

Objective The dissemination and active support for clinical practice guidelines development method based on the principle of EBM, is one of the main pillars of MINDS (Medical Information Network Distribution Service) consignment project for EBM promotion implemented by Ministry of Health, Labour and Welfare Japan. In 2007, with the publication of MINDS guidance to develop Clinical practice guidelines 2007 by Fukui *et al.*, a protocol to develop clinical practice guidelines was introduced as the most valid manual at that time in Japan. However, advanced improvements towards the global standards in the CPG development methodology have been established within these 5 years after previous publication, such as GRADE system, AGREE II, IOM etc. Accordingly, the Workshop for Clinical Practice Guidelines development methodology is planned to introduce the latest advanced methodology for medical and healthcare professionals who engaged in the clinical practice guidelines development. 2. Contents This workshop comprises the lectures and group practices, assuming AGREE II as a standard for the educational package development and, using GRADE system for quality of evidence and strength of recommendation, which promote the CPG development methods for disease management. We hope to show the 'PROGRAMME' for the progress of the workshop at G-I-N2013. 3. Target Audience For all medical and healthcare professionals who have interest in and for those who engage in clinical practice guidelines development in Japan. 4. Workshop Outline Educational workshops will be held four times within a year 2013 in Tokyo Japan. The first workshop date: 2013-03-20 (Wed) 10:00~17:00

P326 IMPLEMENTING AN AUDIT AND FEEDBACK INTERVENTION TO REDUCE ANTIBIOTIC PRESCRIBING IN GENERAL DENTAL PRACTICE

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Background In Scotland, guidance for prescribing in dentistry was published in 2008 in response to concerns about over-prescribing of antibiotics. The guidance recommends that antibiotic prescribing must be kept to a minimum. However, evidence from routinely collected data demonstrates that dental antibiotic prescribing is steadily increasing, now accounting for 9% of primary care antibiotic prescriptions.

Objectives To compare the effectiveness of different audit and feedback (A&F) strategies for the implementation of recommendations on dental antibiotic prescribing.

Methods The study is an 18 month, three-arm randomised controlled trial. All dentists in Scotland are being randomised to either: 1) access to a pre-approved national audit; 2) access to the audit plus individualised feedback; 3) access to the audit, individualised feedback and a persuasive message. The primary outcome is the number of antibiotic prescriptions per 100 patients. A process evaluation will be conducted to elucidate the mechanisms by which A&F influences practice. The trial was developed in collaboration with system-level stakeholders from policy, education and service providers.

Results Development of all interventions is complete and the trial will begin in March 2013. Processes are being developed to enable integration of the most effective intervention into national systems intended to reduce antibiotic prescribing.

Discussion Collaboration with system-level stakeholders has helped ensure that the trial addresses national priorities and has engendered system-level action for national implementation of the most effective intervention.

Implications for Guideline Developers/Users Generating robust experimental evidence on an intervention's effectiveness and collaboration with system-level stakeholders can increase the likelihood of its adoption as a policy initiative.

P327 OVERVIEW OF CLINICAL PRACTICE GUIDELINES IN JAPAN - FROM THE POINT OF VIEW OF PATIENT-INVOLVEMENT

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Background In Japan, the official movement to develop Clinical Practice Guidelines (CPGs) began in 1999 with the financial support of the Ministry of Health, Labour and Welfare (MHLW). Since then, CPGs in various fields have been developed and development methods using the principles of evidence-based medicine are becoming popular.

Objectives The First objective of the study is to clarify how many CPGs developed and published in Japan in 2013. The second is to make clear if patient-involvement is popular or not.

Methods I have searched the existing CPGs comprehensively. Out of the 600 searched CPGs, well-formulated ones were selected if they met the following criteria: defining clinical questions to be addressed, reviewing evidence, determining grade of recommendation, and becoming open to the public. I have checked public involvement in developing.

Results Nevertheless 120 CPGs are selected, the number of CPGs, containing patient/carer member in developing process, is only 6. And the number of patient-version CPGs is only 29.

Discussion A reason why the patient-involvement doesn't become popular, came from MHLW decision, stopping the financial support in 2004. This decision resulted in the view that individual professional societies were required to develop CPGs applicable to those topics related to their societies. Accordingly, a given professional society, which should always be involved in the CPG development group as one of the main stakeholders, was the sole party involved in the development of CPGs.

P329 DEVELOPING A STRATEGY TO ASSESS THE REPORTING OF THE UPDATING PROCESS IN CLINICAL PRACTICE GUIDELINE: A DRAFT CHECKLIST

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Background Scientific knowledge is in constant change and, therefore, clinical practice guidelines (CPGs) require a frequent reassessment. However, the best methodology for updating CPGs is not known and methods are poorly reported in CPGs. A framework to evaluate the quality of reporting the updating process in CPGs and to provide guidance for minimum thresholds for an updating strategy is needed.

