



## **A N N U A L   R E P O R T**

**August 2012 – July 2013**

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, D-10623 Berlin

## G-I-N Members (July 2013)

98 organisations representing 40 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

Registered Nurses' Association of Ontario (RNAO), CA

Institute of Technology Assessment in Health (IETS), CO

National Institute of Cancer from Colombia (INC), CO

Universidad Nacional de Colombia (UNC), CO

National Center for Health Technology Excellence (CENETEC), MX

Academy of Nutrition and Dietetics (AND), US

Agency for Healthcare Research and Quality (AHRQ), US

American Academy of Neurology (AAN), US

American Academy of Orthopaedic Surgeons (AAOS), US

American Academy of Otolaryngology - Head & Neck Surgery Found. (AAO), US

American College of Chest Physicians (ACCP), US

American College of Physicians (ACP), US

American Psychological Association (APA), US

American Society for Radiation Oncology (ASTRO), US

American Society of Clinical Oncology (ASCO), US

American Urological Association (AUA), US

Care Management Institute, Kaiser Permanente (KPCMI), US

Center for International Rehabilitation (CIR), US

College of American Pathologists (CAP), US

Infectious Diseases Society of America (IDSA), US

Institute for Clinical Systems Improvement (ICS), US

Penn Medicine Center for Evidence-based Practice (CEP), US

### ASIA

Iranian Center for Evidence-based Medicine (ICEBM), IR

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

GlobeMed Ltd., LB

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

Health Sciences Library King Saud bin Abdulaziz for Health Sciences (KSAU-HS), 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

Belgian Healthcare Knowledge Centre (KCE), 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

### EUROPE (Cont'd)

Duodecim Medical Publications (DUODECIM), FI

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

Institute for Quality and Patient Safety (BQS), DE

Institute for Quality and Efficiency in Healthcare (IQWiG), DE

UserGroup - Med. Leitlinienentwicklung e.V. (CGS), DE

National Institute for Quality- and Organizational Development in

Healthcare and Medicines (GYEMSI), HU

Centre for the Evaluation of Effectiveness of Health Care (CEVEAS), IT

GIMBE Foundation (GIMBE), IT

Regional Health Agency Emilia Romagna (ASR), IT

Cellule d'expertise médicale (CEM), LU

College voor Zorgverzekeringen (CVZ), NL

Comprehensive Cancer Centre, the Netherlands (IKNL), NL

Dutch Association of Medical Specialists (ORDE), NL

Dutch College of General Practitioners (NHG), NL

Dutch Institute for Healthcare Improvement (CBO), NL

Royal Dutch Society for Physical Therapy (KNGF), NL

Royal Tropical Institute (KIT), 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 Care Excellence (NICE), UK

Scottish Intercollegiate Guidelines Network (SIGN), UK

### OCEANIA

Adelaide Health Technology Assessment (AHTA), AU

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), 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)



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## Chair's Foreword



Dear friends,

I am very pleased to present the 2012-13 annual report of the Guidelines International Network. It was an important year for G-I-N as we made many strategic decisions in order to provide new products and services to our members. I am very grateful and honoured that you elected me to serve as Chair of G-I-N and I hope that you find the new strategies we adopted over the past year valuable and exciting for G-I-N.

G-I-N is dealing with similar challenges to many membership organisations around the world. Unstable global economies have a direct financial impact on G-I-N. However, we have been able to adapt and respond to the challenges we face both internally and externally. I am very pleased to let you know that G-I-N is a financially stable and growing organisation despite the international economic situation.

We are a global organisation with our members spread across six continents. It is critical for our members to stay connected besides attending the annual meeting. With this in mind, the G-I-N Board discussed various ideas regarding new membership engagement techniques and building up social media channels. I am happy to announce that later this year you will see some new offerings by G-I-N. These include:

- a) We are going to launch a G-I-N Webinar Series that will be offered online to address some of the key issues related to guideline development and implementation.
- b) We are in the process of establishing online G-I-N Interest Groups, where the members can ask questions on issues such as methodology, explore various possibilities of collaboration, exchange ideas on topics, and even share evidence reviews with their colleagues. G-I-N will provide a space on our website for members to increase collaborations to develop joint international guidelines on topics of mutual interest, discuss and bounce off ideas with experts and leaders in order to understand their perspectives, and to provide each other with guidance on how to meet various challenges.
- c) We prioritize updating and enhancing the G-I-N's website. We have allocated some money to improve the website to provide most updated and useful information. This will be an ideal way to stay connected with members spread around the globe.

G-I-N has taken a leadership role in standardizing guideline development methodology, providing guidance to implement guidelines, and promoting best practices. As you all know, G-I-N published a list of standards\* that we are encouraging our members to follow. To help G-I-N members assess the strengths and weaknesses of a guideline, this year we are going to introduce a voluntary reporting of information by the guideline developers when they submit a guideline for inclusion in the G-I-N library. This voluntary reporting will be a very simple checklist where guideline developers will identify which of the G-I-N proposed standards were met when they submit their guidelines for inclusion in the G-I-N library. We hope that this will promote discussion and possible agreement among a broad array of guideline developers on the standards as well as possible future revision of standards for guideline development. In addition, we are in the process of developing detailed papers to help G-I-N members understand and implement these standards. The first paper, which we are hoping will be ready later this year, will address the very important issue of conflicts of interest.

I am a firm believer in a leaner governing board structure. To meet the tough economic challenges as well as to improve the effectiveness of the Board of Trustees, I am happy to report that we have reduced the G-I-N Board size by 20% in one year. We have two less members in the current Board. In addition, later this year, we will reduce it by an additional one member, making a total of 3 less members compared to the past Boards.

We would also like to improve transparency when it comes to the Board of Trustees and its operations. Very soon, from this year onwards, minutes from the Board meetings and conference calls will be available to members on G-I-N's website.

Individual members form an integral component of G-I-N. Currently, the Board of Trustees has one elected representative seat for an individual member with a one year term. Individual members have expressed concerns in the past regarding the need to extend this term since one year is too short to understand the inner workings of the organisation and see the tasks through to completion. This was a very legitimate argument and the Board has voted to increase the term from one year to two years. This change will be presented at the next G-I-N Annual General Meeting for approval by G-I-N members.

For any organisation to be successful, it is incredibly important to have a full-time core management staff. This year, I am pleased to inform you that we have hired a new Executive Officer. In addition, we agreed to increase the administrative support from a 0.5 full-time staff to one full-time person. We already have 10 hours of dedicated web support per week. This will make a total of 2.25 full-time employees of G-I-N, which will help us tremendously in achieving our goals.

G-I-N must continue to develop and strengthen current partnerships and explore new partnerships to accomplish our mission and goals. The process is well underway and hopefully I will have some exciting collaborations to announce in the coming months. In addition, we are also in the process of establishing some regional communities of G-I-N, so stay tuned.

G-I-N 2012 in Berlin was a huge success with 577 participants, including 70 who attended just for the German language symposium, from 45 countries. G-I-N 2013 is around the corner and I hope to see many of you in San Francisco. I would also like to update you regarding our plan for annual meetings. This year, the Board has decided to start looking a few years in the future when deciding the locations for our annual meeting. I am very pleased to let you know that G-I-N 2014 meeting will be in Melbourne, Australia and the G-I-N 2015 meeting will be in Netherlands (city to be decided soon).

I would like to take this opportunity thank my fellow Trustees, who are very hard working and extremely dedicated to G-I-N. This group is a good representation of the G-I-N membership and includes Trustees from around the globe. It is a great group to work with and through their help and team work, we will be able to efficiently utilize our limited resources and work towards reaching our goals. I formed a couple of new committees, the Strategy Subcommittee and the Partnership Task Force, and both committees helped in the shaping of the future G-I-N agenda. The Conference Committee was also revived last year and helped in re-thinking our strategy when selecting sites for future conferences. The Membership Committee led the efforts to share ideas and opportunities regarding how to increase the value of G-I-N membership. The Finance and Risks Committee kept us on track in terms of G-I-N finances. I can't thank the chairs and members of these committees enough for their hard work and contribution to our network. We also have some Trustees stepping down from their position. I would like to thank Frode Forland (vice chair) and Fergus Macbeth (treasurer) for their thoughtfulness, valuable contributions, and hard work. Our former Chair, Philip van der Wees will also step down from the Board after serving for four years, along with our one co-opted Trustee – Lubna Al-

Ansary, who has offered a valuable perspective from the Middle East during her term. Holger Schünemann has also completed a one year term as Individual Trustee and over the past few months has led the Partnership Task Force, which you will read more about later in the report. My thanks go to them all for their dedication and hard work.

G-I-N has a wonderful staff and we will not be able to achieve our goals without their dedication and hard work. I would like to thank Elaine Harrow, who has done an enviable job in such a short time as G-I-N Executive Officer, Martina Westermann, G-I-N Secretary, and Inga König, G-I-N Webmaster, who are both doing wonderful work in supporting our efforts.

