CTFPHC Critical Appraisal Process for Externally Developed Guidelines

Background

The Canadian Task Force on Preventive Health Care (CTFPHC) develops and disseminates clinical practice guidelines (CPG) for primary preventive care, based on systematic analysis of scientific evidence. The CTFPHC, in cooperation with the Prevention Guidelines Division at the Public Health Agency of Canada and the Evidence Review and Synthesis Centre (ERSC), meets this mandate in several ways. The CTFPHC develops new guidelines or updates existing guidelines on preventive health services, and also identifies additional high quality guidance produced by other organizations on topics that are relevant to the CTFPHC's mandate.

What is a critical appraisal?

The CTFPHC has implemented a process to critically appraise eligible guidelines produced by other groups. The CTFPHC critical appraisal process does not include a new systematic review of the source evidence referred to in the guidelines. As a result, the CTFPHC does not undertake a detailed content review of the recommendations or the appropriateness of levels of evidence. The focus of the critical appraisal is on the quality of the methods used to produce the guideline, with a Commentary section that outlines some points for primary care to consider if they choose to implement the recommendations in practice.

Objectives

The primary objective of the critical appraisal process is to identify high quality guidelines that Canadian practitioners can use to facilitate preventive health care. A secondary objective is for the CTFPHC website to serve as a repository of guidelines identifying best practices for primary and secondary prevention.
1. Identification of a topic or guideline to consider for CTFPHC appraisal process

   The Scientific Officer will obtain direction from the Chair of the CTFPHC Identity WG on topics not currently under consideration. The Scientific Officer will also review suggestions from CMA, CTFPHC members, external CPGs, or new guidelines. The Scientific Officer will then make a decision on which topics are suitable for appraisal. If a topic is not suitable for appraisal, it will be discussed with the Chair of the CTFPHC Identity WG.

<table>
<thead>
<tr>
<th>Step</th>
<th>Components of the Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Identification of a topic or guideline to consider for CTFPHC appraisal process</td>
</tr>
<tr>
<td>2</td>
<td>Review of guideline or topic for relevance to the CTFPHC mandate</td>
</tr>
</tbody>
</table>

   The Scientific Officer will consult with the Critical Appraisal WG chair and other Scientific Officers to ensure that all relevant criteria are considered. The following criteria will be used to determine the relevance of a guideline:

   - Disease burden (affected population, incidence)
   - Public or provider interest in the topic
   - Variations in care and the potential for preventive service to decrease the burden (e.g., evidence of effectiveness of preventive service in decreasing the burden)
   - Potential impact of recommendation on clinical practice and opportunities for practice improvement
   - Degree of alignment with CTFPHC topic priorities
   - Degree of alignment with CPG and would impact the recommendations of other health authorities who may not be currently considered in the current guidelines (e.g., provinces that have not yet released new evidence). In addition, the Scientific Officer will also consult with the Chair of the Critical Appraisal WG to ensure that all relevant criteria are considered.

<table>
<thead>
<tr>
<th>Step</th>
<th>Components of the Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Most Responsible Person(s)</td>
</tr>
<tr>
<td>4</td>
<td>Detailed Activities and Considerations</td>
</tr>
</tbody>
</table>

   - CPGs or topics that are suitable for critical appraisal can be identified through the following mechanisms:
   - Suggestions from CMA based on Infobase web analytics
   - Suggestions from CTFPHC members, external CPGs, or new guidelines
   - Selection Committee for new guidelines
   - CPGs and would impact the recommendations of other health authorities who may not be currently considered in the current guidelines
   - New evidence published since guideline last released or updated that has not been considered in the current CPGs or topics that are suitable for critical appraisal can be identified through the following mechanisms:
   - The Scientific Officer will consult with the Chair of the Critical Appraisal WG to ensure that all relevant criteria are considered.

<table>
<thead>
<tr>
<th>Step</th>
<th>Components of the Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Identification of a topic or guideline to consider for CTFPHC appraisal process</td>
</tr>
<tr>
<td>6</td>
<td>Review of guideline or topic for relevance to the CTFPHC mandate</td>
</tr>
</tbody>
</table>

   The Scientific Officer will consult with the Chair of the Critical Appraisal WG chair and other Scientific Officers to ensure that all relevant criteria are considered. The following criteria will be used to determine the relevance of a guideline:

   - Disease burden (affected population, incidence)
   - Public or provider interest in the topic
   - Variations in care and the potential for preventive service to decrease the burden (e.g., evidence of effectiveness of preventive service in decreasing the burden)
   - Potential impact of recommendation on clinical practice and opportunities for practice improvement
   - Degree of alignment with CTFPHC topic priorities
   - Degree of alignment with CPG and would impact the recommendations of other health authorities who may not be currently considered in the current guidelines (e.g., provinces that have not yet released new evidence). In addition, the Scientific Officer will also consult with the Chair of the Critical Appraisal WG to ensure that all relevant criteria are considered.

<table>
<thead>
<tr>
<th>Step</th>
<th>Components of the Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Most Responsible Person(s)</td>
</tr>
<tr>
<td>8</td>
<td>Detailed Activities and Considerations</td>
</tr>
</tbody>
</table>
Conduct a literature scan for recently published guidelines on that topic. Or, if a guideline has already been suggested, search for other recently published guidelines on that same topic.

