Kyrgystan • Loes Knaapen, Canada • Thomas Kosloff, USA • Johanna Lurvink, Netherlands 	<ul style="list-style-type: none"> • Gerardo Atienza Merino, Spain • Jessie McGowan, Canada • Jörg Meerpohl, Germany • J. Gail Neely, USA • Willianne Nelen, Netherlands • Myonghwa Park, Republic of Korea • Julie Pildal, Denmark • Karin Plass, Netherlands • Piet Post, Netherlands • Kevin Pottie, Canada • Bellinda Schoof, USA • Holger Schünemann, Canada • Habibur Seraji, Australia • Sam Shortt, Canada • Wendy Smith Begolka, USA • Matthew Stanhope, Australia • Nathalie Vermeulen, Belgium • Peter Wyer, USA
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Chart 2: Individual Members



3. G-I-N Partners

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

By July 2012, G-I-N had established formal and informal partnerships with five organisations:

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

Further partnership possibilities are being discussed and assessed.

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

Organisation and Management

1. Board of Trustees, Executive Committee

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

- up to 11 persons elected by the Organisational Members;
- up to 1 person elected by the Individual Members;
- up to 3 persons co-opted by the Board;
- the Treasurer appointed by the Board; and
- the immediate past Chair for one year after retiral.

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

The full Board had monthly teleconferences and two face to face meetings, one in Seoul, Korea, during the 8th International G-I-N conference and a two day strategic meeting in Philadelphia, Pennsylvania, USA in March 2012 during which the Board discussed current and future activities of the Network and the updating of the G-I-N strategy for the coming years.

In addition, to clarify members' requirements and to prioritise issues and projects, a membership survey was carried out in April-May 2012 to plan for the future.

Members of the Board of Trustees 2011-2012 are listed at the end of the report (p. 25).

2. G-I-N Subcommittees

Two subcommittees advise the Board on specific issues. The Executive Officer facilitates the work of these subcommittees.

2.1. Membership subcommittee

The Subcommittee reviewed membership applications throughout the year. It looked into revising membership categories to make them relevant and easy to understand. The revision consisted of clarifying the benefits of each membership type. The committee further advised the finances and risks subcommittee on future membership fees' revision. Additionally, the subcommittee had in depth discussions and provided advice for the Board on potential partnerships and collaborating with other organizations with shared objectives.

Finally, the group held a focus group session that took place at the 8th G-I-N Annual Conference in Seoul, Korea. The session enabled gathering views and ideas from individual members, organisational members and non-members. This focus group was the second organised by G-I-N and enables complementing the results of the annual membership survey.

Members of the Membership Subcommittee are:

- | | |
|---|---|
| - Minna Kaila, Finland (Chair) | - Sue Huckson, Australia |
| - Lubna Al-Ansari, Saudi Arabia | - Ian Nathanson, USA |
| - Leonila Dans, Philippines | - Airtion Stein, Brazil |
| - Ali El-Ghorr, United Kingdom (until March 2012) | - Susanne Weinbrenner, Germany (until 30 June 2012) |

2.2. Finances and Risks subcommittee

The Finance and Risks subcommittee meets at intervals to support the Treasurer in oversight of the organisation, to ensure compliance with the Office of the Scottish Charity Regulator. The subcommittee also advises the Board on financial implications arising from Board decisions and maintains a register of actual and potential risks that may affect G-I-N. In general, committee members meet about 4 times a year via teleconference.

The committee reviewed the annual budget for the year 2012 to ensure that it supports G-I-N objectives. It also reviewed the financial statement for the year 2011 prepared by the accountant and advised the Board on acceptance. The finances and risks subcommittee further discussed the recommendations from the membership committee in relation with the future evolution of the membership fees taking into account the planned increase of costs and in particular those related to the employment of the Executive Officer. Finally, the committee updated the finances and risks register.

Members of the Finances and Risks Subcommittee are:

- Duncan Service, United Kingdom (Chair)
- Rick Shiffman, USA
- Amir Qaseem, USA

Although not formal members of the committee, the Executive Officer and the Treasurer are in attendance whenever necessary and feasible.

3. G-I-N Office and staff

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.

The G-I-N Executive Officer, Magali Remy Stockinger, coordinates the Network's projects and all aspects of its administration and assists the Board and Executive in all activities. During 2011/12 the work included supporting the reorganisation of the conferences, participating and supporting G-I-N working groups and communities, preparing and following up the budget, supporting the organisation of the 2012 and 2013 G-I-N Conferences, participating in the editorial team of enGINE and discussing needs for evolutions in G-I-N's communication. Since 2009, the Executive Officer has been hosted by the Norwegian Knowledge Centre for the Health Services.

4. 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.

5. Financial Examiner

In 2011 Milne Craig, Chartered Accountants, Abercorn House, 79 Renfrew Road, Paisley PA3 4DA, UK were reappointed as G-I-N's Financial Examiner.

Activities 2011 - 2012

1. G-I-N Website

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

In October 2011, the Guidelines International Network www.g-i-n.net was audited again by the Health on the Net (HON) Foundation. It was reconfirmed that the G-I-N website complies with the principles of the HONcode.

In 2011 and 2012 work to build the G-I-N Data Extraction Resource (GINDER) has been pursued. The tool was launched at the 8th G-I-N Conference. For more information please read the section related to the work of the G-I-N Evidence tables Working Group.

