

APPOINTMENT OF THE WORK GROUP CHAIR AND VICE CHAIR

The AAOS Guidelines and Technology Oversight Committee (GTOC) appoint the work group chairperson and vice-chairperson at their biannual meetings or the GTOC Oversight Chairs appoint the work group chair and vice-chair as a result of the solicitation process. The Work group chair must be a member of the AAOS, must have completed the enhanced form for disclosure of conflict of interest and must have no relevant conflicts of interest concerning the guideline topic they are leading through the development process. The work group chair and vice-chair must have taken the AAOS educational course on evidence based practice or agree to complete this course prior to the Introductory meeting for the guideline's development. The course consists of two modules and CME credit is available upon completion. Please see the website or contact the AAOS Evidence-Based Medicine Coordinator for more information.

APPOINTMENT OF THE WORK GROUP

The chairs of the AAOS Guidelines and Technology Oversight Committee will review all applicants and materials, and members are notified accordingly; a work group chair and vice-chair will also be selected from the group of interested members; therefore, all members of the work group will have completed the following three steps:

- Updated their AAOS conflict of interest information after we have upgraded their level of disclosure to “full disclosure”. Members will visit the AAOS website to disclose their conflicts of interest.
- Emailed a brief CV to the Evidence-Based Medicine Coordinator.
- Completed and returned a brief questionnaire (see below).
 - 1.) Please briefly describe your evidence-based medicine background, and how you implement evidence-based medicine into your practice.
 - 2.) Have you taken the AAOS EBM course? If not would you do so before participating in the work group?

CME Courses on EBM can be found on the website.

- 3.) Have you published any articles on this topic? If not already listed in your CV please list your published work here.

The guideline work group members will *not* be invited to participate until the Oversight Committee Chairs and Director of Research receive and review all applicants conflicts of interest. Once a potential list is approved, the Work group Chair and Vice-Chair may be given this list for review and additional input if they have been previously invited to participate. In most cases, it is expected that the work group will be diverse, consisting of multi-specialty participation. The guideline work group chair and vice chair should be aware that some members nominated for the panel may not be approved for participation in the process (i.e. due to a variety of potential reasons and conflicts). Participation on a work group is at the discretion of the Oversight Committee Chairs.

The total number of work group members who comprise a guideline panel is generally seven to eight AAOS members. Some topics may require more members, but this is addressed on an individual topic basis.

Attendance at the introductory meeting is mandatory for all guideline work group members participating in the process. Participation on the work group is contingent on the panel members' ability to attend the introductory meeting as well as the final meeting.

Once members have agreed to participate on the work group and attend the meetings, AAOS staff will send formal invitations (welcome). Once the list of panel members is approved by the Oversight Chairs, the work group chair and vice chair are notified. If they so choose, they may make the initial contact with work group members with a personal invitation to participate in the development process.

THE REQUIREMENTS OF THE WORK GROUP VICE-CHAIR

The vice chairperson's main responsibilities will occur following completion of the guideline. In addition to being a content expert, the vice chair will be responsible for helping to disseminate the finished product. In this capacity, the vice chair will be responsible for writing articles in JBJS, JAOS and *AAOS Now* announcing completion of the guideline and introducing the highlights of the guideline to the membership. The vice chair will also be responsible for answering inquiries by the reviewers, public commentators and membership as the guideline moves through the approval process. This in no way means that the work group members cannot participate in this process. Work group members are also welcome to write additional articles and to help the vice-chair in any dissemination duties.

REQUIREMENTS OF THE WORK GROUP MEMBERS

TIME COMMITMENT

Work group members are expected to have some training in evidence-based medicine. This training will be provided at the first meeting. Hence, this meeting is very important and all work group members are required to attend. In addition, work group members must take AAOS' evidence analysis courses. Please contact the AAOS Evidence-based Medicine Coordinator for information on this courses.

The first meeting will be devoted to establishing the scope of a guideline and compiling a list of inclusion criteria that will be applied to the literature. The scope of the guideline will be accomplished by constructing preliminary recommendations. The inclusion criteria are generally a standard set of criteria that are edited to clarify the specific guideline topic and define the literature that will be included in the evidence base.

Work group members are expected to review the literature search strategies and provide appropriate input. Similarly, members are expected to review the list of articles that will be included in the guideline, and note whether any articles that met the inclusion/exclusion criteria were missed. Conference calls will be scheduled to address these issues.

Please Note: Members must attend the introductory meeting, a majority of the scheduled conference calls AND both days of the last recommendation meeting in order to vote/approve the final guideline document developed and be listed as an author on the final document.

If a member does not attend the Introductory Meeting and both days of the final recommendation meeting in addition to a majority of the conference calls, the final document will not be sent to him/her for approval and he will not be listed as an author in the final document. The member will receive the final document and be invited to provide input during the peer review process if they have participated in a portion of the process.

