American Academy of Audiology Endorsement of Clinical Practice Documents Developed by External Organizations

INTRODUCTION

The American Academy of Audiology (Academy) recognizes that many professional organizations develop high-quality clinical practice documents that would benefit the Academy's membership. It engages in the endorsement of clinical documents with goals of avoiding duplication of effort and offering harmonized recommendations across health professional organizations involved in development of clinical documents for management of patients with hearing and balance disorders. Academy's endorsement entails a formal review by the Guidelines and Strategic Documents Committee and an approval by the Academy Board of Directors.

ENDORSEMENT PROCESS

Clinical practice documents may be submitted to the Academy for endorsement consideration by related specialty society organizations or through other channels of communication (e.g., members). The Academy encourages these organizations to inform the Academy of their intent to request endorsement as early as possible in the document development process. The Academy's endorsement process does not require Academy's input into the document during its development. The Academy may also actively seek to endorse external documents that may be of value to the Academy's membership.

All clinical practice documents considered for endorsement by the Academy go through a structured review process by the Guidelines and Strategic Documents Committee (Figure 1). The process begins with approval from the Guidelines and Strategic Documents Committee leadership to proceed with review for endorsement. The primary criterion the Academy uses to assess guidance documents submitted for endorsement is the quality of the process used to develop the document.

When the documents are approved for further review for consideration of endorsement, the Guidelines and Strategic Documents Committee will identify content experts or appropriate committees/work groups to review the publication. The modified AGREE II Guideline Assessment Instrument is used to evaluate guidelines and clinical documents with recommendations; other document types (e.g., position and policy statements) will be reviewed in accordance with the Academy's organizational goals and objectives aligned with the Academy's scope of practice, code of ethics, and strategic priorities. Endorsement decisions generally take 5–7 weeks.

Documents submitted for endorsement by the Academy should be sent to the guidelines publication staff.

Eligibility Criteria for Clinical Guidance Documents

The Academy considers externally developed clinical guidance documents eligible for consideration of endorsement based on the following criteria.

- The clinical practice document-developing organization is an established developer of high-quality clinical practice documents and/or has a rigorous and independent process for guideline development.
- The writing panel is composed of a multidisciplinary group of content experts and/or patient representatives.
- Guidelines are developed using a systematic review-based methodology, which is clearly documented.
- Evidence quality is reported, preferably using a standard quality-appraisal methodology.
- Recommendations directly correspond to evidence and are clearly presented with the strength of the evidence and the strength of the recommendation reported.
- Management of conflicts of interest is addressed, and all relevant disclosures are published or are otherwise freely accessible in conjunction with the document materials.

The Academy has adopted two categories of endorsement for clinical practice documents from external organizations: endorsement and affirmation of value (Table 1). For either category of endorsement, there can be no industry participation in the document development.

Endorsement

Endorsement is reserved for clinical practice documents that were developed with a methodology equivalent to that used by the Academy for its own clinical practice documents and the major recommendations of which are approved by the Academy.

Affirmation of Value

Affirmation of value is a category of endorsement for clinical practice documents that the Academy recognizes as having educational and clinical value for its members, but either

a) the document methodology is not sufficiently concordant with the Academy's document methodology, or

b) the document includes some recommendations or standards of care that are discordant with recommendations of existing Academy's clinical practice documents or generally accepted practice in the United States.

Table 1. Categories of Endorsement: Summary

Endorsement	Affirmation of Value	Neither
The development process is substantively equivalent.	The development process is not substantively equivalent.	There are concerns with the methodology used, and the document does not meet Academy standards.
Agree with all statements and recommendations made in the guideline.	Do not agree with all recommendations, but deem the document to be of benefit to members.	There are significant concerns with recommendations made in the document.

For endorsement of external documents, the Academy may not be included in the document title. The Academy's endorsement or affirmation of value may be included on the cover page of the document or in the text according to the conventions of each organization. The Academy must approve how its name appears in the final document.

