

المجلس الصحي السعودي
Saudi Health Council



National Center for Evidence Based Medicine
GUIDELINE TEMPLATE
2022

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NCEBM Guideline Template



Title of the Guideline

Authors list

List the affiliation(s) of the author(s), i.e. professional title, institution, (department), city, (state), country

Summary table

Table containing information on: ICD codes, guideline publication date, expected review date, target audience, source guidelines and methodology used.

| | |
|-----------------------------------|--|
| Main ICD-10 code | |
| Related ICD-10 codes | |
| Guideline publication date | |
| Expected review date | |
| Target users | |
| Source guidelines | |
| Methodology | |



Executive summary

This section contains a short introduction, the scope and purpose of the guideline, abbreviated methods, and the table with questions and recommendations for easy reference.

Introduction

- who is developing this CPG (e.g. society, organization, institute, etc.)
- history about the mission and vision of the developer
- The disease/intervention incidence and prevalence locally as well as its associated morbidity and mortality rates and ranking
- Compare local rates/ranking of the disease/intervention with international benchmarks.
- What is the key objective/purpose of the CPG?
- Compared to previous recommendations, what does this CPG add?
- What is the aim of this CPG? (e.g. facilitate decision-making, improve outcome, etc.) please support your state with evidence from the literature.

Scope and purpose

- the focus of the guidelines/sources utilized
- The aim and purpose for developing the guideline and specific objectives.
- who are the target audience (e.g. primary, secondary or tertiary healthcare professionals, patients with the disease, their family, caregivers, policy makers, healthcare leaders, etc.) and why?
- The target population and subpopulation.
- implementation impact measure/criteria
- the benefits and risk associated with the disease

Methods

- Professions included in the Task Force (e.g. disease specialist, pharmacist, patient representative), affiliations and geographic representation across the Kingdom of Saudi Arabia.
- How the Task Force prioritized the questions as well as mention which previous CPG and/or source was used to produce them.
- Methodology used in this CPG development process, e.g. ADAPTE, GRADE-ADOLOPMENT, etc. and briefly explain why this particular methodology was selected.
- Search methods for elaborating local contextual factors such as: epidemiology, values and preferences, equity, acceptability, feasibility, implementation, and cost.
- The framework utilized for each question and how they informed the formulation of the associated recommendation.



Questions and recommendations

List all the questions and recommendation identified in the guideline

| # | Question | Recommendation |
|---|----------|----------------|
| | | |

NB: List all abbreviations mentioned in the table along with their expanded forms



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Main text (Detailed Description)

Background

the condition/disease, diagnosis criteria and the different grades/categories/classification/stages of the condition and the diagnostic tools/reference ranges used to reach the diagnosis.

Causes, clinical picture, risk factors.

Comorbidities associated with the disease and their burden on the patient, public and its economic cost.

Epidemiology such as prevalence and incidence of the condition, morbidity, mortality, and the burden (including financial) of disease and its long-term effects on the health of the population (i.e., Disability-Adjusted Life Years (DALY), death, YLD rankings, cost to the public) internationally and nationally.

Current available management/treatment, its efficacy, cost, burden and side effects. The variation in management of the condition between different healthcare institutions in Saudi Arabia

Target populations

Describe the characteristics and setting of the main target population for these guidelines, as well as important subgroups.

Recommendations and evidence summaries

This section contains the details of the questions and recommendations, and the evidence supporting the recommendations, as well as the other components:

Question statement#

- Recommendation statement.
- Additional consideration: Other data, information or even assumptions and logic used to inform or justify a judgment or when there are different judgements for one or more subgroups in relation to some or all criteria. Any relevant information or assumptions used to make a judgment when there was lack of evidence for a criterion
- Evidence summary: A summary of the evidence supporting the judgment made with the most critical references or links to more detailed summaries of the evidence and any additional information that influenced the judgment for Benefits and harms, Certainty in the evidence, values, Resource use and cost-effectiveness, equity, acceptability, feasibility, implementation
- research needs

Repeat this for all questions

Methods

This section contains the details of the methods followed.



Organization, Task Force composition, and coordination

- Specify the organization sponsoring guideline, and other key contributors.
- Any steering or oversight committee

Guideline Development Group

- Describe the recruitment process of task force members.
- Specify the number of multidisciplinary local groups of experts (e.g. 12 experts) and clearly identify the Clinical Lead.
- Indicate the involved main sectors (e.g. ministries, institutes, universities, etc.), geographic regions and participants trained in epidemiology and guideline methodology
- List the specialists included along with professional titles and affiliation (use table below).

| Name | Affiliation | Role |
|------|-------------|------|
| | | |

Guideline Support Team

- Mention if work of the Task Force was supported by an international team based at (or contracted by) (insert name of partner company or institute).
- List the responsibilities of the Guideline Support Team
- Use the table below to list the name and role of each guideline support team member along with their location.

| Name | Role | Location |
|------|------|----------|
| | | |

- Describe the communication pathway between the Task Force and Guideline Support Team members (e.g. WhatsApp, Telegram, email, zoom) and specify the communication type (shared content and files, shared updates, meeting arrangement links, receive/send feedback, etc.).
- Mention number and frequency of meetings carried-out along with approximate duration of each meeting and mode of meeting (physical and/or remotely)
- Indicate the outcome of the meeting in brief, e.g. (Select the PICO questions to be included in the guideline scope, Conduct outcome prioritization , Formulation of recommendations, Pre-session surveys to elicit views of Task Force members prior to planned workshops, Drafting and finalization,...)

Guideline funding and management of conflict of interest

- Specify the funding and/or sponsoring body/bodies.



