APPRAISAL OF GUIDELINES FOR RESEARCH & EVALUATION Global Rating Scale

AGREE GRS



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DISCLAIMER

The AGREE GRS is a generic tool designed primarily to help guideline developers and users assess the methodological quality of clinical practice guidelines. The authors do not take responsibility for the improper use of the AGREE GRS.

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AGREE GLOBAL RATING SCALE INSTRUCTIONS

I. Background

Clinical practice guidelines are systematically developed statements to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances (1), including health promotion, screening, diagnosis, and treatment. The 23-item AGREE II tool has become an international standard to direct the development, reporting and quality appraisal of guideline (2,3); however, user feedback indicates that there is need for a shorter appraisal tool as an alternative to the AGREE II when resources are sparse and application of a comprehensive tool is not feasible. A shorter tool was tested and published in 2012 as the Global Rating Scale (GRS) (4). Reliability testing indicates that the AGREEE GRS was able to predict important outcome measures related to guideline adoption despite its lower sensitivity in detecting differences in guideline quality when compared to AGREE II (4). We continue to recommend the AGREE II as the primary tool to assess the methodological quality of clinical practice guidelines.

II. Preparing to Use the AGREE Global Rating Scale

i) Accompanying Guideline Documents

Before applying the AGREE GRS, users should first carefully read the guideline document and any relevant supporting documents published elsewhere.

ii) Number of Appraisers

We recommend that each guideline be assessed by a minimum of two appraisers to increase the reliability of the assessment.

III. AGREE Global Rating Scale Items

i) Items and considerations

The tool consists of four core items:

- 1. Process of development,
- 2. Presentation style,
- 3. Completeness of reporting
- 4. Clinical validity.

To guide the appraisal, a list of considerations is provided for each item.

ii) Rating Scale

The four AGREE GRS items are rated on the following 7-point scale:

Lowest Q	uality				High	est Quality
1	2	3	4	5	6	7

Score of 1 (Lowest Quality). A score of 1 should be given when there is no information that is relevant to the AGREE GRS item, if the concept is very poorly presented in the guideline, or if the authors explicitly state that the criteria were not met.

Score of 7 (*Highest Quality*). A score of 7 should be given if the quality of reporting and presentation is exceptional and if the considerations have been fully met.

Scores between 2 and 6. A score between 2 and 6 is assigned when the reporting of the AGREE GRS item does not meet the full considerations. A score is assigned depending on the completeness and quality of reporting and presentation.

It is important to note that item ratings require a level of judgment. The considerations are provided to guide, not to replace, these judgments. Thus, none of the AGREE GRS items provide explicit expectations for each of the 7 points on the scale.

IV. Overall Assessment

Upon completing the four items, AGREE GRS users are asked to provide three overall assessments of the guideline. The overall quality assessment requires the user to make a judgment as to the quality of the guideline (1=lowest quality, 7=highest quality), taking into account the criteria used in the assessment of the four core items. Users are also asked whether they would recommend the guideline for use in practice and whether they would make use of a guideline of that quality in their own professional decisions (1=strongly disagree, 7=strongly agree).

References

- 1. Woolf SH, Grol R, Hutchinson A, Eccles M, Grimshaw J. Clinical guidelines: potential benefits, limitations, and harms of clinical guidelines. BMJ. 1999;318(7182):527-30.
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- 3. Makarski J, Brouwers MC. The AGREE Enterprise: a decade of advancing clinical practice guidelines. Implement Sci. 2014 Aug 15;9(1):103.
- 4. Brouwers MC, Kho ME, Browman GP, Burgers JS, Cluzeau F, Feder G, Fervers B, Graham ID, Grimshaw J, Hanna SE, Littlejohns P, Makarski J, Zitzelsberg L, for the AGREE Next Steps Consortium. The Global Rating Scale complements the AGREE II in advancing the quality of practice guidelines. J Clin Epidemiol 2012;65:526-34.

AGREE GLOBAL RATING SCALE

PROCESS OF DEVELOPMENT

1. Rate the overall quality of the guideline development methods.

Consider:

- Were the appropriate stakeholders involved in the development of the guideline?
- Was the evidentiary base developed systematically?
- Were recommendations consistent with the literature?

Lowest Q	uality				High	est Quality
1	2	3	4	5	6	7

Comments

PRESENTATION STYLE

2. Rate the overall quality of the guideline presentation.

Consider:

- Was the guideline well organized?
- Were the recommendations easy to find?

Lowest Qu	uality				High	est Quality
1	2	3	4	5	6	7

Comments

COMPLETENESS OF REPORTING

3. Rate the completeness of reporting.

Consider:

- Was the guideline development process transparent and reproducible?
- How complete was the information to inform decision-making?

Lowest Q	uality				High	est Quality
1	2	3	4	5	6	7

Comments			

CLINICAL VALIDITY

4. Rate the overall quality of the guideline recommendations.

Consider:

- Are the recommendations clinically sound?
- Are the recommendations appropriate for the intended patients?

Lowest Q	uality				High	est Quality
1	2	3	4	5	6	7

Comments		

OVERALL ASSESSMENT

Lowest Qu	ıality				High	est Quality
1	2	3	4	5	6	7
recommer	nd this guide	eline for use	in practice.			
Strongly D	isagree				Stro	ongly Agree
1	2	3	4	5	6	7
make use	of a guidelir	ne of this qเ	ıality in my p	orofessional	decisions.	
Strongly D	isagree				Stro	ongly Agree
1	2	3	4	5	6	7