Over the past year, many of my colleagues and friends have asked, “Why join G-I-N?” My response is that members benefit by networking with a great team of guideline developers and stakeholders, enhancing our profession, all focused on improving the quality of patient care by keeping abreast of the trends, challenges, and opportunities. Members benefit from the work of each other through education and collaboration. One of my favourite quotes, by Helen Keller, sums up the answer to this question nicely, “alone we can do so little, together we can do so much.”

While we can, I believe, take pride in the progress we have made, we remain determined to do better. The steps we have taken this year are aimed at helping us to do so. Many of these changes are based on your suggestions to the Board over the past year. I invite you to take the time to read this annual report and give us your feedback.

You are the spirit of G-I-N and you are the network. All of the Trustees, including myself, and G-I-N staff are here to serve you.

Warm regards,

A handwritten signature in black ink, reading 'Amir Qaseem'.

Amir Qaseem, MD, PhD, MHA, FACP (Philadelphia, USA)  
Director, Clinical Policy, American College of Physicians  
Chair of G-I-N **On behalf of the Executive Committee**

\* Qaseem A, Forland F, Phillips S, Ollenschläger G, Macbeth F, van der Wees, P. Standards to Develop and Evaluate the Quality of Clinical Practice Guidelines: A Position Statement from the Guidelines International Network. *Annals of Internal Medicine* 2012; 156: 525-531.

## 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 2013 the Guidelines International Network had **98 Organisational Members**:

- 14 organisations joined the Network in the period (Table 1).
- 2 organisations left the Network in 2012-2013 (Royal College of Nursing Institute, UK; Pontificia Universidad Javeriana, CO).

Main reasons indicated by these organisations for leaving the Network are as follows: lack of funding for the coming year, organisational priorities.

**Table 1: Organisations which joined G-I-N in 2012-2013**

Australia	Adelaide Health Technology Assessment
USA	American Academy of Neurology
USA	American Academy of Orthopaedic Surgeons
USA	American Society for Radiation Oncology
Belgium	Belgian Healthcare Knowledge Centre
Luxembourg	Cellule d'expertise médical
Lebanon	GlobeMed Ltd.
Iran	Iranian Center for Evidence-based Medicine
Colombia	Institute of Technology Assessment in Health
Hungary	National Institute for Quality- and Organizational Development in Healthcare and Medicines
USA	Penn Medicine Center for Evidence-based Practice
Canada	Registered Nurses Association of Ontario
Netherlands	Royal Tropical Institute
Germany	UserGroup – Med. Leitlinienentwicklung e.V.



Chart 1: Organisational Members



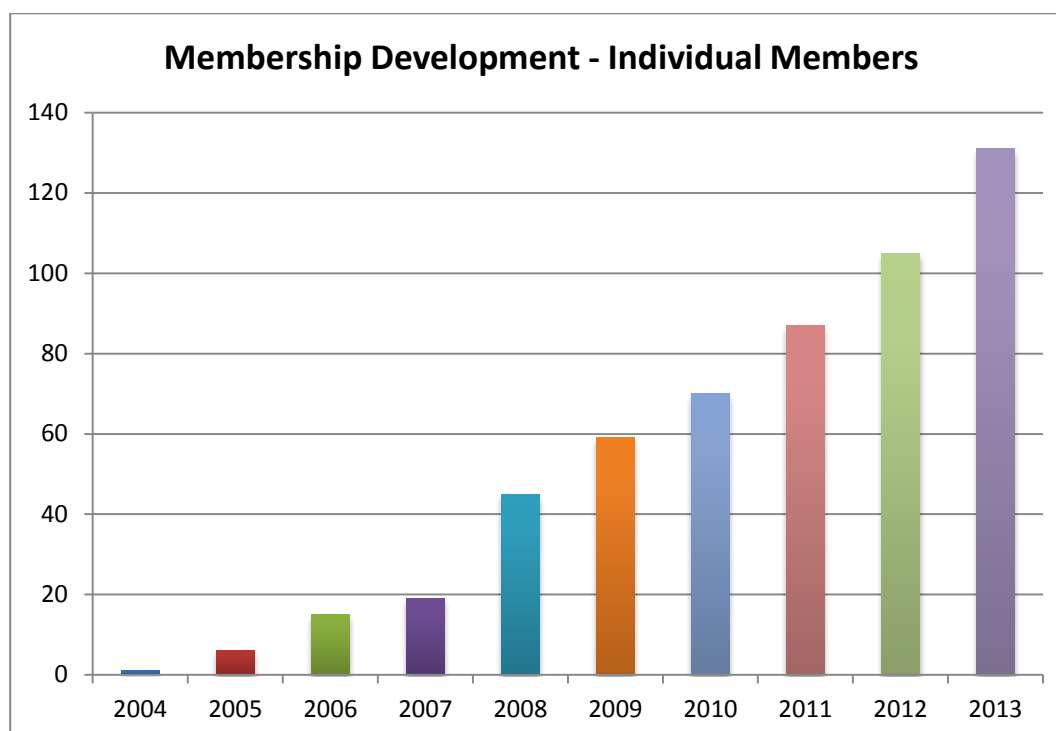
## 2. Individual Members

By June 2013 G-I-N had **131 individual members** from 27 countries. 40 individuals joined the Network in the period (Table 2). 14 members left the Network.

**Table 2: Individuals who joined G-I-N in 2012-2013**

• Samia Alhabib, Saudi Arabia	• Tina Louise Olsen, Denmark
• Hao Chen, China	• James Reston, USA
• Janet Elizabeth Clarkson, United Kingdom	• Matt Richardson, Sweden
• Pierre Côté, Canada	• Karen A. Robinson, USA
• Noha Dashash, Saudi Arabia	• Samantha Rutherford, United Kingdom
• Kathleen Giese, USA	• Nancy Santesso, Canada
• David Goldmann, USA	• Karen Schoelles, USA
• Ian Graham, Canada	• Paul Shekelle, USA
• Mirrian Hilbink, Netherlands	• Ki Young Son, Republic of Korea
• J. Jane Jue, USA	• Iris Tam, USA
• Norman Kato, USA	• Jerry Tan, Canada
• Thomas Kellner, Germany	• Anna Templeton, United Kingdom
• Samyra Keus, Netherlands	• Marita Titler, USA
• Rebecca Kimble, Australia	• Thomy Tonia, Switzerland
• Jette Kolding Kristensen, Denmark	• Sheila Tynes, USA
• Pankaj Malhotra, India	• Rob van der Sande, Netherlands
• Irma Manjavidze, Georgia	• Ann Wales, United Kingdom
• Kikuko Miyazaki, Japan	• John Westbrook, USA
• Susan Norris, Switzerland	• Linda Young, United Kingdom
• Monika Nothacker, Germany	• Ya Yuwen, China

**Chart 2: Individual Members**



### 3. G-I-N Partners

The G-I-N Partnership Task Force was created in January 2013 with the specific remit to evaluate the potential of partnering with a number of organisations which had approached us, as well as reviewing the current partners. The group met virtually and provided the Board with recommendations for the way forward with each of the new organisations at their June Board meeting. The discussions with potential partners is ongoing to ensure that members will benefit from any partnerships that we enter into.

#### 3.1 Partnership Task Force

**Members of the Partnership Task Force are:**

- Holger Schünemann, Canada (Chair)
- Sue Huckson, Australia
- Sue Phillips, Australia
- Amir Qaseem, USA
- Sonja Kersten, Netherlands
- Duncan Service, United Kingdom

## 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 five 6-weekly teleconferences and two face to face meetings, one in Berlin, Germany, during the 9<sup>th</sup> International G-I-N conference and a two day strategic meeting in Amsterdam, The Netherlands in March 2013 during which the Board discussed the financial performance for the previous 10 months and set the budget for the coming financial year, as well as discussing and setting the strategy for the coming years. Key focus areas are the conferences and how we plan them, the expansion of the Secretariat to further support the work of the Board and development of the website. Budget has been agreed to support all of those areas.

Members of the Board of Trustees 2012-2013 are listed at the end of the report (p. 34).

### 2. G-I-N Subcommittees

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

#### 2.1. Conferences Subcommittee

The Conferences Subcommittee has met on a regular basis. After the very successful 2012 Conference in Berlin with its record attendance, the committee has been working hard with the Care Management Institute, Kaiser Permanente, the local hosts in San Francisco, to ensure that 2013 is as successful both in terms of content and registrations. We have started to work with Therapeutic Guidelines Ltd. in Melbourne on planning for the 2014 annual conference. A local conference organiser has been recruited and the main venue is booked. Finally at the Board meeting in Amsterdam in March it was decided that the Netherlands would be the venue for the 2015 conference, following the submission of an excellent bid from a consortium of Dutch organisations.

