SECTION 9

PROCESS FOR DEVELOPMENT OF AAPD ORAL HEALTH POLICIES AND CLINICAL GUIDELINES

A. Guiding principles and procedure for work on policies or guidelines

1. Any charge for development of a new policy or guideline must be well described by the Board of Trustees. The council responsible for the charge must be made aware of the purpose and how this relates to the goals and objectives of the AAPD. If there is a “political climate” that precipitates development, that must be acknowledged. Potential internal/external consultants should be mentioned. This information must be conveyed in a detailed Background and Intent Statement submitted by the board of trustees to the charged council/committee/task force.

2. Background and intent statements should include:
   A. Date
   B. Charge submitted by
   C. Contact person
   D. Assigned Council/Committee
   E. Charge
   F. Background/History
   G. Intent/Purpose
   H. Relation to goals and objectives of AAPD
   I. Potential internal/external reviewers (CSA, AAP, legal counsel, etc.)

3. A certain skill set is required for those involved in the process of document development. All participants must possess the ability to use e-mail, word-processing skills with a basic understanding of editing and the ability to perform a literature search. Members involved in the development of documents must exhibit appreciation for the science behind the statements or recommendations. Skills of CCA and CSA members, therefore, would overlap and the councils could work in unison, not isolation. Upon appointment to CCA and CSA, all members/consultants involved in policies and guidelines development should attend at no charge the evidence-based training session at the AAPD annual session.

4. The diversity and number of participants in the development of new policies and guidelines should be sufficient to accomplish the charge within one year. The number of CCA appointees (members and consultants) should be equal to the number of policies and guidelines to be developed or reviewed in a given year. The team must be comprised of members from both academia and clinical practice. Recommended minimum membership would be:
   • Lead author from assigned council/committee/task force
   • 2 participants who are members/consultants of Council on Scientific Affairs (CSA)
   • 2 or more additional participants selected by chair of the primary council for interest, expertise on topic and/or editorial abilities

This composition would move development toward a “panel of experts” and away from a finite number of council members who may be overwhelmed with numerous other responsibilities. Ad hoc committees charged with document development would have the benefit of CSA support and could request a CCA participant or CCA review for consistency with other AAPD documents. Upon approval of charges for a new policy or guideline, the Board of Trustees should consult with the CCA chair to identify experts within the AAPD who might contribute substantially to the
development process as expert consultants. CCA and CSA should also collaborate to identify individuals outside the AAPD who might offer unique expertise or perspective. Any such identified individuals may be nominated by the President for approval by the Board of Trustees as provided under Section 8.A.4.

5. To be effective advocates for infants, children and adolescents, AAPD policies and guidelines must be supported by the best available evidence. There is increasing scrutiny of these policies and guidelines by educators, other health care professionals, policy makers and third party payors. Discussion of the strength of the scientific basis for recommendations should be included in review of the literature. When there is lack of good science to support clinical recommendations, research interest may be promoted.

6. There is not uniform support for rating the levels of scientific evidence and grading recommendations within AAPD documents at this time. Other organizations are moving toward rating the scientific basis of their guidelines. Many recommendations in AAPD policies and guidelines cannot be reduced to quantitative terms. Clinical practice sometimes must rely on expert opinion, logic and/or experience. If we rate the scientific basis of AAPD policies and guidelines and subsequently publish that these documents are at the lowest levels of evidence, outside parties may place diminished value in AAPD recommendations. Furthermore, this responsibility is beyond the capabilities of the current volunteer council in terms of time constraints, “know-how” and/or access to resources.

B. Uniform format in the development of new policies and guidelines. 

principles and procedure for work on policies or guidelines

1. Oral Health Policies. Oral Health Policies are statements of prescribed conduct related to AAPD positions on various public health issues. Oral Health Policies serve as an aid in accomplishing organizational objectives. While some Oral Health Policies are based on scientific research, others represent “best current practice” and may not fit an investigational format. These consensus statements are evaluated regularly and updated with changing views and developments.

2. Types of policies:
   A. Statement policy: This is a straightforward statement or declaration of AAPD policy on a particular issue. These self-evident statements are short and concise and do not include background information or discussion relative to the policy (e.g., Emergency Oral Care or a simple statement of endorsement). These may include policies that are endorsements of documents of other organizations (e.g., breast-feeding, immunizations).