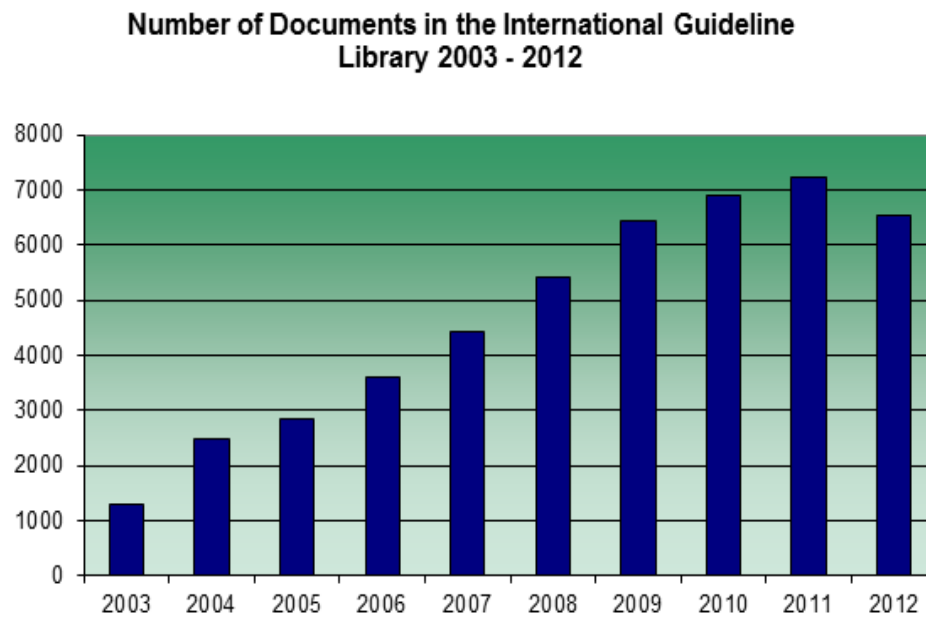
At the end of 2011 Leena Lodenius at Duodecim developed a formal search strategy to help us to systematically update the relevant literature library available on the website. We can now proceed with the updates as soon as new relevant papers are listed in PubMed. We already have more than 450 entries in this database and encourage G-I-N members to subscribe to the feeds available on the pages www.g-i-n.net/library/relevant-literature and www.g-i-n.net/library/literature-updates. Editors' pick are still included in each issue of enGINE.

A cornerstone of the website is still 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). The G-I-N International Guideline Library continues to be updated and include a total of over 6500 items of information (July 2012) from 33 language groups (Table 3). In 2011-2012 work has been done refreshing the database and deleting some out of date and irrelevant items. G-I-N is still very dependent on its members to ensure that the library is as up to date as possible.

Table 3: Number of items of information in the G-I-N International Guideline Library (by July 2012)

Language	Documents (n)	Language	Documents (n)
Arabic	2	Basque	1
Bosnian	1	Cambodian/Khmer	1
Catalan	86	Chinese	3
Danish	8	Dutch	493
English	4368	Finnish	129
French	398	German	581
Greek	4	Hungarian	2
Indonesian	1	Italian	50
Japanese	1	Korean	2
Macedonian	1	Malay	10
Norwegian	63	Persian	1
Polish	1	Portuguese	275
Romanian	32	Russian	6
Serbian	1	Spanish	132
Swedish	5	Thai	2
Turkish	3	Ukrainian	8
Vietnamese	1		

Chart 4: Data in the G-I-N International Guideline Library (July 2012)



2. G-I-N Courses

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

Following on the success of this course G-I-N decided on delivering it again, taking into account feedback from participants to the first course, prior to the 9th G-I-N Conference in Berlin, Germany. Other courses will be offered in Berlin. They are organised in partnership with other institutions and groups and cover the topics of clinical guideline development, GRADE and health economics in guidelines.

The Board appointed an **Education taskforce** lead by Dave Davis to investigate the future role of G-I-N in delivering new courses and training in guideline development, implementation and knowledge transfer. This could include online tools and tailorable courses to be prepared and delivered jointly with other organizations. The Board is considering their proposal based also on feedback from the members, solicited specifically with the help of a survey.

3. G-I-N Groups

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

The Board would like to express its deep gratitude to all those who have contributed with their ideas and input to the work undertaken, especially the speakers/coordinators of the working groups and communities for their dedication and valuable support.

3.1. Evidence Tables Working Group

Aims and Objectives

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

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

Progress of the Evidence Tables Working Group

Following presentation of the two new template proposals (prognostic, economic evaluation) at the Chicago Conference in August 2010, they were updated and pilot tested in spring 2011 by guideline methodologists and medical professionals. Based on their feedback the templates were refined and then presented and discussed at the Seoul Conference in August 2011. This presentation resulted in a fourth version of the prognostic template which has been posted on the G-I-N website in autumn 2011. Since there were no significant comments, the prognostic template can be considered as

finalised. A paper describing the genesis and the content of the prognostic template is currently being written. The template for summarising economic evaluation studies has also been refined and made available for use on the G-I-N website.

Since 2010, the Evidence Tables Working Group has been working with an external provider to develop GINDER (G-I-N Data Extraction Resource). This registry stores and retrieves studies evaluated using the templates already developed by the group. GINDER proposes a web interface for completing new templates for studies not already in the database through a log in (i.e. accessible to members only). The registry was officially launched at the Seoul conference with the possibility to register studies summarised using the diagnostic template. Since August 2011, the group has worked on implementing the intervention template in the registry. GINDER is expected to bring important added value to G-I-N members.

A workshop will be held by the evidence tables working group at the Berlin conference in August 2012. This workshop will enable presenting the latest versions of the templates as well as better presenting GINDER and recruiting volunteers that may support populating the resource.

Core members of the ETWG:

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

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

3.2. G-I-N PUBLIC

Nancy Huang, Judi Strid and Victoria Thomas stepped down in 2011. We welcomed four new members: Sarah Chalmers of NICE (who has worked with us in the pre-conference workshop and toolkit development) and Anne Hilde Røsvik from the Norwegian Health Library. After several very qualified and active consumer representatives answered our recruitment call, we decided to recruit two new consumer representatives: Helen Tyrrell, who has been working with SIGN and is director of Voluntary Health Scotland, and Madeleine Wang, who has acted as patient and public representative at numerous organizations and guideline development groups throughout the UK. Rich Rosenfeld succeeded Sara Twaddle as the new Board Liaison. Corinna Schaefer and Loes Knaapen continued their roles of Steering Committee Coordinators. Carrie Davino took over the role of Toolkit coordinating from Nancy Huang. Since December 2011, G-I-N funding has supported this work by recruiting Amy Fenton as an assistant editor and coordinator.