**Members of the Conferences Subcommittee are:**

- Fergus Macbeth, United Kingdom (Chair)
- Elaine Harrow, Austria
- Ina Kopp, Germany
- Sue Phillips, Australia (since May 2013)
- Craig Robbins, USA
- Holger Schünemann, Canada

## 2.2. **Finances and Risks Subcommittee**

The Finance and Risks Subcommittee meets as required 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 2013-14 to ensure that it supports G-I-N objectives and recommended approval to the Board.

It also reviewed the financial statement for the year 2012-13 prepared by the accountant and advised the Board on acceptance.

The Finances and Risks Subcommittee further discussed

- The financial planning for the G-I-N 2013 conference
- An updated travel policy
- An updated Risk register and overall approach to the management of risk
- Budget implications of employing staff on different contracts
- Updating the financial controls which govern the management of G-I-N

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

- Duncan Service, United Kingdom (Chair)
- Sue Phillips, Australia

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

## 2.3. **Membership Subcommittee**

The core aims of the Membership Subcommittee are to actively promote G-I-N membership by:

- Identifying opportunities to increase visibility of the network internationally and
- Developing recommendations to the Board that will improve communication, promote network activities and products, and encourage greater input and engagement of members.

In addition to reviewing membership applications the committee has been working to focus on the value of being a G-I-N member to meet the expectations of both the organisational and individual members. The Subcommittee has been providing the membership perspectives into the newly formed Strategy Subcommittee and Partnership Task Force.

In January 2013 an Expression of Interest was sent to the network membership for new committee members; we were pleased with the response which enabled the committee to have broader regional representation. We welcome any feedback from the network members to improve how G-I-N can support your work in guidelines by connecting with others.

A considerable amount of work has also been undertaken to put the ground work in place for establishing more regional groups where they can add value and offer members some really focused benefit through providing a shared regional context. We are currently working with a group from the Arab world and the Australian and New Zealand Regional Group.

**Members of the Membership Subcommittee are:**

- Sue Huckson, Australia (Chair)
- Sonja Kersten, Netherlands (Vice-Chair from August 2012)
- Noha Dashash, Saudi Arabia
- Javier Gracia, Spain
- Joseph Mathew, India
- Ian Nathanson, USA
- Kristof Nekom, Hungary
- Rodrigo Pardo Turriago, Colombia
- Corinna Schaefer, Germany
- Airtton Stein, Brazil

**2.3 Strategy Subcommittee**

At the request of the Executive Committee, the G-I-N Strategy Subcommittee was formed and began meeting in January 2013. The Subcommittee's commission was to consider challenges and make recommendations to the Board regarding strategies to ensure the continued success of G-I-N during its second decade of existence.

The Subcommittee has given consideration to the concepts in the monograph "Good to Great & the Social Sectors" by Jim Collins, a business researcher in the US, who has argued that any organisation, whether or not for profit, should aspire to greatness. As enumerated in the Good to Great framework, organisations that successfully make the transition to greatness have generally developed incredible focus, willingness to confront challenges head on, and commitment to making the difficult decisions that steadily improve performance, gaining momentum over time.

The Subcommittee has recommended to the Board that focus for G-I-N should develop around the following three issues:

- Understand what G-I-N stands for (core values) and why it exists (mission)
- Understand what G-I-N can uniquely contribute to the people/communities it touches (better than any other organisation/network)
- Understand what drives G-I-N's resource engine: time (volunteers), money (sources), and brand (reputation)

Throughout its history G-I-N has demonstrated passion around the development and implementation of evidence-based guidelines as tools to improve health care delivery around the world. The Strategy Subcommittee has suggested to the Board that what G-I-N does better than any other organisation or network is connecting organisations and individuals involved in guideline development and implementation to improve their work and strengthen their relationships. The challenge is to determine how to optimize G-I-N's resources (time, money, and brand) to support this function.

The Strategy Subcommittee has not yet had time to perform an exhaustive evaluation of opportunities to optimize G-I-N's resources. But it has debated several issues and has, so far, made the following general recommendations to the Board:

1. Reassess the allocation of resources to ensure that the benefits outweigh the risks.
2. Continue to optimize the annual G-I-N Conference for connecting the guideline community.
3. Optimize the G-I-N web site for connecting the guideline community.

The Strategy Subcommittee continues to meet regularly and has been charged to develop for the Board more specific recommendations for action that will ensure G-I-N's continued success.

**Members of the Strategy Subcommittee are:**

- Craig Robbins, USA (Chair)
- Frode Forland, Netherlands
- Elaine Harrow, Austria
- Sue Huckson, Australia

- Fergus Macbeth, United Kingdom
- Amir Qaseem, USA
- Holger Schünemann, Canada
- Philip van der Wees, Netherlands

### 3. G-I-N Office and staff

G-I-N has its office at the German Agency for Quality in Medicine, Berlin where the Administrative Secretary, Martina Westermann and Webmaster, Inga König are based. All of the membership administration is undertaken by the secretariat staff in the Berlin office.

This year saw the departure of Magali Remy Stockinger, who had been the Executive Officer for G-I-N since 2009. The role was advertised throughout the network and Elaine Harrow was employed in the permanent role of Executive Officer in April 2013. Elaine previously undertook the role in an interim capacity and now is the first direct employee of G-I-N; she is based from home in Austria. During 2012/13, the work of the Secretariat has included supporting, co-ordinating and participating in the work of all of the Board and sub-committees, playing a key role in the organisation of the conferences, including the commencement of planning for Melbourne 2014, preparing the budget for 2013-14 and gradually changing the ways of working to adopt a longer term, strategic approach to planning and also succession planning for the inevitable rotation of Trustees.

### 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 2012 Milne Craig, Chartered Accountants, Abercorn House, 79 Renfrew Road, Paisley PA3 4DA, UK were reappointed as G-I-N's Financial Examiner.

## Activities 2012 - 2013

### 1. G-I-N Website

Work has continued in order to improve the G-I-N website, [www.g-i-n.net](http://www.g-i-n.net), with a major upgrade of our Content Management System taking place in March 2013. Although this did not change the look or feel of the website, this upgrade allows us to run the additional add on features more efficiently. It also means that we are in the technical position to start to make the significant changes that we have now agreed as a Board priority. Networking and the ability to collaborate on work taking place around the globe is at the centre of G-I-N's purpose and we therefore are planning a website that will support and enable this. As it takes significant investment, this will be a long term strategy, but the plans are underway so that the website is easily accessible and has full functionality no matter where you access it from. The website will remain at the centre of our communication with our members and we rely on the various Working Groups to update their sections so we can all see the work that is being carried out and the progress that is made.

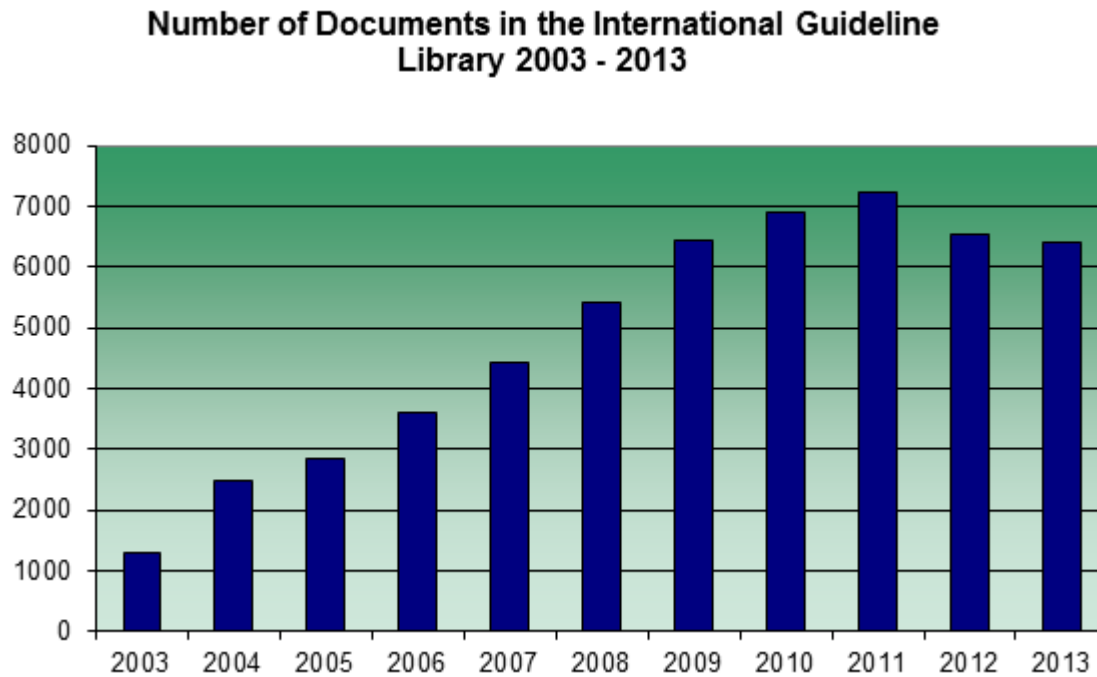
The G-I-N International Guideline Library - a searchable database which provides G-I-N Members with the ability to search and review published and planned guidelines, systematic reviews, evidence reports, guideline clearing reports of all member organisations, as well as related documents (e.g. evidence tables, search strategies, patient information)- continues to be updated and includes a total of 6388 items of information (July 2013) from 33 language groups (Table 3). G-I-N is still very dependent on its members to ensure that the library is as current as possible.