It should also be noted that the work group members serve at the discretion of the work group chairperson and the Committee Chairs. The work group chairperson, vice chairperson and Guideline Technology and Oversight Chairperson may consider the removal of any work group member who does not contribute to or appropriately participate in the guideline development process. Work group members may be terminated for reasons including, but not limited to failure to disclose conflict of interest, failure to work as a team member, inability or failure to complete assignments and/or nonparticipation. In addition, The American Academy of Orthopaedic Surgeons has established policies promoting a productive work environment and rejecting discrimination, harassment and sexual harassment of any kind. Violation of these policies may cause dismissal of the work group member.¹

The amount of time required by a work group member during the next phase of guideline development is limited. During this time, the Guideline Unit is abstracting data, conducting analyses, and preparing the Guideline Evidence Report upon which the guideline will be based.

Once the Evidence Report is prepared, a “Recommendation Meeting.” will be held.

RECOMMENDATION MEETINGS

The “Recommendation Meeting” serves three purposes; (1) provide a forum for the AAOS Guideline Unit to present the evidence and their analyses to the work group, (2) refining recommendations, and (3) for voting on the recommendations. During this meeting, the work group will discuss the supporting evidence or lack thereof, review the assigned level of evidence for each included article, refine recommendations accordingly, and assign a strength of recommendation for each guideline recommendation.

All work group members should make attending the final recommendation meeting a high priority in their schedules. The recommendation meeting requires a two-day commitment plus your travel time. Voting on the recommendations will take place at this last work group meeting so if the work group member disagrees with either the recommendation or strength assigned to it, this is his/her opportunity to discuss that dissent.

Please Note: If the member is not present at the meeting, his/her input cannot be considered. Individual members who cannot attend the recommendation meeting will not be allowed to delay guideline progress.

Error! Reference source not found. Generally, the rationales should be completed within two weeks of the last meeting if not completed at the final meeting and submitted to AAOS staff for editing and collating. The work group chair and vice chair will be asked to review all member input and associated edits prior to the compiled document being sent to the work group for review.

In the event that a work group member cannot attend the final meeting, the Chairperson of the Guidelines Technology and Oversight Committee or Guidelines and Technology Oversight representative present at the final meeting shall serve as an alternate and have all voting privileges.

PLEASE NOTE: Once the final recommendations are discussed, voted on, accepted and approved at the final recommendation meeting they cannot be changed by the work group. They will be edited by AAOS staff if they do not conform to the standardized guideline language used in all AAOS guidelines. The expectation is that the wording derived at the final meeting should conform to the standardized language adopted by the AAOS.

Members who do not attend the recommendation meeting will forfeit their opportunity to contribute to the development of the final recommendations. The final document will not be sent to them for review and the member's name will not be included in the document as an author/ contributor. Members who attend a portion of the process but do not attend both days of the final recommendation meeting will be included in the peer review process of the document and may provide input at that time.

DOCUMENT SUPPORT INFORMATION/ DISSEMINATION TO THE WORK GROUP

Because the Evidence Report that supports a guideline is quite long, copies cannot be e-mailed to members (most mailboxes are too small to accommodate even the zipped versions of this information), and paper copies cannot be routinely sent. The Evidence Report will typically be posted for review on the SharePoint portal. Large documents for review will also be posted on SharePoint.

WORK GROUP RESTRICTIONS

As stated above, in most cases, it is expected that the work group will be diverse, consisting of multi-specialty participation. Work group members who help construct a guideline for AAOS may not act as an advisory panel reviewer on the same guideline for another specialty society.

In addition, please know in advance, that when the guideline is updated in approximately five years, a maximum of two of the original work group members will be invited to participate on the work group panel convened to update the guideline. Generally, the Vice-Chair will be invited to chair the updating committee and he/she will have the option of retaining one member of the original work group.² This restriction promotes transparency, enhances reproducibility and minimizes bias. If the results of a guideline are reproducible, any work group should be able to examine the evidence and reach similar if not identical conclusions, as long as the evidence has not significantly changed.

We also ask that members of a guideline work group not publically advertise their participation on the panel until the AAOS Board of Directors has approved the final draft. We request

anonymity for several reasons. The participation of well known “thought leaders” on a guideline development work group can elicit bias in the peer review and public commentary process. These members are often well known and highly published and their very participation in the process may influence the reviews both “in favor of” and “not in favor of” the guideline. Hence, we blind the identity of a work group for all drafts to the reviewers. In addition, industry and the media may pursue members who participate on work groups that develop guidelines on a particularly controversial guideline topic. Further, draft documents are subject to change and those interested in the content of a specific guideline need to have the final BOD approved document before evaluating the contents. If there are questions concerning dissemination of AAOS guidelines, please consult the AAOS Evidence-based Medicine Coordinator or the AAOS Clinical Practice Guideline Manager.

Reference List

- (1) American Academy of Orthopaedic Surgeons. American Academy of Orthopaedic Surgeons Personnel Policy Manual. 11-1-2005. 2-10-2009.
Ref Type: Unpublished Work
- (2) Sniderman AD, Furberg CD. Why Guideline-Making Requires Reform. *JAMA* 2009 January 28;301(4):429-31.
- (3) GRADE Working Group. Grading quality of evidence and strength of recommendations. *BMJ* 2004 June 19;328.