Meetings

We held nine meetings, including two face-to-face in Seoul; four teleconferences (Nov, Dec, March, June); three teleconference meetings for the toolkit subcommittee (Nov, March, May). One more teleconference is planned for July.

G-I-N PUBLIC at Seoul 2011

On August 29th 2011, during the G-I-N conference in Seoul, G-I-N PUBLIC held an open meeting for those interested to learn more about G-I-N PUBLIC. Attended by about fifteen people, we presented G-I-N PUBLIC's past and future work, discussed attendees' interest in Patient & Public Involvement. We were able to recruit one new Steering Committee member as a result of this meeting.

On August 30th 2011 we held our annual face-to-face meeting. Several of those unable to join us in person in Seoul were able to join us by telephone (but, due to time zone differences, members in

Europe could not attend). New Steering committee members were elected, and future plans for 2011-2012 were discussed, including ideas for G-I-N 2012 conference.

Toolkit

G-I-N PUBLIC has been working with much dedication and effort to develop the Toolkit of Patient & Public Involvement (PPI) methods. We appreciate the financial support from the Guidelines International Network that allowed us to hire an assistant editor (Amy Fenton) and will facilitate the promotion and dissemination of the Toolkit. Toolkit coordinators Amy Fenton and Carrie Davino (at Kaiser Permanente in the USA) have been very busy and invaluable in coordinating the writing, review and revisions of the Toolkit chapters. A total of sixteen authors from seven countries have contributed to the current seven chapters, plus two more chapters are still under development. In the coming months, three chapters need revisions and all the chapters will undergo one final round of editing so that the Toolkit will be ready for launch at the G-I-N 2012 conference in Berlin. G-I-N PUBLIC will present the Toolkit in a plenary lecture, a panel session and hold an open 'launch party'.

After its initial presentation the Toolkit is designed to be a 'living document'. In the future it will be complemented by additional chapters on topics such as: Reporting of PPI; How to evaluate PPI; How to establish PPI in with children or people with mental health or cognition problems? To increase the toolkit's visibility, credibility and accessibility, we will pursue (peer-reviewed) publication of the toolkit in an open access journal in 2012-2013.

Preparations for G-I-N 2012 Berlin

At G-I-N 2012 we will celebrate the toolkit's completion at a launch party, and present the Toolkit in a plenary lecture by Loes Knaapen & Madeleine Wang. They will introduce the general framework, and address three issues important to the success of PPI (resources, representation and comprehension of technical and medical issues). G-I-N PUBLIC will hold a panel session where several Toolkit authors will present different aspects of the toolkit. Trudy van der Weijden will present a framework of different patient/public involvement interventions. Jane Cowl will discuss patients' recruitment and training methods, Javier Gracia will address experiences in public consultation strategies and Corinna Schaefer standards of communicating CPGs to patients in order to inform shared decisions. Carrie M. Davino-Ramaya will report on the methods and future directions for the international toolkit project.

Networking, news from members

G-I-N PUBLIC provided some commentary to a paper on "patient centered guidelines" written by G-I-N's Allied Health Community. Their approach was quite different from, but not incompatible with, G-I-N PUBLIC's view on patient and public involvement in guideline development. Networking with the field of Health Technology Assessment (HTA) continues, as G-I-N PUBLIC member Javier Gracia continues to work closely with the HTA international Sub-Group on Patient and Citizen Involvement. Our Steering Committee members keep us informed of the developments in their respective countries. Rich Rosenfeld, as chair of G-I-N North America, keeps us informed of developments in North America, through its webinar series (one on managing conflicts of interests) and the organization of a conference that will include discussion of PPI (with participation of G-I-N PUBLIC member Carol Sakala). AEZQ in Germany is developing various translations of short information leaflets into a range of languages (Turkish, Russian, Arabic, Spanish, French and English). Antoine Boivin presented on patient involvement in guidelines development and healthcare improvement to the Association of Ontario Midwives (Canada) and RAND (USA). GuíaSalud, the National Guideline Development Program in Spain (<http://portal.guiasalud.es>) is currently finishing the elaboration of a methodological handbook about patient involvement in CPGs, which will be presented as a poster in Berlin. Helen Tyrrell has contributed to the development of a report on the public's awareness and appreciation of SIGN's guidelines (Scotland), to be published shortly. Anne Hilde Røsvik is now responsible for the updating of the Wikiforum and our Listserve.

We look forward to presenting the Toolkit at G-I-N's 2012 conference in Berlin, as it will provide ample opportunities to showcase our work, and to increase the interest of G-I-N members in Patient & Public Involvement. We thus hope to encourage G-I-N members to involve patient and public representatives in a variety of guideline development activities.

Steering committee of G-I-N PUBLIC:

- Loes Knaapen, Mc Gill University, Canada (Coordinator)
- Corinna Schaefer, Agency for Quality in Medicine (AQUMED-AEZQ), Germany (Coordinator)
- Antoine Boivin, Scientific Institute for Quality of Healthcare, Canada
- Sarah Chalmers, National Institute for Health and Clinical Excellence (NICE), UK
- Carrie Davino, Kaiser Permanente, USA
- Javier Gracia, Health Technology Assessment Unit, GuiaSalud, Spain
- Rich Rosenfeld, SUNY Downstate Medical Center, USA (Board Liaison)
- Anne Hilde Røsvik, Helsebiblioteket (Health Library) Norway
- Carol Sakala, Childbirth Connection, USA (Consumer representative)
- Helen Tyrell, Voluntary Health Scotland, UK (Consumer representative)
- Madeleine Wang, Patient/Public Rep at multiple organisations in the UK (Consumer representative)
- Trudy van der Weijden, Maastricht University, Netherlands

3.3. Adaptation Working Group

Guideline adaptation is still a topic of high interest among G-I-N members. At the G-I-N Conference in 2011, an adaptation workshop was organised by Sue Philips and Jako Burgers, co-chairs of the Adaptation Working Group, and Magali Remy-Stockinger, G-I-N's Executive Officer. There were 37 participants who shared their experiences in guideline adaptation, reflected on what worked and what didn't work, and provided suggestions on what work G-I-N could be doing in this area. A copy of the workshop presentation can be found on the G-I-N website: <http://www.g-i-n.net/events/8th-conference/programme-g-i-n-2011#section-4>.