**Table 3: Number of items of information in the G-I-N International Guideline Library (by July 2013)**

Language	Documents (n)	Language	Documents (n)
Arabic	2	Basque	1
Bosnian	1	Cambodian/Khmer	1
Catalan	86	Chinese	3
Danish	7	Dutch	496
English	4368	Finnish	103
French	380	German	655
Greek	4	Hungarian	2
Indonesian	1	Italian	13
Japanese	1	Korean	3
Macedonian	1	Malay	10
Norwegian	62	Persian	10
Polish	1	Portuguese	277
Romanian	0	Russian	6
Serbian	1	Spanish	193
Swedish	2	Thai	2
Turkish	3	Ukrainian	15
Vietnamese	1		



Chart 4: Data in the G-I-N International Guideline Library (July 2013)



## 2. Appraising and including different knowledge in guideline development

The 2011-12 Board recognized the issue that guideline developers often struggle with the inclusion of non RCT evidence and other types of knowledge in guidelines and the fact that there is little guidance on how to include it in an evidence based guideline. G-I-N and the Dutch Council for Quality of Healthcare therefore supported a project led by Professor Teun Zuiderent-Jerak at the Erasmus University of Rotterdam to hold a workshop, make a survey and follow-up interviews among G-I-N members on this topic. A discussion paper is published in BMJ, (Guidelines should reflect all knowledge, not just clinical trials. Zuiderent-Jerak T, Forland F, Macbeth F. BMJ. 2012 Oct 5;345). A report is sent to the Board and a final scientific paper is in preparation. Two members of the Board participated in the production of it. Below is a short summary of the report.

### **Teun Zuiderent-Jerak, MA, MA, PhD, Frode Forland, MD, DPH, Fergus Macbeth, MD, PhD**

Despite the nuanced ideas within EBM about the importance of appraising and including different types of knowledge for different questions, the methodology for developing clinical practice guidelines has generally focused on assessing randomized controlled trials (RCT) and systematic reviews of RCTs. However, there is a need for methods that focus on utilizing other kinds of knowledge in a robust way. In this study, supported by G-I-N and the Dutch Council for Quality of Healthcare, we provide an overview of the methods available for appraising and including different types of knowledge, and discuss the experience guideline developers have with these methods.

**Methods:** An internet-survey was carried out among G-I-N members and those attending the G-I-N annual conference 2012. The 130 responses were analysed and used for selecting respondents for follow-up interviews. Interviews were held with guideline developers from nine countries and four continents. Results were presented and further discussions held at a well-attended post-conference workshop at the G-I-N 2012 meeting.

**Results:** We found that there is limited experience of methods for appraising and including different kinds of knowledge. Only just over 50% of the respondents involved in guideline development within the last three years reported having any experience with using appraisal methods for non-RCT knowledge. 85% of the methods are used to address clinical questions, rather than e.g. questions about patient experiences, considerations of quality of care, cost, organisation, safety, ethics, legal issues or user/professional considerations. The reasons for not including other types of knowledge were reported to be: the lack of high quality evidence for such questions, or a high availability of RCT evidence that addresses the wrong issues or that is irrelevant to the setting. The prevailing methods are mainly used for addressing clinical questions about treatment interventions. When RCTs and systematic reviews are lacking, guideline developers focus on observational studies for clinical questions. Some initiatives for evaluating other types of knowledge have been identified, such as methods for assessing 'quality improvement' knowledge, for qualitative interviews on patient experience, and for economic and ethical questions through checklists. Guideline developers who make use of such methods evaluate them positively.

**Discussion:** Given the limitations of RCTs, the importance of methods for appraising and including other types of knowledge is well recognized by guideline developers. The guideline community has still a long way to go to develop robust methods for the inclusion of non-RCT knowledge. This leaves guideline developers with problems of substantiating recommendations based on the best available knowledge, leading to ad-hoc ways of appraising and including such knowledge, or to its exclusion from guidelines. The issues identified in the project deserve the attention from the guideline development community. A G-I-N Working Group on Appraising and Including Different Knowledge (AID Knowledge) seems an important and appropriate next step.

### 3. G-I-N Courses

#### German Language Satellite Symposium

Prior to the 10<sup>th</sup> G-I-N conference, the German Language Satellite Symposium “Guidelines and Quality Improvement” attracted over 80 participants from German-speaking countries. At the core of the symposium, a podium and panel decision discussion with decision makers from science, politics and self-government addressed driving and restraining forces to guideline implementation. In addition, three workshops were held to explore individual concepts and opportunities for cooperation of relevant institutions and organisations on the regional level and those of representatives of the relevant medical disciplines, methodologists, allied health professionals, patient representatives within individual guideline projects. Presentations can be downloaded from the G-I-N website (<http://www.g-i-n.net/events/9th-conference/presentations/german-language-satellite-symposium>) .

#### GRADE Workshop

A workshop by the GRADE (Grading Recommendations Assessment, Development and Evaluation) working group was held on August 22 in Berlin at the G-I-N conference in line with the GRADE-G-I-N partnership. Over 30 participants spent a day learning and discussing guideline development in the context of GRADE. This workshop will be repeated in San Francisco.

#### Implementation Masterclass

At the 2012 G-I-N Berlin Conference Catherine Marshall and Sue Huckson organised a one-day pre-conference implementation Masterclass for G-I-N with input from Dave Davis and other G-I-N members. The Masterclass programme aims to provide a practical introduction to the art and science of implementing evidence-based practice and guidelines with experts who have both developed and implemented guidelines. Each year the Masterclass content is updated to include new evidence regarding implementation is included, and new scenarios are selected for the Masterclass exercises - selecting topics of relevance to the participants. Guest speakers are also invited along.

In Berlin there were 29 participants all bringing different implementation experience. 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. Detailed Masterclass materials were provided to each participant. Guest speakers included Anna Gagliardi to share her implementation research and the GiraNet project and Corinna Schaefer who spoke on the involvement of consumer in implementation and G-I-N Public.

Catherine and Sue were also invited to run the G-I-N Masterclass at the Cochrane Conference held in Auckland in September 2012. The Masterclass attracted 40 participants. Past and present members of the GIN Board were invited to present on their implementation experiences including Jean Slutsky, Holger Schunemann and Rich Rosenfeld.

#### Education Secretariat

Last autumn saw G-I-N reach out to the network for Expressions of Interest to run an Education Secretariat to enable us to organise the provision of more education through webinars, but although a provider was selected, they later withdrew and the strategic decision was taken by the Board to wait until G-I-N was in a better position to run this in-house.

#### 4. G-I-N Groups

G-I-N continues to support a number of 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. Without the willingness and commitment of the volunteers within the groups, far less progress would be made by G-I-N.

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.

##### 4.1. Adaptation Working Group

The Adaptation Working Group continues to grow with 7 new members joining during the last year. At the G-I-N Conference in Berlin in late August 2012, the Adaptation Steering Group prepared a panel session on guideline adaptation which was oversubscribed. The session entitled “Guideline adaptation: different methods, different experiences, mapping a way forward” included presentations which highlighted examples of guidelines adaptation from Canada, Egypt, Australia, Argentina and Germany and summarized the lessons learnt by each of the presenters. A copy of the panel session presentations can be found on the G-I-N website at [www.g-i-n.net/events/9th-conference/presentations/panel-sessions-workshops](http://www.g-i-n.net/events/9th-conference/presentations/panel-sessions-workshops).

A face-to-face meeting of the Adaptation Working Group was also scheduled during the G-I-N 2012 conference in which members provided feedback on the proposed work plan. As a result the Steering Group revised its work plan for 2013 to include the following priority areas:

- To disseminate and raise awareness of the ADAPTE tool and other adaptation methods
- To translate the ADAPTE tool into other languages, including Portuguese, Spanish and Korean
- To summarise the lessons learnt about guideline adaptation, including facilitators, barriers and resource implications
- To share resources that support training on guideline adaptation
- To improve the use of EnGINE to communicate to members about guideline adaptation
- To review and update G-I-N Adaptation Working Group web pages

We are pleased to report that the Portuguese and Korean translations of the ADAPTE manual and resources have been completed and will soon be available on the G-I-N website.