   B. Position policy: a comprehensive, more in-depth declaration of the academy’s position on a particular issue. Position policies contain background information and discussion to provide more thorough understanding of the issue and rationale behind the position (e.g., Prevention of Sports Related Injuries). They follow this format:

   C. Format. An AAPD policy should be formatted as follows:
       1. Title: Policy on ________
       2. Originating council: Name of the primary council/committee/taskforce, not individual participants
       3. Date adopted: Only the year is listed as all documents are approved at the AAPD annual session
       4. Purpose: Explains why the AAPD has developed the policy and who the targeted audience would be
5. Methods: Explains process of development such as review of literature or positions of other organizations, expert opinions within specialty, expert opinions outside of specialty, consensus of best current practice

6. Background: Contains significant history of the issue and discussion of pertinent literature. If the statement represents best current practice, the rationale for the AAPD’s stance should be discussed.


8. References: are listed in the order they are used as support for the policy. They require a superscript within the body of the document. As the reference manual is a special edition of the AAPD journal, the format will be consistent with other publications.

3. Guidelines. Guidelines are clinically oriented and well substantiated with references.

A. Format. The following format is used in the development of AAPD guidelines.

1. Title: Guideline on ________. Exceptions could occur when the AAPD adopts another organization’s guideline that, subsequent to receiving permission from said organization, is reprinted unaltered or the AAPD co-authors a guideline with another organization.

2. Originating council: Name of the primary council/committee/taskforce, not individual participants.

3. Date adopted: Only the year is listed as all documents are approved at our annual session

4. Purpose: This is both the reason behind and the intent of the guideline. That is, it explains why the AAPD has developed the guideline (from the Background and Intent Statement) and what the document will/will not do (e.g., assist in diagnosis and/or management, supplement/not duplicate information found in another AAPD guideline, provide general recommendations to be tailored to the individual patient, etc.)

5. Methods
This section describes the process of development such as MEDLINE search [listing detailed search strategies, keywords (including combinations), inclusion and exclusion criteria (e.g., languages, ages, years of publications), etc], review of current textbooks, review of positions of other organizations, synthesis of expert opinions within/outside the specialty, peer review, open forum commentary, and consensus of best current practice. The number of source documents identified by MEDLINE should be included. Note that this number is NOT the number of references ultimately used, but an indication of available literature. Comments regarding literature assessment, along with the strength of the scientific data obtained from it, must be included. The AAPD does not utilize a grading scheme for evidence and/or a rating scale for individual recommendations. Rather, authors should include statements regarding the type of evidence supporting all the recommendations (e.g., “the recommendations were based primarily on a comprehensive review of published reports. In cases where the data did not appear conclusive, recommendations were based upon the consensus opinion of the group”). Explanations should be included if issues such as cost, patient preference, and values are considered during recommendation formulation. When AAPD guidelines were compared to those by another organization, discussion of similarities/differences should be noted.

6. Background: Contains significant history of the issue and discussion of pertinent literature.
7. Recommendations: the suggested clinical performance. Authors must consider potential practice/liability implications; the difference between “must” and “should” cannot be overemphasized.

8. References: are listed in the order they are used as support for the guideline. They require a superscript within the body of the document. As the reference manual is a special edition of the AAPD journal, the format will be consistent with other publications.

C. Process for document development
   1. Board initiation. The board of trustees sends the charge to council, committee or task force.
   2. Because of their expertise, members of CSA should regularly review and identify pertinent scientific literature that might warrant the development or revision of a policy or guideline, and make such recommendation to the Board of Trustees.
   3. Workgroup composition. The council, committee or task force identifies a workgroup to author document. The composition of a workgroup to develop a new policy or guideline will consist of:
      a. An author who is an appointed member/consultant from responsible council/committee/task force.
      b. Two participants who are members/consultants of the Council on Scientific Affairs (CSA).
      c. Two or more additional participants selected by chair of the primary council for interest, expertise on topic and/or editorial abilities. (These can be appointed members/consultants of the council or members of AAPD at large.)
   4. Document drafting, circulation, and approval. The timeline for development of policies and guidelines is included as Appendix A to this section.