Objective To develop a CPG update reporting checklist.

Abstracts

Methods An initial list of items has been developed based in a systematic review done for our team about the guidance in updating handbooks. The working group has reviewed the initial list and reached consensus about the items to include. Through a survey, we will present the initial list to a multidisciplinary group of international experts and we will ask them about what is the relevant information that needs to be reported in an updated CPG, and about the elements to be included in a high-quality updating process.

Results These results will give us insight in what elements are required to be reported in an updated CPG. Additionally, we will gain information about what kind of elements include a high-quality updating process.

Discussion and Implications This checklist will help people responsible for updating CPGs, in conducting and reporting their update in a high-quality manner. Ultimately this might results in more up-to-date recommendations and more valid CPGs.

P331 EVALUATION OF QUALITY OF CZECH NEUROLOGY CLINICAL PRACTICE GUIDELINES USING AGREE II INSTRUMENT

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Background The quality of guidelines has been variable. Evidence-based clinical practice guidelines should be of the highest possible quality, which has to be systematically evaluated. Obj TRiADS, Research Methodology Group.

Objectives We have evaluated quality of new set of CPGs developed by Czech neurological society between 2009 and 2011 using AGREE II instrument.

Methods Six CPGs developed by Czech neurology society were assessed using AGREE II instrument by 4 independent assessors. Uncertainties and missing information were solved by the authors. Expert opinion on the evaluation process and outcomes were obtained.

Results All evaluated CPGs were of high quality with average of 93.5% for total score domain. The CPGs had high scores in the Clarity and recommendations and Applicability (99.6%), Scope (99.0%), Rigour of development (97.6%) and Stakeholder involvement (97.1%). The lowest score was in Editorial independence (47.5%).

Discussion The overall quality of neurology CPGs was high because of the methodology and support for developers was robust, systematic and standardised. Only the editorial independence scored low. The statement of conflict of interest is missing in all the CPGs as it is not a part of the methodology guidelines.

Implications for Guideline Developers/Users High quality CPGs can be developed even in a small country with limited budget if the methods of development are well designed, implemented and evaluated.

P334 CHALLENGES AND ADVANTAGES ADAPTING RECOMMENDATIONS: GPC BREAST CANCER

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Background Development of a high-quality Clinical Practice Guideline (CPG) involves spending a significant amount of resources. Frequently, similar strategies are used around the world to achieve similar results. A method to utilise resources in a more efficient manner and to avoid the unnecessary duplication of efforts is to adapt existing guidelines. However, the methodological diversity of CPGs, specific regional conditions, and difficulties in the implementation of recommendations, impose a systematic approach for its adaptation that constitute an important methodological challenge, that must take into account the similarities between a *de novo* development and an adaptation of guidelines. The process of adaptation requires systematic and transparent activities that disclose the considerations made to adjust the recommendations to a specific context.

Methods The development of the GPC for breast cancer follows the steps proposed in the Methodological Guideline for the development of GPCs in the Colombian Health System.

Results The systematic search retributed 176 GPCs, 48 (27%) of which were qualified with the DELBI instrument as “highly recommended”. The Guideline Development Group (GDG) elaborated 41 questions, 30 (73%) were adapted following the methodology proposed by the ADAPTE collaboration. The remaining 11 (27%) developed *de novo*; 12,000 titles and publication summaries have been reviewed, of which 130 have been included and qualified with the system proposed for GRADE Working Group. The results take into account the challenges implied in the CPG adaptation processes.

P340 SOURCES OF INFORMATION FOR DEVELOPMENT OF CLINICAL PRACTICE GUIDELINES IN JAPAN

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Background A Systematic search for literature is the basis of systematic review for development of trustworthy clinical practice guidelines (CPGs). Recently, standard method of literature search has been established. However, it is not clear what sources of information are used for development of CPGs in Japan.

Objectives The aim is to clarify what sources of information are used for development of CPGs in Japan.

Methods We reviewed Japanese CPGs that have been selected by MINDS (Medical Information Network Distribution Service) through process of screening and evaluation in 2011-2013, and abstracted description about sources of information used in these CPGs in February 2012.

Results A total of 88 Japanese CPGs selected by MINDS in 2011-2013. 65 (73.9%) CPGs used Medline, 29 (33.0%) used Cochrane database of systematic reviews, and 51 (58.0%) used Ichushi. Related CPGs was used in 30 (34.1%) CPGs. Hand search was used in 56 (63.6%) CPGs. There was no clear description of source of information in 18 (20.5%) CPGs.

Discussion Medline was used in most CPGs, and Cochrane database of systematic reviews was used in a relatively small number of CPGs. Ichushi, which is a database of domestic medical