In autumn 2011, Terms of References for the Adaptation Working Group were developed, using the feedback from the 2010 Survey of G-I-N members' views on guideline adaptation, the discussions at the teleconference in March 2011 and the workshop in August 2011.

As so many people showed interest in the Adaptation Working Group, a Steering Group was established, made of those individuals that are members of G-I-N and that participate actively.

In 2012, three teleconferences (February 9th, April 16th, June 18th) were organized among the members of the Steering Group. The group drafted a work plan for 2012, including the following actions:

- To create a repository of adaptation methodology and training tools
- To support translation of the ADAPTE resource toolkit into other languages
- To summarise and present lessons learnt about guideline adaptation

The Steering Group also prepared a panel session on guideline adaptation at the G-I-N Conference in Berlin in late August 2012. The session will include presentations showing examples of guidelines adaptation from Canada, Australia, Argentina and Germany and provide opportunities for participants to exchange experiences with guideline sharing and adaptation. A face-to-face meeting of the Adaptation Working Group will also be scheduled during the G-I-N 2012 conference.

A template is available for use by Working Group members to share experiences in adapting guidelines on the dedicated forum: <http://www.g-i-n.net/activities/adaptation/adaptation-forum/sharing-your-adaptation-experiences-and-needs/645542669>. G-I-N members are encouraged to visit this forum site and post information about their guideline adaptation activities.

Currently, the **Steering Group** consists of the following members:

- Jako Burgers, Dutch College of General Practitioners, Netherlands (Co-Chair)
- Sue Phillips, TGL, Australia (Co-Chair)
- Maria Eugenia Esandi, Instituto de Investigaciones Epidemiologicas, Argentina
- Anita Fitzgerald, New Zealand
- Magali Remy Stockinger, G-I-N, Norway
- Ann Scott, Institute of Health Economics, Canada
- Airtón Tetelbom Stein, Brazil
- Susanne Weinbrenner, AEZQ, Germany (until 30 June 2012)

The full list of members is available on the website

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

Survey of preferred attributes of guidelines

The paper reporting the results of the survey undertaken by the EC Community was submitted to the Internal Journal for Emergency Medicine. A summary of the results of this work was also presented by Dr Samar Aboulsoud, a member of the G-I-N EC Community, at the 9th G-I-N Conference held in Seoul.

Partnership with International Federation of Emergency Medicine (IFEM)

The partnership between G-I-N and the International Federation of Emergency Medicine (IFEM) was formally announced in August 2011 at the conference in Seoul. The partnership offers the opportunity for the G-I-N EC Community to work closely with health practitioners across acute care environments and the ability to foster research networks to evaluate outcomes from implementation of guideline recommendations and evidence based protocols.

The first phase of this work was a survey of the 50 IFEM member organisations to identify their clinical priority areas and the related guidelines. The survey was completed in February 2012 with participation from Emergency Societies in the US, UK, Ireland, Europe, Africa, Asia and Latin America.

The second phase of this work is in progress with establishment of a working group that has representation from IFEM and the G-I-N Expert group. The proposed activities for 2012 – 2013 include:

- Identification of relevant guidelines, and assess the quality of those guidelines,
- Identification and prioritization of recommendations in consultation with the broader IFEM community that will support improved health outcomes, and
- Develop implementation plans tailored for specific regions in consultation with clinicians based on their healthcare resources and capacity.

It is anticipated that this work will create projects for the IFEM Community to test effectiveness of the implementation frameworks through collaboration with existing IFEM research networks.

Members of the Emergency Care Community Core Group

- Sue Huckson, Australian New Zealand Intensive Care Society/Australia (Chair)
- Günter Ollenschläger, Agency for Quality in Medicine/Germany
- Samar Aboulsoud, Cairo University Hospital and School of Medicine/currently in Qatar
- Peter Wyer, Columbia University, New York/USA

Members of the Emergency-Care-Community Expert Reference Group

- Samar Aboulsoud, Cairo University Hospital and School of Medicine/currently in Qatar
- Marc Afilalo, McGill University, Emergency Department Jewish General Hospital/Canada
- V. Anantharaman, Department of Emergency Singapore General Hospital/Singapore
- Bill Barger, Operational Quality and Improvement, Quality and Educational

- | | |
|---|---|
| <p>Services Division of Ambulance Victoria/Australia</p> <ul style="list-style-type: none"> - Maaret Castrén, Emergency Department, Södersjukhuset and Department of Clinical Science and Education, Karolinska Institute /Sweden - Matthew Cooke, Warwick Medical School and Heart of England NHS Foundation Trust, UK & Warwick Clinical Systems Improvement/United Kingdom | <ul style="list-style-type: none"> - Rob Crouch, Southampton University Hospital NHS Trust and School of Health Sciences, University of Southampton/United Kingdom - Barry Diner, St Luke's Episcopal Hospital/USA - Eddy Lang, McGill University, Emergency Department Jewish General Hospital/Canada - Terry Mulligan, University of Maryland School of Medicine/USA - Peter Wyer, Columbia University, New York/USA |
|---|---|

3.5. 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 who work in a healthcare team and liaise with physicians to deliver quality patient care and improve the system of care. For the purpose of the community we aim to include a wide range of allied health professionals in our group: such as nurses, midwives, physiotherapists, dietitians, psychologists, occupational therapists, speech therapists, etc. The Allied Health Community of Interest was launched in March 2010.

Objectives

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

Activities

Our main activities in 2011-2012 were:

1. To provide a toolkit that supports Allied Health Professionals in their participation in guideline activities
2. To develop a position paper that addresses the importance of patient functioning and quality of life within clinical guidelines.