D. Schedule for review process
   1. Five year cycle. There is a general review cycle of 5 years for all policies and guidelines.
   2. More frequent reviews when needed. Where there is a perceived need (e.g. publication of summary of consensus conference, newly published research of significance, updated guidelines from other dental or health organizations, etc.), documents would be reviewed in advance of the scheduled review. The Board of Trustees shall determine the need for such expedited (advance of schedule) review of a policy and guideline, provide specific charges to the Council on Clinical Affairs for such review, and assign special consultants as needed to allow the council to meet such additional workload. Alternatively, the Board could initiate an Addendum to a Policy or Guideline, as described below in paragraph F.
   3. Special project for major guidelines. Major guidelines, such as restorative, sedation, behavior management, etc., would be assigned to an expert workgroup for review. The process would be extensive and could take up to two years. The workgroup’s report would be submitted through the Council on Clinical Affairs.

E. Designated reviewers
   Two CSA consultants would be assigned to review each document. They would be responsible for evaluation and summary of the pertinent literature since the previous review. CCA members would take that summary to revise the existing document.

F. Process for Addendum to Policy or Guideline
1. Suggestion for addendum. Any AAPD member, trustee, or officer may request an addendum to an oral health policy or clinical guideline by submitting to the Board of Trustees (BOT) a written request that indicates:
   a. Why an addition is necessary (e.g., a therapeutic agent not included in our guideline has received approval, the Centers for Disease Control and Prevention or Surgeon General has released a new report, a landmark study has been published).
   b. How the addition will enhance the document, affect the AAPD’s position on public health issues, or change recommendations for clinical practices (e.g., will allow our guideline to address all accepted treatment options, recommendations would be consistent with another recognized health care organization).
   c. The suggested changes with documentation (new references).

2. Charge by BOT. The BOT could take action on such a request at any time during the year except as noted below in Paragraph F.4. If deemed meritorious, the BOT would forward the charge to the chair of CCA with a background and intent statement. As with any charge, the council must be made aware of how the charge relates to the goals and objectives of the AAPD. In addition, any significant “political climate” associated with the request must be identified. Potential expert consultants should be suggested.

3. Development of addendum. The CCA chair would assign the charge and request from the chair of CSA the names of 2 CSA co-reviewers. The reviewers would limit their work to the topic of the addendum, developing a new section that compliments the style of the primary document. If the assigned council members determine that an addendum is inadequate to address the topic and that a total document revision is indicated, they would prepare a summary report explaining the rationale for a revision. Otherwise, they would develop an addendum that would follow the approval process for revisions of any P/G (confirmation by the entire council, inclusion in the report of the council chair to the BOT, comments at Reference Committee hearings, presentation to the General Assembly for approval).

4. Timeline. Since a request for an addendum is expected to occur infrequently, such a charge at any time during the year through the winter planning session would allow the normal progression of document development to occur. However, if the BOT agreed that consideration of a change during the next General Assembly meeting was advisable, the BOT could charge the CCA to develop an addendum as late as 60 days prior to the annual session. Any such addendum would be reviewed by the BOT for the first time at its meeting immediately prior to the annual session, acted upon by the CCA during its annual session meeting, and made available to the membership at the Reference Committee hearings. Thus, the membership would be able to take action at the meeting of the General Assembly.
## Appendix A: Timeline for Policies and Guidelines Development

