Institute of Medicine Standards for Developing Trustworthy Clinical Practice Guidelines

(Adapted from Cifu et al, JAMA 2014 – Introducing JAMA Clinical Guidelines Synopsis Series)

Rating

Standard	Poor	Fair	Good
1. Establishing transparency	Guideline development and funding is neither detailed explicitly nor publicly accessible.	Guideline development and funding is only partially described or is not publicly accessible.	Guideline development and funding is well described and publicly accessible.
2. Management of conflict of interest (COI) in the Guideline Development Group (GDG)	Potential COI of the GDG not disclosed in writing prior to convening. COI include a GDG member's participation in marketing and advisory boards as well as other financial interests related to the subject of the guideline.	Significant documented efforts to limit the effect of COIs on GDG selection and leadership.	GDG chair and co-chairs do not have COIs. COIs do not exist among most panel members. Full disclosure and all reasonable steps have been taken to limit the influence of COIs among other GDG members and contributors.
3. GDG composition	GDG includes only specialists in the field; methodological expertise limited; little effective participation from current or former patients or consumer organizations relevant to the issue.	Significant documented efforts to include other disciplines, address balance, and encourage effective patient and consumer representation.	Guidelines were developed by a balanced multidisciplinary group representing a variety of methodological experts and clinicians, as well as populations expected to be affected by the guideline.
4. Clinical practice guideline–systematic review intersection	Systematic reviews are available but were either of low quality or were not used in developing the guideline.	Systematic reviews are available but were either of only fair quality or were not used in developing the guideline.	Systematic reviews meeting IOM criteria are available, are of high quality, were used in developing the guideline, and support the guideline's principal recommendations.
5. Establishing evidence foundations and rating strength for each of the guideline recommendations	The evidence underlying each of the guideline's recommendations is weak or unrated, lacks clear description of potential benefits and harms. Rating of the strength of each recommendation is not provided.	There is strong evidence underlying the guideline but the recommendation does not fully describe the potential benefits and harms, summarize relevant available evidence, or explain the part played by values, opinion, theory, and clinical experience in deriving the recommendation.	There is strong evidence underlying the guideline; the recommendation includes a clear description of potential benefits and harms, a summary of relevant available evidence, and an explanation of the part played by values, opinion, theory, and clinical experience in deriving the recommendation.
6. Articulation of recommendations	Recommendation is imprecise concerning the action being advised and under what circumstances the recommendation should be followed. The wording hinders evaluation of compliance with	Recommendation generally describes the recommended action and under what circumstances it should be performed. Evaluation of compliance with guideline may require added interpretation.	Recommendation details precisely, and in a standardized form, what the recommended action is and under what circumstances it is to be performed. Evaluation of compliance with guideline is

	guideline.		straightforward.
7. External review	External review was absent. External reviewer comments and modification are not available.	External review took place but was not consistent with, or did not measure up to, IOM Standards for Developing Trustworthy Clinical Practice Guidelines. Cursory written record of comments and/or modification rationales are available.	External review was completed and external reviewers comprised a full spectrum of relevant stakeholders, including scientific and clinical experts, organizations (eg, health care, specialty societies), agencies (eg, federal government), patients, and representatives of the public. Reviewing individuals and organizations were allowed confidentiality. Comments were documented, with rationales for modification decisions. Draft was distributed to general public prior to release.
8. Updating	The guideline is missing important elements, such as a publication date, date of pertinent systematic evidence review, or proposed date for future review.	The guideline includes a publication date, date of pertinent systematic evidence review, and proposed date for future review. Mechanisms for updating the guideline are unstated.	The guideline includes a publication date, date of pertinent systematic evidence review, and proposed date for future review. Regular monitoring of new literature with provisions to modify the guideline when important new evidence emerges.
9. Implementation Issues	The guideline is complex and would be difficult to implement; validated tools such as electronic health record and smartphone risk calculators not readily available; evidence for successful implementation is lacking; there is limited adoption of the guideline's recommendations by other groups evaluating the same clinical problem; insurance coverage prospects for the guideline's recommended actions are poor.	The guideline is generally clear but may face important obstacles in acceptance, decision support, implementation, and/or coverage.	The guideline is easy to understand and straightforward to communicate. There is wide support in the medical community and public for its goals. Accepted and decision support tools exist. Literature exists supporting successful implementation and prospects for coverage by payers is promising.