External documents designated as endorsed or affirmed will be reviewed every 5 years following their date of publication. Documents may be reviewed earlier if new evidence warrants an update. If the need for an update is identified, the Academy staff will reach out to the originating organization to assess its interest in updating the original clinical document. If a document update is planned, the Academy may opt to wait for the document update or may release a provisional update until the document update is completed.
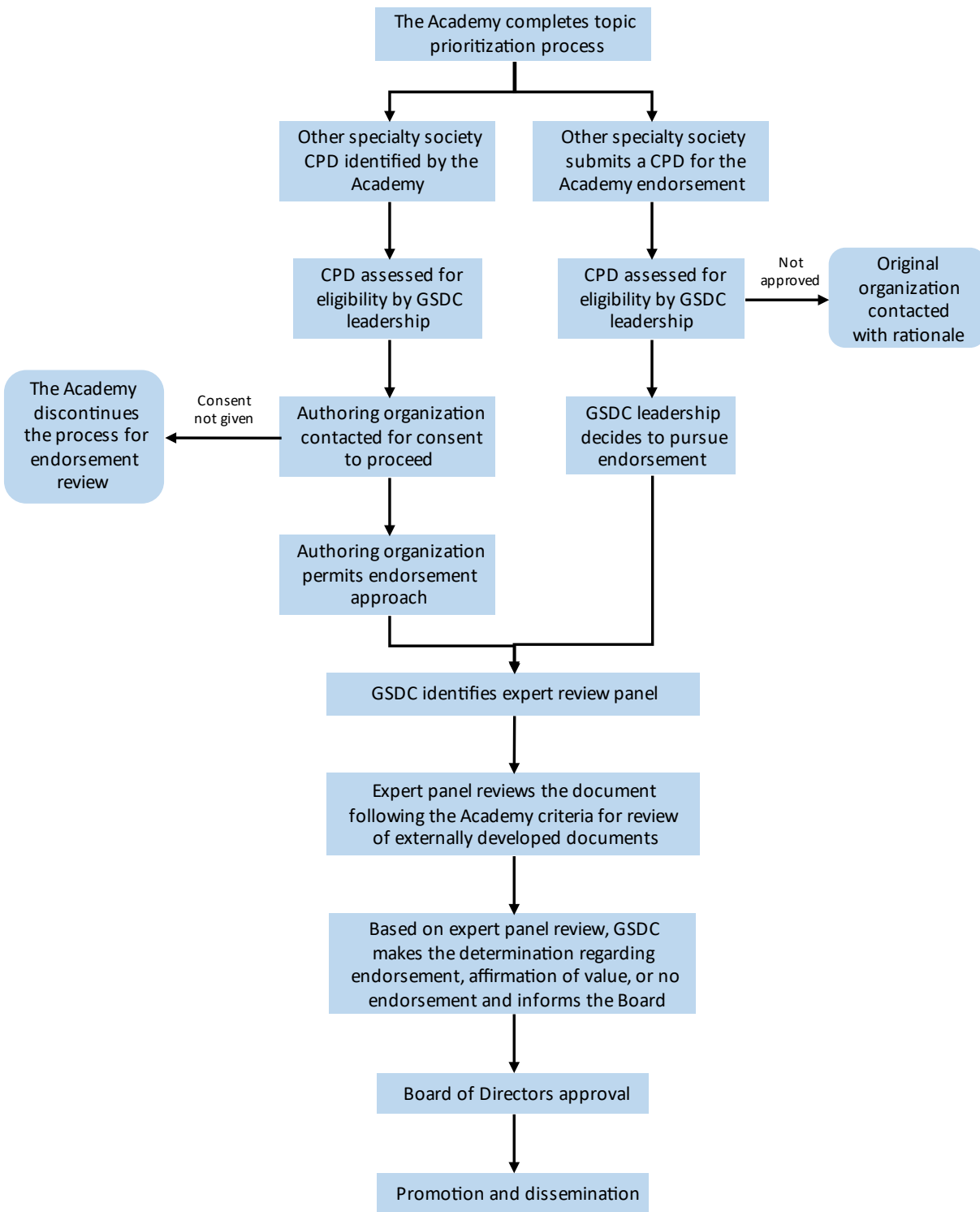
Table 2 indicates how the Academy may promote and disseminate externally developed clinical documents to the Academy membership.