An Adaptation Working Group meeting has been scheduled for the next G-I-N conference in San Francisco in August 2013. All G-I-N members and interested conference participants are welcome to join us.

We encourage G-I-N members to continue to share experiences and resources related to adapting guidelines by posting information on the dedicated forum at [www.g-i-n.net/activities/adaptation/adaptation-forum/sharing-your-adaptation-experiences-and-needs/645542669](http://www.g-i-n.net/activities/adaptation/adaptation-forum/sharing-your-adaptation-experiences-and-needs/645542669).

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

- Jako Burgers, Netherlands (Co-Chair)
- Sue Phillips, Australia (Co-Chair)
- Maria Eugenia Esandi, Argentina
- Ann Scott, Canada
- Airtton Stein, Brazil

The full list of members is available on the website

#### 4.2. **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, dieticians, 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 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 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. The paper has been submitted to a peer reviewed journal in 2012 and we were invited to submit a revision. The revision was submitted in the spring of 2013 and we are awaiting the decision of the editor.

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

- |  |                                |
|--|--------------------------------|
| - Philip van der Wees, Netherlands (Chair) | - Jenny Gordon, United Kingdom |
| - Sarah Bazin, United Kingdom              | - Sue Lukersmith, Australia    |
| - Dunja Dreesens, Netherlands              | - Josephine Muxlow, Canada     |
| - Simone van Dulmen, Netherlands           | - Elaine Santa Mina, Canada    |

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

##### G-I-N IFEM Project

The major activity of the Emergency Care Community for 2012-2013 has been the project arising from the partnership established between G-I-N and the International Federation for Emergency Medicine (IFEM) in 2011.

A survey of 50 IFEM members was undertaken to identify clinical priority areas and the relevant guidelines being used within the emergency care sector. 5 clinical areas were identified as key priority topics. The management of: 1) Sepsis, 2) Acute Coronary Syndrome, 3) Procedural Sedation, 4) Head Injury and 5) Pain Management.

A key aim of the G-I-N IFEM partnership is to work closely with the emergency clinical community and research networks to find effective ways to support implementation of best practice. The methodology developed from this project will provide a foundation for future work in other clinical priority areas. Sepsis was selected as the first topic to test a methodology that could be applied to the other clinical priority areas.

Next steps include:

- engaging the clinical community to undertake an AGREE appraisal on selected guidelines
- adapting recommendation for resourced constrained settings and
- working with local clinical teams to develop implementation plans.

If you are interested to be involved in the G-I-N Emergency Care Community please contact Sue Huckson at [ecc@g-i-n.net](mailto:ecc@g-i-n.net).

##### Publication of Paper

In December 2011 the results of the first survey undertaken by the community were published by the International Journal of Emergency Medicine. In May 2013 the paper was cited by BMC as highly accessed.

[Survey of preferred guideline attributes: what helps to make guidelines more useful for emergency health practitioners?](#) Aboulsoud S, Huckson S, Wyer P, Lang E Int J Emerg Med 2012;5(1):42.

##### Members of the Emergency Care Community Core Group

- |                                       |                   |
|---------------------------------------|-------------------|
| - Sue Huckson, Australia (Chair)      | - Peter Wyer, USA |
| - Samar Aboulsoud, currently in Qatar |                   |

##### Members of the Emergency-Care-Community Expert Reference Group

- |                                       |                              |
|---------------------------------------|------------------------------|
| - Samar Aboulsoud, currently in Qatar | - Rob Crouch, United Kingdom |
| - Marc Afilalo, Canada                | - Barry Diner, USA           |
| - V. Anantharaman, Singapore          | - Eddy Lang, Canada          |
| - Bill Barger, Australia              | - Terry Mulligan, USA        |
| - Maaret Castrén, Sweden              | - Peter Wyer, USA            |
| - Matthew Cooke, United Kingdom       |                              |

#### 4.4. 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, and 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 and Seoul Conference in August 2011, they were updated and approved at the Berlin 2012 conference. This brought the work of creating templates to an end, with four templates finalised: <http://www.g-i-n.net/activities/etwg/progresses-of-the-etwg>.

Since 2010, the Evidence Tables Working Group has been working with an external provider to develop GINDER (G-I-N Data Extraction Resource). This work has been on hold since August 2012 awaiting the outcome of the strategic review of GINDER by the Board, where the financial aspects were being scrutinised, as well as the current usefulness of the tool. A key area for consideration is around the fact that the effectiveness is based on the willingness of members to populate the tool with their information.

At the Berlin conference we discussed the Systematic Review Data Repository (SRDR) project in the USA and discussed the potential for collaboration between the two projects. Since then, Craig Whittington (Co-chair of the ETWG) accepted an invitation to be a member of the SRDR Governance Board, and has had further discussions with a member of the SRDR project team. To further the intention of a collaboration, the benefits of SDR for guideline developers shall be clarified. There will be a meeting of the ETWG in San Francisco to discuss the future direction of the group. There is the SRDR project and a DECIDE project which present opportunities for the group.

### Core members of the ETWG:

- |  |                                  |
|--|----------------------------------|
| - Hans de Beer, Netherlands (Co-chair)         | - Kelvin Hill, Australia         |
| - Craig Whittington, United Kingdom (Co-chair) | - Ton Kuijpers, Netherlands      |
| - Rob Cook, United Kingdom                     | - Duncan Service, United Kingdom |
| - Andreas Gerber, Germany                      | - Sara Twaddle, United Kingdom   |
| - Robin Harbour, United Kingdom                |                                  |

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

## 4.5. Implementation

### Reorganizing the Implementation Working Group

Dave Davis and Heather Buchan stepped down as co-chairs and Anna Gagliardi was elected as the new Chair

### IWG Web Site

Information about the IWG and its activities were updated on the G-I-N web site as of June 7, 2013: <http://www.g-i-n.net/activities/implementation/iwg>.

### IWG Meeting in 2013

A meeting of the IWG Steering Committee has been scheduled on Monday August 19 at the G-I-N conference in San Francisco. The meeting is closed so that the Steering Committee can review past achievements, and discuss, prioritize and plan ongoing activities. As a result, the Steering Committee will issue a renewed Terms of Reference and Strategic Plan. Following the G-I-N 2013 conference the IWG Strategic Plan will be announced to the G-I-N community via web site and G-I-N newsletter to confirm and/or solicit new members interested in actively participating in IWG activities.



## IWG Achievements 2009 to 2012

### Proposed in Lisbon 2009 (after which the IWG was launched)

- Develop “implementability” concept
- Improve G-I-N web site – section on implementation tools
- Provide members with information about implementation experts
- Provide training sessions on implementation at annual meeting
- Develop implementation working group
- Develop a taxonomy of implementation strategies
- Produce a G-I-N paper on implementation

### Ideas from 2010 G-I-N member survey

- Links to, or a repository of “best practice” for implementation
- A database of “tools”, ie. costing
- List of international people working on various implementation projects willing to network and/or provide advice
- Share information about successful implementation strategies through G-I-N newsletter
- Provide a forum to share ideas about implementation and stimulate innovative thinking/solutions
- Continue offering a forum for implementation at the annual meeting

### Progress

- An IWG Steering Committee was formed and met by teleconference on several occasions
- Guideline Implementability Research and Application Network (see separate GIRAnet report)
- The tools/resources section of G-I-N web site was updated and reorganized by A. Gagliardi: SEE <http://www.g-i-n.net/activities/implementation/implementation-resources-tools>
- Catherine Marshall delivers an implementation training workshop at annual G-I-N meetings
- Ilkka Kunnamo developed an implementation strategy taxonomy which is available on the G-I-N web site. This was subsequently published in Implementation Science: Mazza D, Bairstow P, Buchan H, Paubry Chakraborty S, Van Hecke O, Grech C, Kunnamo I. Refining a taxonomy for guideline implementation: results of an exercise in abstract classification. Implement Sci 2013;8:32.
- A key activity was a needs assessment survey of G-I-N members on implementation in 2010, the findings are available on the G-I-N web site: SEE <http://www.g-i-n.net/activities/implementation/iwg/implementation-2010-survey>
- The findings were presented at G-I-N 2010 in Chicago and fashioned into an outline for a manuscript but did not get published
- Presumably there will be a continued and growing component of the annual meeting program dedicated to implementation

## Options for Ongoing Activities to be Considered at G-I-N 2013

### Previously proposed but not addressed

- List of international people working on various implementation projects willing to network and/or provide advice
- Share information about successful implementation strategies through G-I-N newsletter
- Provide a forum to share ideas about implementation and stimulate innovative thinking/solutions

### New ideas

#### ***(not comprehensive, to be further elaborated by IWG members and G-I-N members)***

- Integration of guidelines with electronic medical records for implementation at the point-of-care
- Identifying guideline-/context-specific barriers of guideline implementation and use

- Methods for harmonizing guidelines on different topics for patients with multiple conditions
- Measures by which to evaluate the success of implementation (ie. implementation fidelity, not use or impact of the recommendations)
- Repository of relevant implementation theory
- The role of influentials (ie. opinion leaders, champions, facilitators, etc.)
- Multidisciplinary implementation approaches (implementation by teams)
- How to select and tailor interventions that are suitable to context
- Others?