- Describe the policy used in management of conflict of interest
- Mention whether any of the Task Force member(s), Guideline Support Team member(s), external peer reviewers, patients, etc. received funding/incentives for participating in the Guideline development process.
- describe any financial or non financial conflict of interest and how they were managed.

Selection of questions and determining outcomes of interest

- Describe in detail the methods and process used to collect, rank and select clinical questions.
- Outline the the prioritized questions
- Describe the methodology utilized by the Task Force (e.g. online survey) to select outcomes of interest for each question a priori and rate their importance. Ensure that you include the origin of the outcomes if needed (e.g. reported in the original resources).
- Describe considerations for outcome prioritization, such as symptomatic versus asymptomatic, different severities, or specific outcome definitions that are common in the field.
- Provide a list (as shown in the table below) of all the outcomes included for each questions

| # | Question | Prioritized outcome |
|---|----------|---------------------|
| | | |

Evidence synthesis and inclusion of local data

- How systematic reviews were performed to search for evidence or guidelines..
- How they were presented or summarized
- who was responsible for each step taken for evidence collection and review
- how it was evaluated
- what steps and approaches used to rate or grade the certainty of evidence for each critical and important outcome and for the overall body of evidence.
- What appraisal tool used to assess (the quality of the identified guideline (s) or sources (e.g, AGREE II) refer to the Scope and Purpose section.
- List the guidelines or sources selected for guideline adaptation.

Development of recommendations

- the communication steps taken to review and develop recommendations based on the evidence summary;
- Agreement approach;
- local contextual factors considered.

Strength of recommendations

How the recommendations strength determined and interpreted for patients, clinicians, policy makers and researchers

Guideline drafting and review

Describe, in detail, the process of reviewing, editing and finalizing the drafted guideline by the “task force” and the support team:

- State the guiding member of the task force.
- Framework/Approach used in judgements about EtD criteria
- the approach that was used to reach a judgment for each recommendation and how a judgment on each criterion was reached.
- the process of decision making if no consensus was reached.
- The process of handling disagreement and any additional consideration/solutions taken to resolve it.
- The process for agreement on the final recommendations (conclusion section).

Peer review

Describe the process of the peer review stage

- Purpose and tasks of the peer review of the guideline: (e.g., check the accuracy, comprehensiveness, and balance of the scientific evidence, provide feedback on the clarity and feasibility of recommendations)
- Describe the process and the tools used by reviewers to evaluate the guideline and to record their responses.
- How the suggestions/comments of the reviewers were raised, handled, evaluated and answered by the responsible party
- list of experts names, affiliation and response.

All peer reviewers were required to fill in a Conflict of Interest declaration.

| External expert Name | Affiliation | Response |
|----------------------|-------------|----------|
| | | |

Approval:

Describe the process of guideline finalization and submission to the SHC for approval and publication.

How to use these guidelines

What can and cannot this guideline provide and how can the target users apply the recommendation



Performance measures

Developing KPIs in tandem with evidence-based recommendations is a goal in guideline development.

Describe in detail the performance measures (or key performance indicators, KPIs) to measure structures, processes, and outcomes, and how they were identified and agreed upon. Use the following table as a template

| DESCRIPTION | | | |
|------------------------------------|-----------------|---------------------|--|
| Functional Area | Disease name | ID code | |
| Name | Name of the KPI | | |
| Definitions | | | |
| Rationale | | | |
| Classifications | | Quality dimensions | |
| CALCULATION | | | |
| Calculation formula | | | |
| Numerator | | Denominator | |
| Exclusion criteria | | Exclusion criteria | |
| Unit of measure | | | |
| TARGET SETTING | | | |
| Target | | Data collection | |
| Benchmark | | Reporting frequency | |
| DATA COLLECTION AND ADMINISTRATION | | | |
| Data source | | | |
| References | | | |



Guideline dissemination and implementation

Appropriate dissemination and implementation are key to the success of any guideline. Dissemination has been defined as the targeted distribution of guideline information and materials, whereas implementation strategies are techniques that enhance guideline adoption, use and sustainability (Tomasone et al., 2020).

Describe how the guideline will be disseminated and implemented with a discussion on facilitators, barriers and potential resource implications in applying CPG recommendations.

Guideline updating and localization

This section contains information about the updating and localization of the current guideline.

References

Appendix

Abbreviations

Glossary of terms

Conflict of interest summary

Use the table below to summarize the COI of each member of the team

| Name | Role in the guideline | A. Specific and/ or nonspecific personal financial interest | B. Specific and/ or nonspecific non-personal financial interest | C. Personal non-financial interest | D. Specific and/ or nonspecific personal financial interest of a family member | Any other circumstances that could affect your objectivity or independence in the process? |
|------|-----------------------|---|---|------------------------------------|--|--|
| | | | | | | |

Search methods

Search strategies to identify source guidelines (Resources searched, Search period, Search strategy used, detailed list of used search keywords, Eligibility criteria)

Search strategies for contextual factors (Patient values and preferences, Equity, Feasibility, Acceptability, Implementation)

Search strategies for cost information

Search strategies for performance measures

Forest plots

Guideline recommendations, evidence profiles and evidence-to-decision frameworks

Evidence-to-Decision frameworks and Summary of Findings tables

Cost tables

Acknowledgments and attributions



Peer review and public consultation comments

| Expert name | Expert affiliation | Expert Comments | Response of the development group |
|-------------|--------------------|-----------------|-----------------------------------|
| | | | |

Approvals

| Approval | Details |
|--------------------------|---------|
| Approval Authority | |
| Final Approval Authority | |
| Administrator | |
| Final Approval Date | |