Table 2. Promotion and Dissemination of Externally Developed Clinical Documents to the Academy Members

Level of Endorsement	Publish in *JAAA*?	Post on the Academy Website?	Communicate* to Academy Membership?
Endorsement			
The American Academy of Audiology is a partner in document development and is included in the title	Optional If the article is published in *JAAA* and in journals of partnering organizations, publication should occur simultaneously.	Yes	Yes
The Academy provided an official representative for document development but is not included in the title	No	Yes The Academy may request permission to publish all, a portion, or a summary of the document on the Academy website after publication of the article by the primary organization	Yes
The Academy is not officially involved in the document development	No	Yes The Academy may request permission to publish all, a portion, or a summary of the document on the Academy website after publication of the article by the primary organization	Optional
Affirmation of value	No	Optional	Optional
No endorsement	No	No	No

* Communication and promotion can be as focused as posting the document on the Academy website or as wide as an all-member e-blast, a summary in *Audiology Today*, weekly update spotlight, social media post, press release and document chair interview/webinar (for partner documents).

Figure 1. American Academy of Audiology Endorsement Process

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                    │ The Academy completes    │
                    │ topic prioritization     │
                    │ process                  │
                    └─────────────────────────┘
                   ┌──────────────┴──────────────┐
        ┌──────────────────┐          ┌──────────────────┐
        │ Other specialty  │          │ Other specialty  │
        │ society CPD      │          │ society submits  │
        │ identified by    │          │ a CPD for the    │
        │ the Academy      │          │ Academy          │
        │                  │          │ endorsement      │
        └──────────────────┘          └──────────────────┘
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The Academy completes topic prioritization process

Other specialty society CPD identified by the Academy

Other specialty society submits a CPD for the Academy endorsement

CPD assessed for eligibility by GSDC leadership

CPD assessed for eligibility by GSDC leadership

Not approved → Original organization contacted with rationale

Consent not given → The Academy discontinues the process for endorsement review

Authoring organization contacted for consent to proceed

GSDC leadership decides to pursue endorsement

Authoring organization permits endorsement approach

GSDC identifies expert review panel

Expert panel reviews the document following the Academy criteria for review of externally developed documents

Based on expert panel review, GSDC makes the determination regarding endorsement, affirmation of value, or no endorsement and informs the Board

Board of Directors approval

Promotion and dissemination

CPD = clinical practice document; GSDC = Guidelines and Strategic Documents Committee.

Assessment Form for Endorsement of Clinical Practice Guidelines Developed by External Organizations

Title:
Developed by: **Publication Date**:
Reviewer Name:
Reviewer Potential Conflicts of Interest: ☐ No   ☐ Yes, specify

Instructions for Ratings: Below is a list of domains (Scope and Purpose, Stakeholder Involvement, Rigor of Development, Clarity and Presentation, Applicability, and Editorial Independence) that are important and necessary for assessing and rating a guideline. Please rate each domain either as "good," "fair," or "poor." To rate a domain as "**good**," all items (listed as bullet points for each domain) need to be present, well described, and well executed. 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 (please specify which ones in Comments) must be absent or poorly conducted.

NOTE: On occasion, some AGREE II items may not be applicable to the particular guideline under review. For example, guidelines narrow in scope may not provide the full range of options for the management of the condition. In this instance, please indicate "Not Applicable" and provide an explanation in Comments.

Example:

Domain	Assessment		
	Good	Fair	Poor
SCOPE AND PURPOSE	Good		
RIGOR OF DEVELOPMENT		Fair	

Modified AGREE II Guideline Assessment Instrument

Domain	Assessment		
	Good	Fair	Poor
SCOPE AND PURPOSE			
Examine the opening paragraphs/chapters for a description of the scope and purpose of the guideline. Examples of commonly labeled sections or chapters in a guideline where this information can be found include introduction, scope, purpose, rationale, background, and objectives.			
• Objectives clearly described			
• Clinical questions clearly described			
• Patients/population specified			
Comments:			
STAKEHOLDER INVOLVEMENT			
Examine the opening paragraphs/chapters, acknowledgment section, or appendices for the composition of the guideline development group. Information about target population experiences and expectations of health care should inform the development of guidelines. For example, formal consultations with patients/public, participation of these stakeholders on the guideline development group, or external review by these stakeholders on draft documents. Alternatively, information could be obtained from interviews of these stakeholders or from literature reviews of patient/public values/preferences/experiences. Examples of commonly labeled sections or chapters in a guideline where this information can be found include scope, methods, guideline panel member list, acknowledgments, and appendices.			