#### Current IWG Steering Committee

- |   |                                |
|---|--------------------------------|
| • Anna Gagliardi, Canada (Chair)            | • Jorma Kormulainen, Finland   |
| • Heather Buchan, Australia (Past Co-chair) | • Illka Kunnamo, Finland       |
| • Dave Davis, US (Past Co-chair)            | • Danielle Mazza, Australia    |
| • Philip Bairstow, Australia                | • Leo van Romunde, Netherlands |
| • Ana Claverian Fontan, Spain               |                                |

#### Guideline Implementation Research and Application Network

GIRAnet is a collaboration of international guideline developers, implementers and researchers interested in implementability. In plain language this means integrating guideline development and implementation by including information in or with guidelines that helps users to implement them. The implementability concept was first defined by Shiffman as characteristics of guidelines that promote their use, and operationalized as criteria by which to clarify the wording of, and thereby promote use of guideline recommendations (Shiffman et al., 2005). To expand this concept we reviewed the medical literature for all guideline features associated with use and generated an implementability framework of 22 elements in eight domains (Implement Sci 2011;6:26). Content analysis of guidelines revealed that few offered such information. Therefore GIRAnet was formed with funding from the Canadian Institutes of Health Research to identify, describe, develop, share and evaluate guideline implementability tools (GIttools). Information about GIRAnet appears on the G-I-N web site and was updated as of June 14, 2013: <http://www.g-i-n.net/activities/implementation/giranet>.

#### Members of the Steering Committee

- |                                 |  |
|---------------------------------|--|
| • Onil Bhattacharyya, Canada    | • Ilkka Kunnamo, Finland                 |
| • Melissa Brouwers, Canada      | • Sandy Lewis, US                        |
| • Heather Buchan, Australia     | • Catherine Marshall, New Zealand        |
| • Dave Davis, US                | • Val Moore, United Kingdom              |
| • Roberto Grilli, Italy         | • Philip van der Wees/Amir Qaseem, G-I-N |
| • Roberta James, United Kingdom |  |

#### GIRAnet Interest Group

GIRAnet activities are informed by 200+ GIRAnet Interest Group members. These are essentially G-I-N members with whom we are actively collaborating, or who expressed interest in participating in and/or remaining informed about GIRAnet activities.

#### GIttool Assessment Criteria

We surveyed G-I-N members between July and September 2012, to establish criteria by which to select and assess GIttools for inclusion in an online directory. Through searching a variety of guidelines and other sources we identified a total of 71 GIttools (21 resource implications tools, 44

implementation tools, and 6 evaluation tools). All tools were evaluated against the “required” and “desired” assessment criteria.

### **Gltool Directory (<http://giranet.org>)**

GIRAnet Interest Group members were surveyed to establish the desired descriptive components of a Gltool record template. The Gltool Directory can be searched or browsed to identify and access Gltools. It features a sample of Gltools that were assembled by searching a sample of guidelines and a variety of other sources. Each Gltool record includes a link, brief description, and assessment based on criteria that were suggested by guideline developers, implementers and researchers. The international guideline community can contribute to the development of this resource by submitting information about a Gltool that they or others developed. We launched the Gltool Directory in June 2013 and have been communicating with many groups to further disseminate information about the Gltool Directory, and are about to undertake a second set of enhancements to the Directory function based on feedback received to date from users. We hope this will lead to a sustainable effort where international guideline developers, implementers and researchers contribute to, and draw from this shared resource.

### **GIRAnet Formative Evaluation**

We surveyed G-I-N members in December 2012 to gauge their interest in GIRAnet and the concept of implementability. This information will help us to plan ongoing GIRAnet activities. A total of 204 individuals responded. Almost half noted they were not previously aware of this initiative and, of these, 69% joined the GIRAnet Interest Group. Most were interested in using various knowledge products including a dedicated implementability web site (91%), an implementability framework (83%), directory of Gltools (72%), assessment criteria (69%) and an instructional manual describing best practices and resources needed to develop Gltools (69%). Preferences for ongoing communication included quarterly G-I-N newsletter (76%) and workshops at annual G-I-N meetings (57%). Numerous individuals expressed interest in active involvement in GIRAnet activities. We have been actively communicating with those who expressed interest to establish the ways in which they wish to become involved.

### **2nd Annual Canadian Guideline Implementability Meeting**

Carrying forth the momentum generated at the inaugural meeting held in April 2012, we held a second meeting in May 2013 with 28 Canadian guideline developers, implementers and researchers to solicit input on the Gltool Directory and prioritize goals for ongoing implementability research. Participants recommended we further characterize Gltools, thereby expanding and validating the implementability framework, elaborate on the criteria or fields that describe Gltools in the Directory including details about evaluation, use and impact; enable linking between similar or complementary records in the Gltool Directory, incorporate a mechanism for Gltool Directory user feedback, and develop and share instructional resources for developing, assessing and evaluating the impact of Gltools. More research is needed to understand how to integrate Gltools with point-of-care information systems.

### **G-I-N 2013**

GIRAnet will offer a workshop at two different times to introduce the GIRAnet program and the Gltools Directory, and discuss mutual interests with participants as a means of establishing collaborations. We will also deliver a short presentation on the identification and description of

GItools and as a member of the Scientific Committee, Anna Gagliardi will be moderating two concurrent sessions, and hosting a breakfast meeting of the GIRAnet Steering Committee.

## Research

### Completed

- We reviewed literature from a variety of disciplines to identify informational elements that were associated with guideline use. This generated a guideline implementability framework of 22 elements in eight domains. Content analysis of guidelines revealed that few offered such information (Implement Sci 2011;6:26).
- Interviews with 30 international guideline developers and implementers revealed that developing implementable guidelines was considered a useful strategy for promoting guideline use because their constituents have requested such tools, the effect is long-lasting because once developed the tools remain available, and because this approach may be easier, faster and less costly than other implementation strategies, it is feasible and therefore likely to be widely adopted. Participants noted that guidance was needed on how to develop GItools (BMC Health Services Research 2012;12:404).
- Content analysis of six guideline development instructional manuals revealed that few provided advice on how to incorporate implementability information or tools in guidelines, emphasizing the recommendation of developers we interviewed that guidance was needed on how to develop GItools (Implement Sci 2012;7:67).
- We searched through more than 100 guidelines for different clinical conditions and a variety of other sources to identify both guideline-specific and generic GItools, which were then described and evaluated according to the GItool Assessment criteria (manuscript in progress).

### Current

- To expand and validate the GItool Assessment Criteria we are currently using a modified Delphi process to survey a 30-member expert panel comprised of international guideline developers, implementers and researchers. This will lead to the development of a GItool assessment kit.
- We are currently interviewing developers of exemplar GItools to establish the processes and resources they used to generate GItools. This information will be assembled in a GItool development instructional manual.
- We reviewed barriers of guideline use in primary care and barriers appear to be specific to guidelines. To develop a more discerning barrier identification tool we are currently conducting a systematic review of the literature to characterize barriers associated with various guidelines of relevance to the primary care setting (ie. Asthma, arthritis, cancer screening, cardiovascular disease screening, chronic obstructive pulmonary disease, depression, diabetes, hypertension, lifestyle behaviours). To supplement this we are also reviewing the content to guidelines on the same condition. We can then better compare barriers across guidelines, and develop a barrier identification tool for application in the primary care setting.

## Funding Applications

GIRAnet was launched in with a three year network catalyst grant from the Canadian Institutes of Health Research (CIHR). Funding concludes in Spring 2014. In an effort to acquire additional funding for both GIRAnet and for implementability research we submitted proposals to the following competitions:

- CIHR Operating Grant Sept 2012 – not successful
- Networks of Centres of Excellence of Canada Knowledge Mobilization competition Jan 2012 – not successful

- CIHR Operating Grant Mar 2013 - announced July 2013
- CIHR-NSERC Collaborative Health Research Projects May 2013 –announced July 2013
- We will continue to identify funding opportunities and submit applications.

## Sustainability

We developed the Gtool Directory as a prototype resource which can be developed collaboratively through the submissions of the international guideline community provided an entity is willing to host this resource. We will discuss this option with the Implementation Working Group and the G-I-N Board.