Development of a toolkit

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

Position paper to promote patient functioning and quality of life

The objective of this project is to develop a position paper to promote patient functioning and health related quality of life as objectives for prevention, assessment, treatment, and evaluation in clinical guidelines. The shift in health care from (only) medical diagnosis and treatment towards an integrative multidisciplinary approach should be reflected in guideline recommendations. We received a grant of €10,000 from two Dutch G-I-N members (Regieraad and the Royal Dutch Society for Physical Therapy (KNGF)) to develop the paper. Simone van Dulmen, junior researcher at the Scientific Institute for Quality of Healthcare in the Netherlands, is lead author of the paper under

auspices of the steering group. At the Seoul conference the draft results of the position paper were presented.

A draft of the paper was sent to the G-I-N Board of Trustees early 2012 and based on the comments of the Board we also consulted the chair of G-I-N public, who sent a positive reply and suggested a joint meeting of the two groups at the Berlin conference. We received specific comments from Fergus Macbeth, which were very useful in preparing the next version of the paper. We are now in the final phase of revision and will send the revised paper to the Board with an explanation of the main changes that resulted from the comments.

Members of the Allied Health Community Steering Group:

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

3.6. Implementation

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

First, Ilkka Kunnamo continues to lead the development of a G-I-N-endorsed taxonomy of implementation terms, along with other colleagues (Danielle Mazza and members of her team at Monash University; Philip Bairstow and others). A workshop to present the work to date and identify a way to further develop the taxonomy was held at the Seoul meeting and a paper is being prepared for publication.

Second, John Fraser led work on a survey of members regarding their perspective on, and use of, implementation methods, presented at the 2010 G-I-N meeting in Chicago. Plans for repeating the survey on an annual basis are on hold.

Third, Catherine Marshall, Sue Huckson and Heather Buchan worked with other members of the IWG to develop a pre-conference implementation course, held prior to the 2011 G-I-N conference in Seoul, Korea. Feedback on the day is being used to shape the next workshop to be held prior to the 2012 G-I-N conference (Berlin, Germany). For this new course the above mentioned colleagues have been joined by Anna Gagliardi, University of Toronto, along with others.

Fourth, Anna's research grant (called GIRAnet), supported by the Canadian Institutes for Healthcare research, occupied much of the discussion at last year's IWG meeting in Seoul, and much of the activity of the IWG this year. GIRAnet has had several major achievements: 1) The update of the Implementation Community section on the G-I-N website, now hosting GIRAnet pages, and including a page to direct users to implementation resources and tools located throughout the G-I-N website; 2) an inclusion about GIRAnet in enGINE; and 3) a further application to CIHR for funding of the network, the results of which will be known in time for the Berlin meeting. For now, the network is focused on identifying the implementability of clinical practice guidelines on the overall management for 8 different clinical indications (arthritis, breast cancer, diabetes, stroke, angina, asthma, depression and prostate cancer). Colleagues expressing an interest in GIRAnet activities have included Dave Davis, Roberta James, John Fraser, Roberto Grilli, Ilkka Kunnamo, Sandra Zelman-Lewis, Philip van der Wees, Val Moore, Melissa Brouwers, Onil Bhattacharyya and Michel Wensing.

Active members of the Implementation Working Group:

- Heather Buchan, Australia (Co-Chair)
- Dave Davis, USA (Co-Chair)
- John Fraser, New Zealand
- Ilkka Kunnamo, Finland
- Anna Gagliardi, Canada
- Catherine Marshall, New Zealand

- Danielle Mazza, Australia
- Sue Hucksion, Australia

- Philip Bairstow, Australia

3.7. North American Community

Overview of Activities

The 2011-2012 year has been an extremely busy one for G-I-N North America (GIN-NA), with intense activity focused on two projects (described below): a monthly webinar series, co-sponsored with Kaiser Permanente in California, and an upcoming major guideline conference, co-sponsored with the New York Academy of Medicine (NYAM). We have requested grant support from the AHRQ to defray research-related costs of the conference with the remaining expenses to be covered through registration fees. The NYAM conference facility in Manhattan can accommodate up to 500 attendees, and based on initial interest we should fill most of the space. We have a commitment from Susan Dentzer, editor in chief of *Health Affairs*, to publish a series of conference-related manuscripts. Last, we have developed a GIN-NA email distribution list with over 700 entries and are in the process of refining the list based on outreach to assess interest.

G-I-N North America Webinar Series

Starting in January 2012 we began a monthly webinar, which has kindly been hosted by Gladys Tom and Marguerite Koster on a WebEx platform through Kaiser Permanente. Webinars include a 30-45 minute slide presentation followed by a moderated question and answer session, with typically 100-150 attendees logging in to the presentation. The following webinars have been held (or planned):

1. January 2012. New IOM standards for guidelines: implications for the North American Guideline Community. Rick Shiffman (speaker), Rich Rosenfeld (moderator).
2. February 2012. New IOM standards for systematic reviews: implications for the North American Guideline Community. Chris Schmid (speaker), Rich Rosenfeld (moderator)
3. March 2012. AHRQ and NGC approach to addressing the IOM standards. Vivian Coates (speaker), Jean Slutsky (speaker), Rich Rosenfeld (moderator)
4. April 2012. Best practices for managing conflict of interest in guideline development. Sandra Zelman Lewis (speaker), Gordon Guyatt (speaker), Rich Rosenfeld (moderator)
5. June 2012. New technologies to facilitate clinical practice guideline development. Thomas Getchius (speaker), Gary Gronseth (speaker), Wiley Chan (speaker), Marguerite Koster (moderator)
6. July 2012. Rapid review methodology. David Moher (speaker), Marguerite Koster (moderator)
7. September 2012. G-I-N standards for trustworthy guidelines: differences and similarities with IOM standards. Amir Qaseem (speaker), Marguerite Koster (moderator)

Evidence-Based Guidelines Affecting Policy, Practice and Stakeholders (E-GAPPS)

G-I-N North America will co-sponsor with the New York Academy of Medicine (NYAM) a two-day conference on "Evidence-based Guidelines Affecting Policy, Practice and Stakeholders". The event will take place on December 10th and 11th, 2012 at the NYAM, located in Manhattan at Fifth Avenue and 103rd Street. GIN-NA is deeply indebted to Peter Wyer, Chair of the NYAM Section on Evidence-Based Healthcare, for his leadership in organizing the conference and in crafting an AHRQ small conference grant application.