Once a CPG has been selected for this process through opportunistic methods, it is important to determine whether other guideline groups have also recently published recommendations on the same topic.

4.
Complete the Guideline Selection template and choose a guideline (or guidelines) for appraisal.

Each guideline identified through the literature scan (step 3) will be evaluated based on 6 criteria:

1. Whether the guideline was produced by a national group.
2. Whether the guideline was produced by a generalist group.
3. Whether the target audience is national.
4. Whether the recommendations are based on a systematic review of the literature (which is available).
5. Whether the guideline applied the GRADE system.
6. Whether a family doctor was in the author list.

The contents of the completed template will be discussed at a Critical Appraisal WG meeting. Members will select the guideline (or guidelines) that will be critically appraised through a qualitative assessment of the criteria.

5.
Evaluation of the CPG development process using the AGREE II review tool and scoring system. This includes additional criteria identified by the CTFPHC.

The Scientific Officer will send the CPG and supporting documents to a minimum of 4 CTFPHC members and 2 TFO members for completion of AGREE II assessment.

Assessors will be given 2 weeks to complete and submit their reviews. The Scientific Officer will be responsible for compilation of AGREE II assessment forms, which will then be reviewed by the TFO to ensure that all guidelines on the same topic are being critically appraised.

Reviews will be submitted electronically to the Scientific Officer.

Criteria identified by the CTFPHC.
6. Generation of summary report for dissemination

PGD Scientific Officer

CTFPHC members and, Critical Appraisal WG members

The final report will be generated for each CPG that

- scores of at least 60% on the AGREEII domains of Scope and Purpose, Rigor of Development and Editorial Independence.
- have a higher level CFPHC agreement for the above domains and meet the CFPHC’s criteria for

7. Review and vote by TF members

CTFPHC members will review and vote on the final decision.

8. Peer review

PGD Scientific Officer

CTFPHC members

The completed report is sent to at least 2 external peer reviewers.

9. Feedback to the CPG developer group

Scientific Officer

All scores will be tabulated and summary scores calculated. A formal peer review will be conducted. The completed report is sent to at least 2 external peer reviewers.

If changes are considered substantial, the report must be re-evaluated by the TF members. Otherwise, the changes are considered minor.

If responses to comments is not provided to the peer reviewers, the completed report is not considered substantive.

Full Task Force for approval.

If the PGD Scientific Officer and circulated to the AGREEII Scientific Officer, Critical Appraisal WG members, and CTFPHC members.

The final report will be generated for each CPG that

- scored at least 60% on the AGREEII domains of Scope and Purpose, Rigor of Development and Editorial Independence.
- have a higher level CFPHC agreement for the above domains and meet the CFPHC’s criteria for
The appraisal will be sent to the lead of the originating development group for information purposes and to correct any factual inaccuracies.

10. Review of KT opportunities and collaboration through Knowledge Translation working group (KTWG)

- Critical Appraisal WG Chair,
- PGD Scientific Officer,
- and members from the KTWG.

- Review all KT tools available by guideline producer and assess whether they can be included in the disseminated package.
- CTFPHC
- Clinical Practice Guidelines
- Appraisal of Guidelines Research and Evaluation – II
- AGREE
- CPG
- Prevention Guidelines Division
- Knowledge Translation
- Evidence Review and Synthesis Centre
- Canadian Task Force on Preventive Health Care
- KT
- PGD
- ERSC
- CTFPHC
- KTWG
- WG
- Chair
- PGD
- Officer
- CTFPHC
- Canadian Task Force on Preventive Health Care

11. Dissemination by the Knowledge Translation Working Group

- The CTFPHC will review the final appraisals and prepare them for dissemination through posting in a designated section of the CTFPHC website.
- The KTWG will review the final appraisals and prepare them for dissemination by the Knowledge Translation Working Group.

12. Maintaining currency of the critical appraisals

- PGD, Critical Appraisal WG
- Most guidelines are updated either on a regular basis or a one-off updated schedule. Any guidelines that have been critically appraised and posted on the CTFPHC site will be reviewed annually to determine if the guidelines are still up to date. Updates to guidelines will be reviewed and posted on the CTFPHC site. Guidelines may need to undergo a new appraisal process to reflect the most recent CPG.

- depending on the extent of the update, a new appraisals may be needed to update the most recent CPG. It may be necessary to consult with the originating CPG development organization. Most guidelines are updated either on a regular basis or a one-off updated schedule. Any guidelines that have been critically appraised and posted on the CTFPHC site will be reviewed annually to determine if the guidelines are still up to date. Updates to guidelines will be reviewed and posted on the CTFPHC site. Guidelines may need to undergo a new appraisal process to reflect the most recent CPG.
OVERVIEW

RELEVANCE

POPULATION

REVIEW METHODS

GRADING SYSTEM

METHODOLOGICAL QUALITY
The CTFPHC assessed the methodological quality of the guideline, using the Appraisal of Guidelines Research & Evaluation (AGREEII) criteria (Table 1).

<table>
<thead>
<tr>
<th>AGREE-II Domain</th>
<th>Domain Score</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Scope and Purpose</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Stakeholder Involvement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Rigour of Development</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Clarity of Presentation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Applicability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Editorial Independence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Overall Assessment</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

COMMENTARY

RECOMMENDATIONS

REFERENCES