### 4.6. North American Community

#### Overview of Activities

The 2012-2013 year was very active for G-I-N North America (G-I-N-NA), highlighted by the E-GAPPS conference in December, attracting 350 participants, and our on-going monthly webinar series, which continues to draw up 80-150 attendees for every session. We have also planned for several activities at the 2013 G-I-N Annual Conference to further engage our North American audience and collaborators.

#### G-I-N North America Webinar Series

Starting in January 2012 we began a monthly webinar, which has kindly been hosted 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 in the prior year (or planned):

1. October 2012. How to involve patients and the public in guideline development: the G-I-N PUBLIC toolkit. Corinna Schaefer (speaker), Rich Rosenfeld (moderator)
2. January 2013: Addressing co-morbidities: a call to action for the clinical practice guidelines community. Anand Parekh and Cynthia Boyd (speakers), Rich Rosenfeld (moderator)
3. February 2013: Individualized guidelines: the potential to improve quality and reduce costs. David Eddy (speaker), Marguerite Koster (moderator)
4. March 2013: How to work with AHRQ to identify and develop topics for systematic reviews: opportunities for the North American guideline community. Supriya Janakiraman (speaker), Marguerite Koster (moderator)
5. April 2013: How to develop guidelines within the context of a clinical quality improvement program. Mike Stuart and Sheri Strite (speakers), Marguerite Koster (moderator)
6. May 2013: An introduction to the GRADE approach to rating the quality of evidence and strength of guideline recommendations. Holger Schünemann (speaker), Marguerite Koster (moderator)
7. June 2013: National Guideline Clearinghouse: update on revised criteria for guideline submission. Jean Slutsky and Vivian Coates (speakers), Marguerite Koster (moderator)

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

G-I-N North America co-sponsored with the New York Academy of Medicine (NYAM) a two-day conference on “Evidence-based Guidelines Affecting Policy, Practice and Stakeholders” on December 10<sup>th</sup> and 11<sup>th</sup>, 2012 at the NYAM, located in Manhattan at Fifth Avenue and 103<sup>rd</sup> Street. The conference was supported by a \$50,000 small conference grant from AHRQ and was attended by 350 participants. Our steering group agreed that since the 2013 G-I-N Annual Conference will be in the

US, there was no need for a 2013 North American event. We will tentatively plan for a 2014 event that builds on the highly successful E-GAPPS inaugural conference.

#### **G-I-N NA Event at the 2013 Annual G-I-N Conference**

We have planned a 3 hour ice-breaker and fund raising event for Monday, August 19, from 6:00 to 9:00 pm, at the San Francisco Press Club, a wine bar and lounge. We anticipate 65-100 attendees, whose name badges will indicate their names and key interests (e.g., CPG development, implementation) to promote networking and discussion. 10% of proceeds from all drinks ordered will be donated to a non-profit society (TBD), possible the Anne Anderson Fund (supports systematic review work by young researchers in low-income countries) or Consumers United for Evidence-Based Healthcare (a national consumer advocacy organisation under the auspices of the US Cochrane Center). Anticipated donation will be about \$200-300 USD.

#### **Steering Group for G-I-N North America:**

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

#### **4.7. Performance Measures Working Group (PMWG)**

The G-I-N Performance Measures Working Group (PMWG) met for the first time at the 9th conference in Berlin in 2012 and consists of about 30 members from over 10 countries. The group set two objectives at the meeting. First, to set up a webpage for the group on the G-I-N site and second to develop standards for guidelines based performance measure development. The Website was set up in September 2012 (<http://www.g-i-n.net/activities/performance-measures-group>).

The lead members of the PMWG (Monika Nothacker – AWMF, Tim Stokes and Beth Shaw – NICE) are conducting a study together with the group to develop core standards for guidelines based performance measure development. The standards will be developed based on a systematic review of the literature and a DELPHI consensus process with members of the G-I-N PMWG. The draft study protocol was finished in May 2013 and reviewed by international experts in the field. The DELPHI process with the group will take place in June and July. This process should lead to consensus on recommendations concerning core reporting standards. This work will be presented at the 10th G-I-N conference in San Francisco in 2013. In San Francisco, the group will have a meeting to discuss next steps including the development and validation of a performance measure assessment tool.

#### **4.8. G-I-N Public**

Sarah Chalmers stepped down in 2012. We welcomed Jane Cowl as new member (who has supported us already in the pre-conference workshop in Chicago), Loes Knaapen stepped down as Steering Committee Coordinator and Trudy van der Weijden agreed to coordinate the group together with Corinna Schaefer.

#### **Meetings**

We held six meetings, including two face-to-face in Berlin; two teleconferences (Oct, Jan); two teleconference meetings for the preparation of a pre-conference Workshop in San Francisco (Feb and May). One more teleconference is planned for July.

#### **G-I-N PUBLIC at Berlin 2012**



On August 23rd 2012, during the G-I-N conference in Berlin, G-I-N PUBLIC held its annual face-to-face steering committee meeting. Jane Cowl was elected steering committee member, a strategy for the dissemination and implementation of the toolkit was discussed and the agenda for 2012/13 was set up. On August 24<sup>th</sup> G-I-N PUBLIC launched its “Toolkit on patient and public involvement in guideline development”. In the afternoon plenary session, Loes Knaapen and Madeleine Wang presented the toolkit, its rationale and the working process. A G-I-N PUBLIC panel session followed the plenary, where five steering committee members and toolkit authors (Trudy van der Weijden, Jane Cowl, Javier Gracia, Corinna Schaefer and Carrie Davino) presented core chapters of the toolkit and discussed them and their applicability with the audience. In the break between plenary and panel session, G-I-N PUBLIC organized a launch party for the toolkit, combined with an open meeting for those interested to learn more about G-I-N PUBLIC.

### Toolkit

We appreciate the financial support from the Guidelines International Network that allowed us to hire an assistant editor and will facilitate the promotion and dissemination of the Toolkit. It was launched at the 2012 Conference in Berlin and actually comprises six chapters and an introduction. 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, several strategies of publication have been discussed. As an issue of considerable costs, these will be reviewed by the G-I-N board based on the recommendations of the communication and membership committee.

### Preparations for G-I-N 2013 in San Francisco

G-I-N PUBLIC will hold a full day pre conference workshop on PPI and the toolkit, organized by Carrie Davino and Corinna Schaefer supported by Rich Rosenfeld, Helen Tyrell, Javier Gracia and other steering committee members.

### Steering committee of G-I-N PUBLIC:

- Corinna Schaefer, Germany (Coordinator)
- Trudy van der Weijden, Maastricht University, Netherlands (Coordinator)
- Antoine Boivin, Canada
- Jane Cowl, United Kingdom
- Carrie Davino, USA
- Javier Gracia, Spain
- Loes Knaapen, Canada
- Rich Rosenfeld, USA (Board Liaison)
- Anne Hilde Røsvik, Norway
- Carol Sakala, USA (Consumer representative)
- Helen Tyrell, United Kingdom (Consumer representative)
- Madeleine Wang, United Kingdom (Consumer representative)

## 5. Congresses, Workshops, Meetings

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

### 5.1. 9<sup>th</sup> G-I-N Annual Conference Berlin (Germany), 22<sup>nd</sup> – 25<sup>th</sup> August 2012

G-I-N 2012 Berlin was a great success which has broken all records: About 570 delegates across 45 countries attended the event, including 70 who came in order to attend the first German language symposium alone. The conference program included 5 stimulating plenary sessions, 19 interactive workshops and panel sessions, 80 short oral presentations and almost 200 posters. The conference was recognized for being at a very high scientific level. The work of the authors of abstracts, inspiring speakers and the scientific committee was very much appreciated.

Celebrating 10 years of G-I-N, the first plenary session was a special opportunity for former G-I-N chairs and vice-chairs as well as the audience representing the membership to discuss lessons learned and visions for the future work of our network. The mission of G-I-N “to lead, strengthen and support collaboration and work within the guideline development, adaptation and implementation community” was felt to be sustainable also in the light of new challenges.

Some key activities of note are:

Loes Knaapen, Canada, and Madeleine Wang, UK, presented the new G-I-N Public Toolkit on Patient and Public Involvement, followed by a fine get together party of the G-I-N Public working group during the session break.

Jürgen Matzat, Germany gave an outstanding insight to “The experience of being a patient representative in guideline development groups”.

The plenary “Knowledge Translation 2020” was very well received and many delegates praised the final session. According to Iain Chalmers, Glyn Elwyn, and Victor Montori, the key note speakers, the most important challenges today for the guideline community are implementation of evidence based information and avoiding use of biased research results for guideline recommendations. They outlined a crucial dilemma: CPG development has become more and more a specialists’ issue and an end in itself. Evidence is one base for clinical decision making. It has to come along with patients’ personal values and their conditions and context. To really implement knowledge, clinicians and methodologists have to share their knowledge with patients – that is what matters in clinical practice. Guideline content should be linked directly to decision support tools for both doctors and patients to use together within a consultation. Guideline developers are being asked to collaborate with patients more than ever. They should foster their participation in CPG development to assure we develop tools that are relevant for them.