The mission of the conference is:

1. To provide a platform for constructive dialogue and collaboration between otherwise disparate perspectives that affect development of evidence based guidelines, their

translation to clinical practice, and their value and impact on health care and patient outcomes.

2. To illuminate the perspectives, processes, values, principles, and circumstances that collectively impact health care policy and its relationship to scientific evidence and clinical practice guidelines.
3. To highlight best practices for guideline development, dissemination, and implementation for producing clear, actionable, scientifically sound, and trustworthy guidance that can improve quality of care, reduce unexplained variations, and avoid inappropriate or potentially harmful interventions.

To address this mission, the conference, co-chaired by Peter Wyer and Richard Rosenfeld, is crafted around the following key plenary themes:

- From bench to trench: how evidence and guidelines shape health care policy
- What makes a clinical practice guideline trustworthy?
- Minding the message: the senders, givers, and users of guideline information
- Making it happen: adapting, implementing, and tracking.

Confirmed plenary speakers include Mary Barton (NCQA), Sharon Begley (Reuters), Otis Brawley (American Cancer Society), Carolyn Clancy (AHRQ), Patrick Conway (CMS), Dave Davis (AAMC), Kay Dickersin (US Cochrane Center), David Eddy (Archimedes, Inc.), Ian Graham (CIHR), Gordon Guyatt (McMaster University), Blackford Middleton (Partners Healthcare System), Susan Pingleton (University of Kansas), Sandy Schwartz (Wharton), Nirav Shah (NY State DOH), and Albert Siu (Mount Sinai).

The conference will also feature 12 interactive breakout sessions moderated by Michael Cantor (NYU), Louis Jacques (CMS), Marguerite Koster (Kaiser Permanente), Eddy Lang (Alberta Health Services), Richard Rosenfeld (AAO-HNS), Holger Schunemann (McMaster University), Rebecca Burkholder (National Consumers League), Amir Qaseem (ACP), and others.

Steering Group for G-I-N North America:

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

4. Congresses, Workshops, Meetings

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

4.1. 8th G-I-N Annual Conference Seoul (Korea), 28th – 31st August 2011

The 8th Guidelines International Conference was held in Seoul, Korea, organised by the Institute for Evidence Based Medicine, College of Medicine, Korea University. This was the first G-I-N conference in Asia. The theme of the conference was: "Linking Evidence, Policy, and Practice".

The conference was attended by 324 participants from 36 countries and continued in the successful line of previous conferences in Edinburgh (2003), Wellington (2004), Lyon (2005), Toronto (2007), Helsinki (2008) and Lisbon (2009), Chicago (2010). Many thanks go to the hosts of the conference and the Scientific Committee for pulling together the programme and the exciting social events, and to the sponsoring agencies for their generous support.

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

For the parallel sessions, out of the 206 abstracts submitted, 103 were accepted in the format of brief presentations, 13 as workshops and panel sessions, and 83 as posters. The brief presentations were grouped into 22 different parallel sessions, covering guideline development, dissemination, implementation, adaptation, performance measures...

Members of the Scientific Committee

- | | |
|-----------------------------------|------------------------------------|
| - Richard Rosenfeld, USA (Chair) | - Sunhee Lee, Korea |
| - Melissa Brouwers, Canada | - Sue Lukersmith, Australia |
| - Jako Burgers, Netherlands | - Keng Ho Pwee, Singapore |
| - Edwin Chan, Singapore | - Nandi Siegfried, South Africa |
| - Maria Eugenia Esandi, Argentina | - Jin Ling Tang, Hong Kong |
| - Paul Glasziou, Australia and UK | - Philip van der Wees, Netherlands |
| - Hyunjung Kim, Korea | - Naohito Yamaguchi, Japan |
| - Ken N Kuo, Taiwan | |

4.2. G-I-N Annual Conferences 2012 and following

The 9th G-I-N Conference will take place in Berlin, Germany in collaboration with AEZQ and AWMF. This conference will allow celebrating 10 years of G-I-N in the birthplace of the Network. The theme for this conference is "Global Evidence - International Diversity".

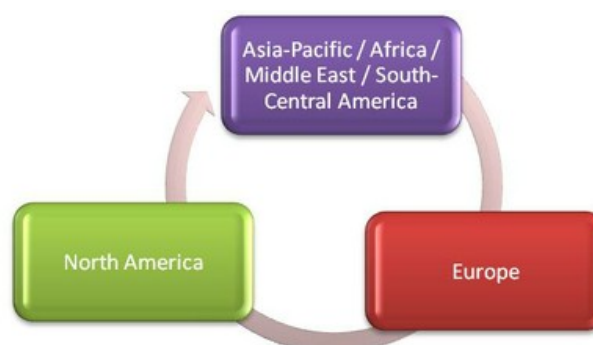
This is the first conference organised by G-I-N according to a new organisational model where the Network has overall control of the conference and works with a Professional Conference Organiser (PCO). To this date records are being reached by this conference as just over 400 abstracts were submitted (previous record was in 2010 with 270 abstracts submitted) and about 400 individuals had registered to attend the conference by the early bird deadline (30 April 2012).

We are looking forward to a high quality event that will support further anchoring G-I-N as leading organisation in the guideline world.

The new G-I-N conference organisation model and the work of the PCO will be assessed in detail after the conference taking into account feedback from the participants, the G-I-N Board, the local host(s) and the PCO.

