Author's response to reviews

Title: Twelve years of clinical practice guideline development, dissemination and evaluation in Canada (1994 to 2005)

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Author's response to reviews: see over
Dear Editorial team,

Thank you for your interest in our paper and request for revisions. We appreciate the reviewers’ careful review of the manuscript. The following Revision Notes provide our response to the reviewers’ comments and suggestions.

Sincerely,

Jennifer Kryworuchko (jkryw032@uottawa.ca)
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Revision Notes

The reviewer’s comments are included to preserve the context of our responses.

Our responses to the reviewers are in italics.

Reviewer 1

☑️ Questioned the rationale for how the response rate was calculated and suggested calculating a response rate for guideline developers. Also questioned why English and French versions of the same guideline were counted as separate guidelines in calculating the response rate.

We have clarified the response rate calculation including our rationale for calculating response rate in this way (page 8). The reason we included the English and French versions of the same guideline in calculating the response rate was that the Canadian Medical Association assigns a unique guideline ID number to the English and French version of the same guideline and considers them separate guidelines in their system. To account for all guidelines in the CMA Infobase we adopted the same approach. We did not provide response rates for guideline developers as these rates would have been difficult to interpret as some developers have many guidelines in the database but only provided data on some of them and others have only 1 in the database and may or may not have provided data on it. The response rate for developers would simply indicate how many organizations did not provide any data on 1 or more of the guidelines they submitted to the database. Another practical reason for not providing this information was that we no longer have these data for the earlier time period and since the publication of our first paper the CMA has changed the ID system of the database making it impossible to reconstruct the earlier time period database.
☑ Questioned the study population and comprehensiveness of the CMA database
We have expanded the discussion of comprehensiveness (and limitations) of the database see pages 16-17.

☑ Requested the survey instrument be included
The survey instrument is used routinely by the CMA as part of their validation process when a guideline is accepted into the CMA Infobase. It was developed by the CMA over a decade ago. We are not aware of whether or not it was validated other than data collected using it was published in the 2003 paper. We now included available information about the survey in the Survey instrument section of the original manuscript (page 6-7); and have included the survey questions and response categories as an additional file 1 for the reader.

☑ Clarify what the ‘n’ refers to in tables 3-4-5
Revised as requested, see page 19-22.

☑ Provide a change column in table 2 and do not state ‘non significant.’
A change column has been added to Table 2. The reference to “non significant” has been removed since the point estimate (% of guidelines or mean strategies) and 95% CI around this point estimate are given (instead of the point estimate with p value) to allow readers to interpret significance. See page 20.

☑ The first sentence of the second paragraph in the background section could be changed to emphasize the fact that we refer to a previously conducted/published study and not the current one.
Revised as requested see page 4.

☑ Why is information about composition of guideline development groups not included for the 2000-2005 period?
It is unfortunately that these data are not available as we would have liked to have reported on them. This information is no longer downloaded into the excel database that is used for statistical purposes and the CMA does not have any documentation to provide further information about this matter.

☑ Describe the criteria used to classify guideline organizations and distinguish between a governmental and para-governmental organization, or between a professional, a medical, and a health association.
We have included this information the manuscript on page 6.

☑ Describe in more details the relevance and contribution of this study in the introduction or discussion section.
Thank you for this comment; we have done so in the discussion section of the revised manuscript from page 12.
Reviewer 2
☑ It is not clear from the background what quality criteria CMA applies to include guidelines on their database. This should be stated because it would give some indication about the quality of the guidelines covered in the survey.

*The CMA Infobase contains guidelines that are endorsed or developed by Canadian organizations within 5 years of the current date and are of interest to the CMA membership. At present there is no quality criteria applied to screen guidelines admitted to the repository; we have added a comment to this effect in the revised manuscript, see page 6.*

☑ Conclusions: First sentence. “Guideline development processes have improved… “ should read: “Guideline development processes in Canada have improved…”

*Revised as requested see page 17.*

Editor
☑ Ensure that your revised manuscript conforms to the journal style

(http://www.implementationscience.com/info/instructions/).

*We have verified the format and believe that it conforms to the journal style.*