Appendix 1 – Guidelines for Guidelines (G4G) Self-Appraisal Checklist

This checklist is designed for guideline developers to self-assess and ensure the guideline meets the G4G standards before submission to ACE for methodological validation. Please tick the appropriate box (Yes/Partial yes/No) for each item and specify the location where the information can be found.

S/N	(1) Select a relevant and useful scope	Please select one[1]	Location	Remarks (for *Partial Yes* or *No*)
1a	Need for the guideline (including key knowledge gap) is clearly stated	☐ Yes ☐ Partial yes ☐ No		
1b	Target audience, setting and clinical areas covered by the guideline are explicitly defined	☐ Yes ☐ Partial yes ☐ No		
1c	Goal(s) of the guideline are clearly stated	☐ Yes ☐ Partial yes ☐ No		
	In addition to the minimum requirements above, consider providing information on how scope areas have been prioritised (e.g. ranking) and by whom (e.g. co-chairpersons, entire guideline panel, stakeholders, others)	GOOD PRACTICE		
	(2) Establish an appropriate multidisciplinary group		**Location**	
2a	Process for identifying and selecting members is clearly described	☐ Yes ☐ Partial yes ☐ No		
2b	Guideline development group structure and roles are clearly defined	☐ Yes ☐ Partial yes ☐ No		
2c	Balanced representation is achieved from: • Relevant disciplines or specialties, based on target audience and scope • National healthcare clusters • Relevant care settings and sectors (public/private)	☐ Yes ☐ Partial yes ☐ No		
	In addition to the minimum requirements above, consider including people with lived experiences (such as patients, carers, patient advocates)	GOOD PRACTICE		

1. A 'partial yes' denotes that the description is unclear, lacks sufficient detail, or meets only some of the requirements within the item.

	(3) Collect and manage conflict of interests (COI)		Location	
3a	COI declarations are collected from all members at the start and kept up to date	☐ Yes ☐ Partial yes ☐ No		
3b	An appropriate COI management policy is in place and timely activated	☐ Yes ☐ Partial yes ☐ No		
3c	Funding sources of the guideline are declared	☐ Yes ☐ No		
	(4) Use evidence to guide recommendations, underpinned by EtD/R framework		**Location**	
4a	An Evidence-to-Decision/Recommendation (EtD/R) framework is agreed at the start of the guideline process and clearly described, including a definition of strength of recommendations (i.e. strong/ conditional)	☐ Yes ☐ Partial yes ☐ No		
4b	The pre-determined EtD/R includes minimally: • Balance of health benefits and risks (trade-offs of desirable and undesirable outcomes) • Certainty and magnitude of effects (quality of the evidence by outcomes) • Values and preferences • Acceptability • Resource impact and feasibility considerations	☐ Yes ☐ Partial yes ☐ No		
4c	If some or all recommendations are developed using an adoption or adaptation method, clear description is presented minimally for: a) Identification and selection of source guidelines b) What constitutes adaptation (e.g. editorial changes vs changing strength of recommendations) c) How the EtD/R framework guides adoption or adaptation decisions	☐ Yes ☐ Partial yes ☐ No		
	In addition to the minimum requirements above, consider providing a summary of guideline group's deliberation around EtD/R factors within the main	GOOD PRACTICE		

1. A 'partial yes' denotes that the description is unclear, lacks sufficient detail, or meets only some of the requirements within the item.

	guideline, including a description of how strength of a recommendation is selected and worded, to support informed implementation decisions for target users			
	(5) Use systematic literature review methods		**Location**	
5a	When systematic reviews of primary evidence are conducted, methods and processes include minimally: • Key questions using a standard format (e.g. PICO for describing population, interventions, comparator, and outcomes) • Documented search strategy and included study design • Critical appraisal of included studies • Synthesis of evidence by outcomes using formats that enable judgement on the magnitude and certainty of effects (e.g. GRADE) *Note: In some cases, the guideline group may decide that systematic reviews of evidence are not warranted, for example when recent, high-quality reviews answer the key question. More details may be provided in the methods section.*	☐ Yes ☐ Partial yes ☐ No		
5b	If the guideline is developed using adoption/adaptation methods, the following information is provided: • Criteria for when a systematic review of primary evidence is warranted • Details of overall approach to published literature beyond the source guidelines' references, e.g. updating searches from latest guidelines or reviewing high-quality systematic reviews/meta-analyses to complement guideline recommendations	☐ Yes ☐ Partial yes ☐ No ☐ NA (if adoption or adaptation method was not used)		
	(6) Implementability features		**Location**	

1. A 'partial yes' denotes that the description is unclear, lacks sufficient detail, or meets only some of the requirements within the item.

6a	All recommendations are worded as actionable statements	☐ Yes ☐ No		
	In addition to the minimum requirements above, consider providing: • Dissemination plan(s) or targets after guideline publication • Advice or tools on how the recommendations can be implemented (e.g. key clinical indicators, monitoring criteria) • Multiple formats and appropriate visual presentation (e.g. mobile apps, integration with clinical decision support systems, adaptation as education resource)	GOOD PRACTICE		
	(7) Consensus methodology		**Location**	
7a	An explicit consensus method is agreed at the start of the guideline development process and specified (e.g. Delphi method, nominal group technique, RAND/UCLA method)	☐ Yes ☐ Partial yes ☐ No		
7b	Decision rules to decide on consensus are defined (e.g. whether full consensus is required, or majority is sufficient)	☐ Yes ☐ No		
	(8) External review		**Location**	
8a	A process for external review of the guideline prior to publication is clearly described, including selection of reviewers (who should have not been involved in the guideline development)	☐ Yes ☐ Partial yes ☐ No		
	(9) Updating guideline		**Location**	
9a	Frequency of future updates and criteria for reviewing the guideline are specified	☐ Yes ☐ No		
	In addition to the minimum requirement above, consider reporting: • Methodology for the updating procedure	GOOD PRACTICE		

1. A 'partial yes' denotes that the description is unclear, lacks sufficient detail, or meets only some of the requirements within the item.

	• Outcomes of stakeholder feedback review and resulting changes			

Important note

- Any representative from the guideline development group can complete the checklist (only one person needs to submit this), with preference given to those who are most familiar with the methodology, e.g. the chairperson, technical team lead, or methodologist.
- All items marked “No” or “Partial yes” should be addressed before submission or explained under Remarks. Please refer to the G4G Guide or consult the ACE team if needed.
- The main guideline should minimally contain a summary of the methods for target users. Detailed documentation of the methods to support ACE’s assessment can be included either in the main guideline or as a separate annex.

This icon denotes best practices which are strongly recommended by ACE for guideline development, but are not mandatory requirements for meeting the G4G standards.

1. A ‘partial yes’ denotes that the description is unclear, lacks sufficient detail, or meets only some of the requirements within the item.