According to our rotation model, the 10th G-I-N conference (2013) will take place in North America and more precisely in San Francisco, California, USA, in collaboration with Kaiser Permanente.

The rotation model agreed upon is as follows:



4.3. External representation

In the last year, G-I-N has been represented at several events (Table 4). In addition the Board published two papers:

- Qaseem A, Forland F, Macbeth F, Ollenschläger G, Phillips S, van der Wees P, for the Board of Trustees of the Guidelines International Network. Guidelines International Network: Toward International Standards for Clinical Practice Guidelines. Ann Intern Med. 2012; 156:525-531.
- van der Wees P, Qaseem A, Kaila M, Ollenschlaeger G, Rosenfeld R, and the Board of Trustees of G-I-N. Prospective systematic review registration: Perspective from the Guidelines International Network (G-I-N). Systematic Reviews 9 February 2012; 1:3.

Table 4: G-I-N Presentation 2011/2012 (G-I-N Congresses, presentations on behalf of the Network at national / international conferences/workshops/meetings)

Date	Country	Activity
Aug. 2011	Korea	G-I-N Annual Conference
Oct. 2011	Sweden	Presentation at the United European Gastroenterology Week
Oct. 2011	Belgium	Presentation on the topic evidence and data availability at a workshop organised by the European Commission on Active and Health Ageing
Nov. 2011	Canada	Presentation on National Guideline Strategy at a meeting of the Canadian Medical Association
Nov. 2011	Australia	Presentation of GINDER at the Joanna Briggs Institute conference
Feb. 2012	Italy	Workshop clinical practice guidelines on rare diseases
April 2012	USA	Meeting Systematic Review Data Repository
May 2012	Australia	Workshop with Australian Guideline Development Network members on the proposed G-I-N guideline development standards
June 2012	Spain	Presentation on G-I-N and G-I-N-INAHTA collaboration at the INAHTA annual meeting

Strategic Direction 2013

In 2002, when G-I-N was born, there was debate on both the name and the acronym. The beginnings of G-I-N were in Europe with a Canadian-U.S.-New Zealand twist, and a clear vision of becoming an international community. Much has been accomplished since then, mostly by a number of dedicated individuals. G-I-N is still a relatively small organization even though the membership now spans across all continents. Let us revisit the three words that G-I-N stands for.

The first word is Guidelines. It represents what we do, developing, updating, and implementing guidelines. G-I-N's original focus was on clinical practice guidelines, however we have been expanding our role to include other areas such as public health, and targeting not only clinicians but groups such as policy makers as well. There has been debate and discussion about this first word, "guidelines", and whether it accurately reflects G-I-N's mission. Some have thought, and it may need further consideration, that this word should be replaced with a word that communicates a broader meaning. G-I-N has focussed on evidence-based medicine, like the Cochrane Collaboration and the HTAi, for example, have been active in arena of systematic reviews and health technology assessment, respectively. Should we use the term knowledge transfer instead of guidelines? What could be other available words that accurately reflect our organization? Should we seek to change the core focus of the organization – has the focus already changed and should the name be adapted accordingly? Or maybe G-I-N has found a niche in the guidelines business that no other organization is really focusing on and maybe G-I-N should stick with it.

The next word is International. There has been absolutely no questioning this word. G-I-N wants to remain an international and global organization. There is no reason to change G-I-N's international outlook in any way. However, to be truly global, G-I-N must translate to representation from all nations, and international collaboration will need to remain important to G-I-N.

The third word is Network. This reflects the nature of G-I-N; a mesh of organizations and people collaborating in the chosen field. Network as a word brings to mind loose structure, volunteer work, using the Internet and ever more social media, which itself is a network of people. Since the founding of G-I-N, there have been recurring discussions about rules on the production of guidelines. The first paper addressing standards for guideline development has been published and is open for discussion. Such papers could allow G-I-N to better demonstrate leadership and provide direction for the guideline community. The process of developing these papers will need to be improved, soliciting comments from the membership at an earlier stage. The question is whether G-I-N should continue and evolve as a network for collaboration or become the organization that instead or in addition leads the way in setting standards for guidelines. Or maybe the question needs reframing: how do we develop new ways of working as a network and leading the guidelines business?

Avoiding duplication of effort is a concept not included in the acronym, but is nevertheless a key essence of G-I-N. The work that has been accomplished by the evidence tables working group, led by Najoua Mlika-Cabanne, is the prime example of this concept. Based on this collaborative effort and the group's perseverance, GINDER was proudly launched in Seoul 2011. Strategically, GINDER may yet prove the most important product developed by G-I-N. This line of international collaboration needs to be continued and perfected. Although Guidelines International Network still sounds like an appropriate name for our organization, change may be just around the corner. Several of us 'dinosaurs' will be stepping down from leadership positions in the organization, opening the door for fresh ideas and new directions.

Minna Kaila, Vice-Chair of G-I-N 2011-2012

Member of the Founding Committee, Trustee of the Board 2008-2012, stepping down

Financial report 2011

(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 01.04.2011 - 31.03.2012	
Incoming resources	
Incoming resources from generating funds	
Voluntary income	178 039 €
Investment income	1 300 €
Incoming resources from charitable activities	3 409 €
Total incoming resources	182 748 €
Resources expended	
Charitable activities	169 165 €
Governance costs	52 529 €
Total resources expended	221 694 €
Net outgoing resources for the year	38 946 €
Total funds brought forward	116 093 €
Total funds carried forward	77 147 €

