literature information in Japan, was used in about a half of Japanese CPGs.

Implications for Guideline Developers/Users It is necessary for further study to clarify what sources of information should be used for development of trustworthy CPGs.

**P342** ASSESSMENT OF THE RECOMMENDATIONS STRUCTURE IN EIGHT CLINICAL PRACTICE GUIDELINES DEVELOPED IN COLOMBIA

1,2 I Florez, 1 A Perez, 1 L Prieto, 1 L Cañon. 1 Instituto de Evaluación Tecnológica en Salud (IETS), Bogota, Colombia; 2 Universidad de Antioquia, Medellin, Colombia

10:1136/bmjqs-2013-002293.263

**Background** There is not enough information to guide editorial wording of recommendations within CPG (Clinical Practice Guidelines) development. The AGREE-II instrument suggests the inclusion of population, intervention and outcome (P-I-O) components within recommendations.

**Objective** To evaluate P-I-O component in CPG recommendations and to analyse its relationship with the AGREE-II evaluation.

**Methods** Eight recently developed in Colombia CPG were chosen and assessed by four methodological experts; the presence of P-I-O component in each recommendation was established, and compared with an external evaluation score of the 15th item of AGREE-II instrument.

**Results** Eight guidelines with a total of 691 recommendations were evaluated, all of them were appraised by external international review with the Spanish AGREE-II instrument and its use were recommended. An average of 9.9% of recommendations met P-I-O structure; the absence of each component was 31.2% for population, 6% for intervention and 85.2% had no outcome. The item 15 of AGREE-II instrument reported results between 4 and 7, scores of good quality.

**Discussion** Recommendations in CPG seem to be clear, but most of them don't contain the evaluated criteria for their report. External evaluation emphasises in clarity of recommendations, and there is no agreement with the percentages obtained according to P-I-O structure, which enhance its understanding.

**Implications** It is advisable to standardise methodology for recommendations to include all components that reflect the answer to the research question.

**P343** SELLING OLD WINE IN NEW BOTTLES: WHY IT IS WORTHWHILE TO HAVE ANOTHER GUIDELINE DEVELOPMENT HANDBOOK?

C Muche-Borowski, M Nothacker, I Kopp. AWMF Institute of Medical Knowledge Management, Marburg, Germany

10:1136/bmjqs-2013-002293.264

**Background** Since 1995, the Association of the Scientific Medical Societies in Germany (AWMF) maintains an open access, quality assured guideline register (www.awmf.org), currently containing 676 guidelines developed by 168 societies. While the societies are responsible for topic selection, development and content, the mission of AWMF is to promote, support and coordinate guideline development and to ensure the overall quality of the guideline register. To achieve this goal, AWMF established a new set of recommendations and rules.

**P348** PATIENT AND CONSUMER INVOLVEMENT IN GUIDELINE INTERPRETATION AND PATIENT TOOL DEVELOPMENT; A COMPARISON OF TWO FOCUS GROUPS AND UNDERSTANDING CULTURAL DIVERSITY

1 C Davino-Ramaya, 2 K Ramaya, 1 H Tucker. 1 Kaiser Permanente (Northwest Permanente), Portland, USA; 2 Pacific University, Forest Grove, USA

10:1136/bmjqs-2013-002293.265

**Incorporating patient and consumer involvement in clinical practice guideline (CPG) activities has become a priority for health care organisations internationally. In diverse populations with potential healthcare disparities the development of culturally competent patient tools based on interpretation of pre-existing clinical practice guidelines is also considered important practice for many organisations that adopt external guidelines. In our exploration of the role of consumer engagement in the development of CPG support tools and in addressing healthcare disparities we compare the results of two culturally different groups through the evaluation of pre and post surveys as well as in-person focus groups. Survey intent was to gauge awareness of the existence of CPGs and gauge interest in developing patient and consumer support tools. Results of one culturally diverse group are compared with a minority group. We analyse the perceptions and attitudes of high priority health care issues identified by both groups. Our findings underscore the opportunity for health care organisations with significantly different populations to address healthcare disparities in the development of patient and consumer CPG support tools. As an extension of our previous work on “collaborative engagement” our comparative results emphasise the need to appropriately address cultural, language and health literacy issues as well as addressing health disparities between populations. We focus on identifying barriers to access and treatment and discuss implication for practice as well as future directions.**
Background Traditionally patients are not involved in the development of clinical guidelines, and most current panels include only clinical and methodological experts. We therefore know little about what patients (or healthy lay people) would have recommended if they were provided with the same evidence as experts.

Objectives Develop a prototype ‘Recommendation-making game’ which can be used for: (1) Exploring patients and lay people’s reasoning when facing the same evidence as an expert guideline panel; (2) assess whether they give similar value to the outcomes or burdens if the decision of making a recommendation for a patient group was up to them; (3) determine whether their recommendation concur with what they would have decided for themselves.

Methods We used game technology to make a generic prototype of an online “Recommendation-making game”, based on structured guidelines published in the MAGIC (Making Grade the Irresistible Choice) application. This approach will enable us to automatically make online surveys out of any guideline/recommendation in the system. In making it into a game we believe people would want to participate, and we can potentially harvest information from a large group of people. The game can also be used in small focus groups for qualitative data collection.

Results We will display the prototype at the conference.

Discussion Does clinical experts reasoning effect that of patient representatives in a guideline panel?

Implications for Guideline Developers/Users GAME-IT explores a new way of harvesting information from patients (or healthy lay people) regarding treatment recommendations.