

**AAFP Guidelines Assessment for Endorsement of  
Clinical Practice Guidelines Developed by External Organizations**

[Type the Reviewer Name]

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Guideline Title: \_\_\_\_\_

Developed by \_\_\_\_\_ First Author \_\_\_\_\_ Date: \_\_\_\_\_

AAFP Reviewer: \_\_\_\_\_ Date of Review: \_\_\_\_\_

Potential Reviewer Conflict of Interest:     No     Yes, specify:

\_\_\_\_\_

Reason for Review (check all that apply):

AAFP representative requested review

Request from development organization

Potential endorsement by AAFP

Other, specify: \_\_\_\_\_

Purpose of Guideline/Policy:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Instructions for Domain Ratings:** Below is a list of domains that are important and necessary for rating a guideline. To rate a domain as “good”, all items listed need to be present, well described, and well executed (e.g., key research references are included for each recommendation). To rate a domain as “fair”, all items must be present, but may not be well described or well executed. To rate a domain as “poor”, one or more items must be absent or poorly conducted. We encourage you to write comments about your ratings because that will aid the AAFP staff members in their understanding of your guideline review.

**AAFP Modified AGREE II<sup>1</sup> Guideline Assessment Instrument**

DOMAIN	Assessment			Comments
	Good	Fair	Poor	
<b><u>SCOPE AND PURPOSE</u></b>				
• Objectives described				
• Clinical questions described				
• Patients/population specified				
<b><u>STAKEHOLDER INVOLVEMENT</u></b>				
• Relevant professional groups represented				
• AAFP represented <sup>2</sup>				
• Patients'/populations' views & preferences sought				
• Patient-oriented outcomes prioritized				
• Target users defined				
• Guideline describes facilitators & barriers to its application				
<b><u>RIGOR OF DEVELOPMENT</u></b>				
• Systematic search				
• Selection criteria clearly described				
• Quality of included studies assessed				
• Recommendation methods clearly described				
• Benefits/side effects/risks considered				
• Strengths & limitations of evidence clearly described				
• Overall strength of evidence assessed				
• Explicit link between evidence & recommendations				
• External review				
• Updating procedure specified				
<b><u>CLARITY AND PRESENTATION</u></b>				
• Recommendations specific, unambiguous				
• Management options clearly presented				
• Clinical, cultural and setting flexibility options given				

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DOMAIN	Good	Fair	Poor	Comments
<b><u>CLARITY AND PRESENTATION, CON'D</u></b>				
<ul style="list-style-type: none"> <li>• Key recommendations identifiable</li> <li>• Application tools available</li> </ul>				
<ul style="list-style-type: none"> <li>• Evidence gaps and research needs detailed</li> </ul>				
<b><u>APPLICABILITY</u></b>				
<ul style="list-style-type: none"> <li>• <i>Applicable to Family Medicine practice</i></li> <li>• Risk assessment tool available, if needed</li> </ul>				
<ul style="list-style-type: none"> <li>• Potential organization barriers discussed</li> <li>• Potential cost implications considered</li> </ul>				
<ul style="list-style-type: none"> <li>• Monitoring/audit/review criteria presented</li> </ul>				
<b><u>EDITORIAL INDEPENDENCE</u></b>				
<ul style="list-style-type: none"> <li>• Content of guideline not influenced by funding body</li> <li>• Competing interests of members recorded &amp; addressed</li> </ul>				
<b><u>OVERALL ASSESSMENT OF GUIDELINE QUALITY</u></b>				

This instrument is adapted from the AGREE II instrument (<http://www.agreetrust.org/>). For more information about the ongoing research with the AGREE II instrument, please visit the AGREE Research Trust web site (<http://www.agreetrust.org/research-projects/>). <sup>2</sup> Items in italics are AAFP additions to the items on the AGREE instrument.

**AAFP Endorsement of External Guidelines--Recommendation Definitions and Criteria**

**Endorsement**—recommend to endorse by the AAFP (AAFP may endorse and also include notes for AAFP users to enhance applicability and appropriate use). To be endorsed, a guideline should include the following characteristics:

- Specific, clear and unambiguous recommendations that are applicable to family medicine settings
- Overall quality ranked as good, or ranked as fair (with rationale for endorsement)
- Based on an evidence report or systematic review conducted with sound methodology
- Strong, key recommendations are supported by good quality evidence
- Content of guideline is not influenced by the funding body
- Any competing interests of the members of the guideline panel have been recorded and addressed appropriately

**Endorsement with Reservations**—recommend to endorse with reservations. This is a recommendation to the AAFP to endorse the guideline (or portions of the guideline) with reservations.(or exceptions). The reservations should be described. The reservations may include:

- Target populations are not sufficiently specified
- Some recommendations are not clear, specific or unambiguous

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- The overall quality ranking of fair
- An evidence report with minor methodological flaws
- Strength of key recommendations may not be completely supported by strength of evidence
- Uncertainty regarding whether the content of the guideline is or is not influenced by the funding body
- Competing interests of the guideline panel are not clearly recorded and addressed
- A risk assessment tool is needed to implement the recommendations and is not readily available
- Recommendations do not allow options based on patient preferences or clinical conditions or practice settings, and this significantly affects the ability to implement the guideline
- Potential harms are not sufficiently considered

**Not Endorsed**—recommend against endorsement by the AAFP. This is a recommendation to the AAFP not to endorse the guideline and the reasons for the recommendations would be stated. Any of the following criteria should lead to this recommendation:

- Recommendations that are not clear, specific, unambiguous, or applicable to family medicine
- An overall guideline quality rating of poor
- An evidence report with major methodologic flaws, or a lack of an evidence report/systematic review
- A predominance of recommendations based on expert opinion
- Content of guideline likely biased by funding body
- Competing interests of members were not recorded and/or there is likely bias due to how any competing interests were documented

**Uncertain**—requires further information prior to determination of AAFP endorsement recommendation.

- Specify uncertainty and further required information

**Considerations that should be noted and reported to the AAFP and the guideline developer, but that do not necessarily affect the level of endorsement include the following:**

- The evidence report is conducted by the same group that developed the guideline
- Patient and clinician values are not sufficiently considered in guideline development
- No external review of the draft guideline
- The guideline did not adequately describe facilitators and barriers to its application
- No mention of the date at which the guideline should be reviewed or withdrawn

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- The panel did not include representation from key stakeholders and/or did not include family medicine representation on the panel
- No mention of research needs stemming from the guideline development process
- No mention of performance measures that could be used to monitor effectiveness of the guideline after it is implemented.

**Rationale for Above Recommendation:** \_\_\_\_\_

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For information about the AAFP Guideline Endorsement Form, please contact Bellinda Schoof at (800) 274-2237 extension 3160 or [bschoof@aafp.org](mailto:bschoof@aafp.org).

Board Approved: May 2011