Board of Trustees 2011-2012

Hyeong Sik Ahn (KR)	Korea University School of Medicine
Dave Davis (US)	Association of American Medical Colleges
Frøde Forland (NO)	The Royal Tropical Institute, Amsterdam
Hernando Gaitan (CO)	Universidad Nacional de Colombia
Minna Kaila (FI)	Finnish Medical Society Duodecim, Current Care and University of Helsinki, Hjelt Institute <u>Vice Chair, Member of the Executive Committee</u>
Tamara Kredo (ZA)	South African Cochrane Centre, South African Medical Research Council
Fergus Macbeth (UK)	National Institute for Health and Clinical Excellence <u>Treasurer and Member of the Executive Committee</u>
Günter Ollenschläger (DE)	Agency for Quality in Medicine; G-I-N Honorary Patron
Sue Phillips (AU)	Therapeutic Guidelines Ltd
Amir Qaseem (US)	American College of Physicians <u>Member of the Executive Committee</u>
Richard Rosenfeld (US)	American Academy of Otolaryngology – Head and Neck Surgery, SUNY Downstate Medical Center and Long Island College Hospital in Brooklyn, New York
Duncan Service (UK)	Scottish Intercollegiate Guidelines Network
Rick Shiffman (US)	Center for Medical Informatics at Yale School of Medicine
Jean Slutsky (US)	Agency for Healthcare Research and Quality; G-I-N Honorary Patron
Philip van der Wees (NL)	European Region of the World Confederation of Physical Therapy and Royal Dutch Society for Physical Therapy <u>Chair, Member of the Executive Committee</u>

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

G-I-N Honorary Patrons

- Catherine Marshall, New Zealand
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Abbreviations

AAO	American Academy of Otolaryngology, US
AATRM	Catalan Agency for Health Information, Assessment and Quality, ES
ACCP	American College of Chest Physicians, US
ACP	American College of Physicians, US
ACSQHC	Australian Commission on Safety and Quality in Health Care, AU
AEKB	Berlin Chamber of Physicians, DE
AEKW	Vienna Medical Chamber, AT
AHRQ	Agency for Healthcare Research and Quality, US
AHS	Alberta Health Services, CA
AMB	Brazilian Medical Association, BR
AND	Academy of Nutrition and Dietetics, US
APA	American Psychological Association, US
AQuMed / AEZQ	Agency for Quality in Medicine, DE
ART	AGREE Research Trust
ASCO	American Society of Clinical Oncology, US
ASR	Regional Health Agency Emilia Romagna, IT
AUA	American Urological Association, US
AWMF	Association of Scientific Medical Societies, DE
BMJ	BMJ Group, UK
BQS	German National Institute for Quality Measurement in Health Care
CA	Cancer Australia (former: National Breast and Ovarian Cancer Centre), AU
CAP	College of American Pathologists
CAREMBC	Central Asian Network of EBM Centers, KG, KZ, TJ, TM, UZ,
CBO	Dutch Institute for Healthcare Improvement, NL
CCA	Cancer Council Australia, AU
CCE	Centre for Clinical Effectiveness, AU
CEBAM	Belgian Centre for Evidence-Based Medicine, BE
CEMBE	Center for EBM, Univ. of Lisbon School of Medicine, PT
CENETEC	National Center for Health Technology Excellence, MX
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
CRED	CRED Foundation - Romanian-Swiss Centre for Health Sector Development, RO
CTS	Canadian Thoracic Society, CA
DIP	Diagnostic Imaging Pathways, Royal Perth Hospital, AU
DKG	German Cancer Society, DE
DM	Domus Medica vzw; Flemish College of General Practitioners (formerly WVH), BE
DUODECIM	Duodecim Medical Publications Ltd, FI
DUODECIM	Finnish Medical Society, FI
EBHC	Chair of Evidence-based Healthcare and Knowledge Translation, SA
ECDC	European Centre for Disease Prevention and Control, SE
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
HDBS	Hospital Dr. Batista de Sousa, CV
HCQD-AUHS	Center for Evidence-based Clinical Practice Guidelines, Healthcare Quality Directorate of Alexandria University Hospitals, EG
HDire	Directorate for Health, NO
HTA-DoH	HTA Unit, Ministry of Health Malaysia, MY
IACS	GuíaSalud-Health Sciences Institute of Aragón, ES
ICSI	Institute for Clinical Systems Improvement, US
IDSA	Infectious Diseases Society of America, US
IFEM	International Federation for Emergency Medicine

IHD	Republican Centre for Health Development, KZ
IKNL	Comprehensive Cancer Centre, The Netherlands (former: Dutch Association of Comprehensive Cancer Centres), NL
INAHTA	The International Network of Agencies for Health Technology Assessment
INC	National Institute of Cancer from Colombia, CO
INESSS	Institut national d'excellence en santé et en services sociaux, CA
IQWiG	Institute for Quality and Efficiency in Healthcare, DE
JBİ	Joanna Briggs Institute, AU
JU	Pontificia Universidad Javeriana, CO
KAMS	Korean Academy of Medical Sciences, KR
KNGF	Royal Dutch Society for Physical Therapy, NL
KPCMI	Care Management Institute, Kaiser Permanente, US
Minds Center	Medical Information Network Distribution Service Center, Japan Council for Quality Health Care, JP
Moh Singapore	Ministry of Health Singapore
MoH Ukraine	The State Expert Center, Ministry of Health, UA
NEHL	Norwegian Electronic Health Library, NO
NGHA	National & Gulf Center for Evidence Based Medicine, SA
NHFA	National Heart Foundation of Australia, AU
NHG	Dutch College of General Practitioners, NL
NHMRC	National Health and Medical Research Council, AU
NICE	National Institute for Health and Clinical Excellence, UK
NSF	National Stroke Foundation, AU
OMM	Mozambique Medical Association, MZ
ORDE	Dutch Association of Medical Specialists, NL
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
SIGN	Scottish Intercollegiate Guidelines Network, UK
SOS	National Board of Health and Welfare, SE
SST	National Board of Health, DK
TGL	Therapeutic Guidelines Ltd., AU
THL	National Institute for Health and Welfare, FI
TRIMBOS	Trimbos-Institute - Netherlands Institute of Mental Health & Addiction, NL
UCEETS	National Coordination Unit of Health Technology Assessment and Implementation, AR
UNC	Universidad Nacional de Colombia, CO
WCPT	European Region of the World Confederation of Physical Therapy
WMA	World Medical Association
ZZQ	Agency for Quality in Dentistry, DE