Domain	Assessment		
	Good	Fair	Poor
• Relevant professional groups represented			
• Patients'/populations' views and preferences sought			
• Target users defined			
Comments:			

RIGOR OF DEVELOPMENT			

Examine the paragraphs/chapters describing the guideline development process. Details of the strategy used to search for evidence should be provided, including search terms used, sources consulted, and dates of the literature covered. In some cases, the search strategies/inclusion or exclusion criteria for selecting the evidence are described in separate documents or in an appendix to the guideline. Evidence tables are often used to summarize quality features. The guideline user should be able to identify the components of the body of evidence relevant to each recommendation. Examples of commonly labelled sections or chapters in a guideline where this information can be found include methods, interpretation, literature search strategy, recommendations, and appendices.

• Systematic search			
• Criteria for selection of evidence clearly described			
• Quality of included studies assessed			
• Patient-oriented outcomes prioritized			
• Methods for formulating recommendations clearly described			
• Benefits/side effects/risks considered			
• Strengths and limitations of evidence clearly described			
• Overall strength of evidence assessed			
• Explicit link between evidence and recommendations			
• External review			
• Updating procedure specified			
Comments:			

CLARITY AND PRESENTATION			

Examine the recommendations in the guideline. Examples of commonly labeled sections or chapters in a guideline where this information can be found include recommendations, discussion, treatment options, treatment alternatives, and/or executive summary. A recommendation should provide a concrete and precise description of which option is appropriate in which situation and in what population group, as informed by the body of evidence.

• Recommendations specific, unambiguous			
• Different options for management of condition clearly presented			
• Key recommendations identifiable			
• Evidence gaps and research needs detailed			
Comments:			

Domain	Assessment		
	Good	**Fair**	**Poor**
APPLICABILITY			
Examine the paragraph/chapter on the dissemination/implementation of the guideline or, if available, additional documents with specific plans or strategies for implementation of the guideline. Examples of commonly labeled sections or chapters in a guideline where this information can be found include barriers, guideline utilization, tools, quality indicators.			
• Applicable to audiology			
• Guideline describes facilitators and barriers to its application			
• Potential cost implications considered			
Comments:			
EDITORIAL INDEPENDENCE			
Examine the paragraphs/chapters on the guideline development process or acknowledgments section. Examples of commonly labeled sections or chapters in a guideline where this information can be found include disclaimer, funding source, disclosure table.			
• Content of guideline not influenced by funding body			
• Competing interests of guideline panel members recorded and addressed			
• Fewer than 50% of panel members with COI; Chair of panel is free of COI			
Comments:			
OVERALL ASSESSMENT OF GUIDELINE QUALITY			
The overall assessment requires the reviewer to make a judgment as to the quality of the guideline, taking into account the appraisal items considered in the assessment process.			
Comments:			

This instrument is adapted from the AGREE (Appraisal of Guidelines for Research and Evaluation) II instrument (http://www.agreetrust.org), which assesses the methodological rigor and transparency in which a guideline is developed.

Please select your recommendation to the Guidelines and Strategic Documents Committee:

☐ Endorsement—recommend endorsing by the Academy

To be endorsed, a guideline should include the following characteristics:

- Specific, clear, and unambiguous recommendations
- 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
- Fewer than 50% of the members of the guideline panel have significant conflicts of interest and the panel chair is conflict-free
- Any conflicts of interest have been recorded and addressed appropriately

☐ Affirmation of Value—recommend affirming value

This is a guideline that may provide benefit to the Academy members but does not meet the requirements for endorsement due to one or more of the following:

- Target populations are not sufficiently specified
- Some recommendations are not clear and specific or unambiguous
- 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
- Competing interests of the guideline panel are not clearly recorded and addressed
- 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

☐ Not Endorsed—recommend against endorsement by the Academy

Any of the following criteria should lead to this recommendation:

- Recommendations that are not clear, specific, and unambiguous
- An overall guideline quality rating of poor
- An evidence report with major methodological flaws, or a lack of an evidence report/systematic review
- Content of guideline likely biased by funding body
- 50% or more of the panel members have conflicts of interest, and/or the chair of the panel has conflicts of interest
- Competing interests of members were not recorded
- Potential harms are not sufficiently considered

☐ Uncertain—requires further information prior to determination of endorsement recommendation

Specify uncertainty and further required information.

Comments: