Background Manuals and Toolkits (MT) are standards for developing Clinical Practice Guidelines (CPG). Most developers have their own MT. There isn't enough information about characteristics of MT in other languages than English.
Objective To assess the characteristics of MT for developing CPG from different developers in English and Spanish.
Methods We searched electronic databases, national clearinghouses and non-electronic sources such as guidelines developer's sites. Epidemiologists independently assessed MT retrieved. Information about scoping, development group, Conflict of Interests (COI), updating, evidence systems among others, were extracted.
Results Twenty MT were retrieved, 8 in Spanish, and 12 in English. It is not clear how COI is declared and handled in most of the MT. GRADE and SIGN were the most recommended systems for assessment of quality of evidence, nevertheless many didn't recommend any system. Only 2 MT had a complete explanation about patient's participation. Three years is the most common recommendation for updating CPG. Only a few include an economic component. There isn't clarity in how recommendations are reported and how should be the external review of MT.
Discussion There is heterogeneity in CPG development. Spanish MT are less specific than English ones. It is important to improve quality of Spanish-language MT's, in order to enhance quality of Spanish CPG. There is an important lack of information about patient's participation and drafting of recommendations.
Implications for Guideline Developers/Users It's important to improve the contents and quality of MT in order to achieve high quality standards on CPG development for both developed and developing countries.

P070 TOOLBOX FOR THE COMPLETE PROCESS OF GUIDELINE DEVELOPMENT, REVISION, IMPLEMENTATION AND EVALUATION

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Background Problems in the process of guideline development, revision, implementation and evaluation are commonly perceived.
Objectives To support and improve the process of guideline development, revision, implementation and evaluation.
Methods After reaching consensus about topics for which there was a huge need for support, we composed thirteen working groups consisting of 4–5 representatives of various Dutch institutions involved in guideline development and implementation. Each group developed a support tool on a specific topic. 150 experts commented the draft version of the tools. Subsequently, the tools were used in more than 40 guideline projects to evaluate their practical value. The final versions of the tools have been disseminated by internet and will be adopted by the National Dutch Quality Insitute.
Results A toolbox containing 13 tools on the following topics: 1. Analysis of clinical care gaps 2. Cost-effectiveness 3. Organization and cooperation 4. Dealing with conflicts 5. International cooperation 6. Project management 7. Formulating specific recommendations 8. Attention for sex differences 9. Guidelines and shared decision making 10. Knowledge gaps 11. Implementation 12. Monitoring 13. Electronic disclosure A both Dutch and English-language version website on guideline development and implementation in the broader context, with incorporation of the tools.
Discussion This project yielded a toolbox with tools on topics and activities that offered scope for further international development.
Implications for Guideline Developers/Users Using these tools might improve the quality of guidelines, which in turn results in higher guideline adherence. Better guideline adherence might eventually lead to improved quality of care.

P071 GUIDELINES FOR GUIDELINE DEVELOPERS: A SYSTEMATIC REVIEW OF GRADING SYSTEMS FOR MEDICAL TESTS

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Background Development of guidelines for medical tests are challenging given the indirectness of evidence on patient outcomes. We compared grading systems for medical tests in terms of basic guideline quality requirements and on how they use indirect evidence.
Methods We used a systematic search to identify grading systems specific to medical tests in PubMed, professional guideline websites and handsearching back references of key articles. Using the AGREE instrument as a starting point, we defined two sets of characteristics to describe these systems: process and methodological ones. Process characteristics were features related to the guideline development process. Methodological characteristics were defined as features relating to how evidence is gathered, appraised and recommendations development. Data was extracted in duplicate and differences resolved through discussion.
Results Twelve grading systems were included. Process characteristics least often addressed were whether the system was piloted (3/12) and funder information (3/12). Methodologically, developing a clinical scenario, care pathway and/or analytical framework, having explicit criteria for appraising and linking indirect evidence, and having explicit methodologies for translating evidence into recommendations were least frequently addressed. Five systems at most addressed these to varying degrees of completeness.
Implications for Guideline Developers There is a need for standardisation of basic guideline features a grading system should address. No one system adequately addressed the complexity of gathering, assessing and linking different bodies of evidence. There is a need for critical appraisal of these features in each system and for targeted user testing among guideline developers.

P081 DESIGN OF PHYSICIAN PRINTED EDUCATIONAL MATERIALS: MAKING GOOD IDEAS STICK

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Background It is difficult to communicate new and complex clinical evidence to physicians already experiencing information overload. Proper use of design principles may increase uptake of guidelines and other printed educational materials (PEM) and improve practice.
Objectives We aimed to determine whether physician-oriented PEMs are created in accordance with design principles.
Methods We analysed PEMs identified in a 2012 Cochrane review of their effect on professional and patient outcomes and developed a checklist of design principles based on a literature

review of clinical guideline implementability. Two analysts independently evaluated each PEM to determine how design principles were applied.
Results Though the sample consisted of PEMs designed and developed to influence care, no single PEM scored well across all categories. Some PEMs failed to differentiate major recommendations and did not present them in a stepwise fashion. Most used clear and easy to read text, but highlighting was often inappropriate. Some algorithms lacked logic and consistency. Images were poorly designed and used, which may distract and confuse the reader.
Discussion Design principles are not consistently applied in the development of PEMs and improvements are needed to images, presentation of recommendations, and usability of algorithms. Improvements to the design of PEMs may influence their uptake by combating information overload and increasing their perceived ease of use and perceived usefulness.
Implications for Guideline Developers/Users Those who create guidelines and other PEMs consider some design principles, but do not implement them consistently. Our checklist can assist guideline developers in employing a range of design principles.

P082 ADHERENCE TO RECOMMENDATIONS OF CLINICAL PRACTICE GUIDELINES

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Background The use of the recommendation of clinical practice guidelines (CPGs) by health professionals, depends on the diffusion process and local strategies of implementation of a particular guide in a specific service of the institution.
Objectives Assess the adherence to the recommendations of CPGs by health professionals internationally.
Methods A systematic review of the literature in PubMed was conducted (MeSH term 'Guideline Adherence', filters: published in the last 5 years, meta-analysis).
Results Out of 33 documents that were obtained, seven were selected, one systematic review and one document in google academic (Mexico). The percentage of adherence differs markedly depending on the directory in question and on the professionals involved from 61.1 to 72.2%. The median adherence was 45%. The professionals with the greatest adherence were dentists, whereas cardiologists and surgeons did not change their behaviour due to the recommendations of a CPG.
Discussion The degree of adherence to the recommendations of the CPG is influenced by different factors, related to the efforts of professional associations, the management of health care organisations, the professionals themselves involved in the care of the patient and the patient himself.
Implications for Guideline Developers/Users The key elements for adherence to the recommendations of the CPG are: involvement of the professionals with the strategy, occupational type, and suggested recommendations.

P084 EXPERIENCES WITH THE NOVEL POLICY FOR MANAGING CONFLICTS OF INTEREST IMPLEMENTED IN THE 9TH EDITION OF THE AMERICAN COLLEGE OF CHEST PHYSICIANS ANTITHROMBOTIC GUIDELINES (AT9)

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Background The executive committee of the American College of Chest Physicians 9th edition of the Antithrombotic Guidelines (AT9) developed a novel policy for managing conflicts of interest (COI): methodologists bore primary responsibility for each chapter; there was equal emphasis on intellectual and financial COI; and content experts with COI participated, but the intent was to exclude them from the final decisions on recommendations on which they had conflicts.
Objectives To explore the experiences of the AT9 methodologists and content experts with the COI policy.
Methods A descriptive qualitative study: We conducted two rounds of semi-structured interviews with 15 participants and presented the results to the remaining 4 for verification.
Results Methodologists were more positive about the policy than content experts. Six of 10 content experts expressed a more positive view than prior to participation in the AT9 process. The other 4 content experts remained sceptical, especially regarding the emphasis on intellectual COI. It was not possible to completely exclude conflicted panellists from the final decisions of the recommendations on which they had COI.
Discussion After its implementation, some content experts were more favourable to the policy, but some retained major reservations. The influence of the policy on recommendations may have been more through the leading role of the methodologists than exclusion of conflicted participants in making recommendations.
Implications for Guideline Developers/Users The leading role of methodologists was a positive innovation. However, restrictions to conflicted panellists were difficult to fully implement.

P086 DESCRIBING GUIDELINE DEVELOPMENT PROCESS: RESPONDING TO NEW CHALLENGES AND ENSURING TRANSPARENCY

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Background Evidence-based guidelines should be developed with rigorous methodological standards such as described by AGREE, G-I-N and IOM. One of the main aims is that the development process is repeatable and transparent. To follow these principles, process descriptions and methodological handbook are needed to enable appraisal.
Context Our organisation has developed EBM guidelines for two decades. A methodological handbook was first published in 1998, with the latest (6th) revision published in 2012. Until 2012, processes have been described as simple flowcharts, covering mainly the work phases, not the whole process.
Description of Best Practice Handbook was revised in co-operation with other national EBM organisations. It describes composition of guideline development group, methods for developing a guideline, consensus methods and decision-making process, patient involvement, peer review methods, and updating procedure. The process description was initiated in a workshop where all work phases and activities of guideline development process were written down and placed on a process flow diagram (swimlane) in chronological order. At the same time, the performer for each