At the end of the conference, the poster prize 2012 was presented to Alexander Nast and his team from the Division of Evidence Based Medicine, Charité University Medicine Berlin for their study “The importance of wording in guideline recommendations - a German evaluation”

The 1st NAJOUA MLIKA-CABANNE INNOVATION AWARD was presented to Dr. Marcia Kelson in recognition of her ground-breaking work in patient involvement in clinical guidelines.

The award acknowledges Dr. Kelson’s contribution to innovation in the methodology, development, and /or implementation of clinical practice guidelines.

The **Conference Proceedings** containing 320 abstracts are available online as pdf file via the G-I-N website (<http://www.g-i-n.net/events/9th-conference>) or in a searchable html version via the e-journal German Medical Science( <http://www.egms.de/dynamic/en/meetings/gin2012/index.htm>).

**Presentations** of all plenary sessions and many other oral sessions can be viewed and downloaded via the G-I-N website (<http://www.g-i-n.net/events/9th-conference/presentations>).



### Members of the Scientific Committee

- Ina Kopp, Germany (Chair)
- Lubna Al-Ansary, Saudi Arabia
- Phil Alderson, United Kingdom
- Gerd Antes, Germany
- Karen Daniels, South Africa
- Brigitte Ettl, Austria
- Paul Glasziou, Australia and United Kingdom
- Javier Gracia, Spain
- Metin Gülmezoglu, Turkey and Switzerland
- Basia Kutryba, Poland
- Monika Lelgemann, Germany
- Joseph L. Mathew, India
- Douglas K. Owens, USA
- Holger Schünemann, Canada
- Stig Slørdahl, Norway
- Joachim Szecsenyi, Germany
- Rodrigo Pardo Turriago, Colombia
- Trudy van der Weijden, Netherlands
- Jürgen Windeler, Germany

### 5.2. G-I-N Annual Conferences 2013 and beyond

The 10<sup>th</sup> G-I-N Conference will be taking place in San Francisco, California from 18<sup>th</sup> – 21<sup>st</sup> August and will be co-hosted by Kaiser Permanente, one of our Organisational Members. The theme of the conference is “Integrating Evidence into Practice – Strategies for the Future” and this year, the conference will be opened for the first time by a keynote speaker, Dr Joe Selby, Executive Director of the Patient-Centered Outcomes Research Institute (PCORI).

There are six pre-conference courses, which will be taking place on Sunday 18<sup>th</sup> August. Topics will cover various aspects of guideline development from using tools such as AGREE or GRADE, through to an Implementation Masterclass facilitated by international experts.

Next year, in line with our conference location rotation model, the conference will take place in Melbourne, Australia and in 2015 we will be back in Europe for our conference in the Netherlands.

### 5.3. External representation

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

Qaseem A, Forland F, Macbeth F, Ollenschläger G, Phillips S, van der Wees P. Guidelines International Network: Toward International Standards for Clinical Practice Guidelines. *Annals of Internal Medicine*. 2012;156(7):525-31.

**Table 4: G-I-N Presentation 2012/2013 (G-I-N Congresses, presentations on behalf of the Network at national / international conferences/workshops/meetings)**

Date	Country	Activity
Aug. 2012	Berlin, Germany	German Satellite Symposium in context with the 2012 G-I-N Conference
Oct. 2012	Geneva, Switzerland	ISQUA
Oct. 2012	Addis Ababa, Ethiopia	Workshop for Librarians on Evidence based literature searching
Oct. 2012	Amsterdam, The Netherlands	Presentation at the United European Gastroenterology Week
Dec. 2012	Kigali, Rwanda	Second Annual conference at the Collaboration for Evidence Based Healthcare

		in Africa
Dec. 2012	Berlin, Germany	Presentation of the 2012 G-I-N Conference Highlights at the annual guideline-conference of the Association of the Scientific Medical Societies in Germany
Jan. 2013	Enschede, The Netherlands	Guidelines and patient safety, University of Twente
Mar. 2013		International collaboration on guideline development
Mar. 2013	Amsterdam, The Netherlands	Presentation to master students in International Health at the Royal Tropical Institute and the Free University of Amsterdam
Apr. 2013	Delhi, India	Presentation at the Second Indo-German Dialogue on Social Policy
May 2013	Utrecht, The Netherlands	GENEVER meeting, (Dutch G-I-N members)
May 2013	Cape Town, South Africa	The African Cochrane Indaba and for master classes in Clinical Epidemiology at Stellenbosch University
Jun. 2013	Oslo, Norway	Leadership course for the Norwegian Directorate of Health
Jul. 2013	Rome, Italy	Summerschool clinical practice guidelines on rare disease

## Financial report 2012

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.

Statement of Financial Activities Period from 01.04.2012 - 31.03.2013	
<b>Incoming resources</b>	
Incoming resources from generating funds	
Voluntary income	198 668 €
Investment income	513 €
Incoming resources from charitable activities	- €
<b>Total incoming resources</b>	<b>199 181 €</b>
<b>Resources expended</b>	
Charitable activities	151 219 €
Governance costs	51,540 €
<b>Total resources expended</b>	<b>202 759 €</b>
<b>Net outgoing resources for the year</b>	<b>3 578 €</b>
Total funds brought forward	77 147 €
<b>Total funds carried forward</b>	<b>73 569 €</b>

## Board of Trustees 2012-2013

Lubna Al-Ansary (SA)	Bahamdan's Research Chair for Evidence-Based Health Care and Knowledge Translation at King Saud University, Riyadh, Saudi Arabia
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Holger Schünemann (CA)	McMaster University
Duncan Service (UK)	Scottish Intercollegiate Guidelines Network
Philip van der Wees (NL)	European Region of the World Confederation of Physical Therapy and Royal Dutch Society for Physical Therapy <u>Past-President</u>

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

## G-I-N Honorary Patrons

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

## Abbreviations

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AAN	American Academy of Neurology, US
AAO	American Academy of Otolaryngology, US
AAOS	American Academy of Orthopaedic Surgeons, 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
AHTA	Adelaide Health Technology Assessment, AU
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
ASTRO	American Society for Radiation Oncology, US
AUA	American Urological Association, US
AWMF	Association of Scientific Medical Societies, DE
BMJ	BMJ Group, UK
BQS	Institute for Quality and Patient Safety, DE
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
CEBCPGs	Center for Evidence-Based Clinical Practice Guidelines, Healthcare Quality Directorate of Alexandria University Hospitals, EG
CEM	Cellule d'expertise medical, LU
CEMBE	Center for EBM, Univ. of Lisbon School of Medicine, PT
CENETEC	National Center for Health Technology Excellence, MX
CEP	Penn Medicine Center for Evidence-based Practice, US
CePiC	Clinical Epidemiology Centre, University of Lausanne, CH
CEVEAS	Centre for the Evaluation of Effectiveness of Health Care, IT
CGS	UserGroup – Med. Leitlinienentwicklung e.V., DE
CIR	Center for International Rehabilitation, US
CRED	CRED Foundation - Romanian-Swiss Centre for Health Sector Development, RO
CTS	Canadian Thoracic Society, CA
CVZ	College voor Zorgverzekeringen, NL
DIP	Diagnostic Imaging Pathways, Royal Perth Hospital, AU
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 KT	Chair of Evidence-based Healthcare and Knowledge Translation, SA
ECDC	European Centre for Disease Prevention and Control, SE
GIMBE	GIMBE Foundation, IT
GlobeMed	GlobeMed Ltd., LB
GOEG	Health Austria, Federal Institute for Quality in Health Care, AT

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GRADE	GRADE Working Group
GYEMSZI	National Institute for Quality- and Organizational Development in Healthcare and Medicines, HU
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
HDir	Directorate for Health, NO
HTA-DoH	HTA Unit, Ministry of Health Malaysia, MY
IACS	GuíaSalud-Health Sciences Institute of Aragón, ES
ICEBM	Iranian Center for Evidence-based Medicine, IR
ICSI	Institute for Clinical Systems Improvement, US
IDSA	Infectious Diseases Society of America, US
IETS	Institute of Technology Assessment in Health, CO
IFEM	International Federation for Emergency Medicine
IHD	Republican Centre for Health Development, KZ
IKNL	Comprehensive Cancer Centre, 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
KAMS	Korean Academy of Medical Sciences, KR
KCE	Belgian Healthcare Knowledge Centre, BE
KIT	Royal Tropical Institute, NL
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
NBHW	National Board of Health and Welfare, SE
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 Care 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
REDEGUIAS	Spanish Network for Research on Guidelines, ES
RNAO	Registered Nurses Association of Ontario, CA
SIGN	Scottish Intercollegiate Guidelines Network, UK
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