**GIN-McMaster Guideline Development Checklist**

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| **Guideline Development Checklist**  |
| **Topic** | **Description** |
| 1. Organization, Budget, Planning and Training | *Organisation, budget, planning and training* involves laying out a general but detailed plan describing what is feasible, how it will be achieved and what resources are required to produce and use the guideline. The plan should refer to a specific time period, and be expressed in formal, measurable terms. |
| 2. Priority Setting | *Priority-setting* is the identification, balancing and ranking of priorities by stakeholders. It ensures that resources and attention are devoted to those general areas (e.g. chronic obstructive pulmonary disease, diabetes, cardiovascular disease, cancer, prevention) where healthcare recommendations will provide the greatest benefit to the population, a jurisdiction or a country. A priority-setting approach needs to contribute to future plans while responding to existing potentially difficult circumstances (citations provided in checklist extension). |
| 3. Guideline Group Membership | *Guideline group membership* defines who is involved, in what capacity, and how the members are selected for the guideline development and at other steps of the guideline enterprise. |
| 4. Establishing Guideline Group Processes | *Establishing guideline group* processes defines the steps to be followed, how those involved will interact, and how decisions will be made. |
| 5. Identifying Target Audience and Topic Selection | *Identifying target audience* involves describing the potential users or consumers of the guideline. Topic selection defines the topics to be covered in the guideline (e.g. diagnosis of chronic obstructive pulmonary disease). |
| 6. Consumer and Stakeholder Involvement | *Consumer and stakeholder involvement* describes how relevant people or groups who are not necessarily members of the panel but affected by the guideline, e.g. as target audience or users, will be engaged. |
| 7. Conflict of Interest (COI) Considerations | *Conflict of interest* *considerations* focus on defining and managing potential divergence between an individual’s interests and their professional obligations that could lead to questioning of whether the actions or decisions are motivated by gain such as financial, academic advancement, clinical revenue streams or community standing. Financial or intellectual or other relationships that may impact an individual or organisation’s ability to approach a scientific question with an open mind are included. |
| 8. (PICO) Question Generation | *PICO question generation* focuses on defining key questions the recommendations should address, including the detailed population, intervention (including diagnostic tests and strategies) and outcomes that will be relevant for decision-making (e.g. should test A be used, or should treatments B, C, D or E be used in chronic obstructive pulmonary disease). |
| 9. Considering Importance of Outcomes and Interventions, Values, Preferences and Utilities | *Considering importance of outcomes and interventions, values, preferences and utilities* includes integrating in the process of developing the guidelines, how those affected by its recommendations assess the possible consequences. These include patient and carer knowledge, attitudes, expectations, moral and ethical values, and beliefs; patient goals for life and health; prior experience with the intervention and the condition; symptom experience (for example, breathlessness, pain, dyspnoea, weight loss); preferences for and importance of desirable and undesirable outcomes; perceived impact of the condition or interventions on quality of life, well-being or satisfaction and interactions between the work of implementing the intervention, the intervention itself, and other contexts the patient may be experiencing; preferences for alternative courses of action; and preferences relating to communication content and styles, information and involvement in decision-making and care. This can be related to what in the economic literature is considered ‘utilities’. An intervention itself can be considered a consequence of a recommendation (e.g. the burden of taking a medication or undergoing surgery) and a level of importance or value is associated with that. undesirable outcomes; perceived impact of the condition or interventions on quality of life, well-being or satisfaction and interactions between the work of implementing the intervention, the intervention itself, and other contexts the patient may be experiencing; preferences for alternative courses of action; and preferences relating to communication content and styles, information and involvement in decision-making and care. This can be related to what in the economic literature is considered ‘utilities’. An intervention itself can be considered a consequence of a recommendation (e.g. the burden of taking a medication or undergoing surgery) and a level of importance or value is associated with that. |
| 10. Deciding what Evidence to Include and Searching for Evidence | *Deciding what evidence to include and searching for evidence* focuses on laying out inclusion and exclusion criteria based on types of evidence (e.g. rigorous research, informally collected), study designs, characteristics of the population, interventions and comparators, and deciding how the evidence will be identified and obtained. It also includes but is not limited to evidence about values and preferences, local data and resources. |
| 11. Summarizing Evidence and Considering Additional Information | *Summarising evidence and considering additional information* focuses on presenting evidence in a synthetic format (e.g. tables or brief narratives) to facilitate the development and understanding of recommendations. It also involves identifying and considering additional information relevant to the question under consideration. |
| 12. Judging Quality, Strength or Certainty of a Body of Evidence | *Judging quality, strength or certainty of a body of evidence* includes assessing the confidence one can place in the obtained evidence by transparently evaluating the obtained research (individual studies and across studies) and other evidence applying structured approaches. This may include, but is not limited to, evidence about baseline risk or burden of disease, the values and preferences, resource use (cost), estimates of effects and diagnostic test accuracy. |
| 13. Developing Recommendations and Determining their Strength | *Developing recommendations* focuses on integrating the factors that influence a recommendation using a structured analytic framework, and a transparent and systematic process. Determining the strength of the recommendations refers to judgments about how confident a guideline panel is that the implementation of a recommendation exerts more desirable than undesirable consequences. |
| 14. Wording of Recommendations and of Considerations of Implementation, Feasibility and Equity | *Wording of recommendations* refers to choosing syntax and formulations that facilitate understanding and implementation of the recommendations. Such wording is connected to considerations of implementation, feasibility and equity, which refer to the guideline panel’s considerations about how the recommendation will be used and what impact it may have on the factors described. |
| 15. Reporting and Peer Review | *Reporting* refers to how a guideline will be made public (e.g. print, online). *Peer review* refers to how the guidelines document will be reviewed and how it can be assessed (e.g. for errors), both internally and externally, prior to its publication by stakeholders who were not members of the guideline development group. |
| 16. Dissemination and Implementation | *Dissemination and implementation* focuses on strategies to make relevant groups aware of the guidelines and to enhance their uptake (e.g. publications and tools such as mobile applications). |
| 17. Evaluation and Use | *Evaluation and use* refers to formal and informal strategies that allow judgments about evaluation of the guidelines as a process and product; evaluation of the use and/or uptake; and evaluation of impact and whether or not the guideline leads to improvement in patient or population health or other consequences. |
| 18. Updating | *Updating* refers to how and when a guideline requires revision because of changes in the evidence or other factors that influence recommendations. |