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<th>Timeline</th>
<th>Mechanism</th>
<th>Action to be taken</th>
<th>Outcomes</th>
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<tr>
<td>Winter planning session #1</td>
<td>January (transition year)</td>
<td>▪ BOT reviews drafts for consideration at this year's annual session&lt;br&gt; ▪ BOT approves charge for documents to be reviewed/developed by CCA for the Annual Session of the next calendar year&lt;br&gt; ▪ Chair can meet with liaisons and President-elect for clarification if necessary</td>
<td>BOT's second look at current charges; new charges approved and documents due for review are confirmed</td>
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<td>Meetings (BOT session with CCA chair present last day)</td>
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<td>Month 1 of new charges</td>
<td>February</td>
<td>▪ Council meets to finalize current charges&lt;br&gt; ▪ Members receive new charges and confirm understanding&lt;br&gt; ▪ CCA workgroups identified</td>
<td>Current year's charges completed by CCA members and new charges begun</td>
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<td>CCA meeting in Chicago</td>
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<td></td>
<td>via email</td>
<td>▪ Each workgroup begins: approach determined, key issues identified, and literature search initiated&lt;br&gt; ▪ Chair submits final report for this year's annual session and progress report on new charges&lt;br&gt; ▪ HQ staff posts final documents to be considered at this year's General Assembly on AAPD Web site ASAP</td>
<td>Chair completes current year's charges and HQ staff prepares for annual session</td>
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<td>▪ Workgroups send first drafts to chair&lt;br&gt; ▪ New documents posted on AAPD Web site for BOT, CCA, and CSA in advance of annual session but these drafts are not included in registration packet</td>
<td>New documents available for first review</td>
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<td></td>
<td>internet</td>
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<td>Annual session</td>
<td>May</td>
<td>▪ BOT has final opportunity to review this year's documents before council meeting&lt;br&gt; ▪ CCA and liaisons meet to finalize documents for Reference Committee, discuss new charges early in the development process, &amp; allow workgroups time to allocate additional tasks, etc&lt;br&gt; ▪ CCA runs its portion of Reference Committee, hearings, discusses feedback, and prepares report for General Assembly&lt;br&gt; ▪ New CCA members attend EBTS&lt;br&gt; ▪ Plan ahead; set date for November CCA meeting</td>
<td>Current documents approved at general assembly; CCA can discuss concepts of new documents collectively early in the development process and confirm progress on revisions; New CCA members trained on evidenced-based dentistry; BOT can add new charges as warranted</td>
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<tr>
<td></td>
<td>meeting</td>
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<td>July</td>
<td>Feedback from membership</td>
<td>- General membership asked to review existing policies and guidelines that are being revised during the current cycle, in terms of suggestions for additions or edits, in order to provide feedback to assist the CCA in its drafting process.</td>
<td>At the end of this timeframe, members' comments would be submitted to the chairs of CCA and CSA, and ultimately the assigned workgroups, to determine relevance and validity.</td>
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<td>August</td>
<td>via email</td>
<td>- Refined drafts submitted to council chair</td>
<td>Sufficient time for BOT to review documents before Ad Interim meeting.</td>
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<td>Sept</td>
<td>Chair submits ad interim report.</td>
<td>- HQ staff posts report ASAP on AAPD Web site for BOT, CCA, and CSA to review</td>
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<td>October</td>
<td>BOT meeting</td>
<td>- BOT discusses progress to date and offers guidance if drafts not consistent with expectations. The leadership could request that CCA submit a document to a specific individual for content review and comments without engaging that individual in the development process per se.</td>
<td>Review of draft by BOT</td>
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<td>October</td>
<td>via email/phone</td>
<td>- CCA chair forwards feedback from BOT and individual CSA members to workgroups</td>
<td>Workgroup able to modify documents/resume progress.</td>
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<td>November</td>
<td>CCA meeting</td>
<td>- Council meets in Chicago to review/finalize all charges for the year</td>
<td>NOTE: This begins the new meeting cycle of CCA.</td>
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<td>By month</td>
<td>December</td>
<td>- Workgroup amends and submits finalized draft to chair for winter planning report. Chair submits report to HQ. HQ staff posts report on line for BOT.</td>
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<td>Winter</td>
<td>Meetings (BOT session with CCA chair present last day)</td>
<td>- BOT has opportunity to review drafts after CCA's final tweaking and approves report for this year's annual session. BOT could request that CCA submit a document to a specific individual for content review and comments without engaging that individual in the development process per se. BOT approves charges for completion by the Annual Session of the next calendar year.</td>
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Section 9
Development of Policies and Guidelines

Administrative Policy & Procedure Manual
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| February | via email  | ▪ Chair submits final report to HQ  
▪ Editor can begin preliminary work and submit drafts for final report to HQ in a timely manner  
▪ CCA members receive new charges, workgroups identified and progress begins | Documents to be approved at Annual Session can be posted for review by general membership; next year’s work begins                           |
| May     | internet   | ▪ Workgroups send first drafts to chair  
▪ New documents posted on website for BOT, CCA, and CSA in advance of annual session but these drafts are not included in registration packet                      | New documents available for first review                                                                                               |
| Annual session | May | Meetings | ▪ BOT has final opportunity to review documents before council meeting  
▪ CCA and liaisons meet to finalize documents for Reference Committee hearings  
▪ Discuss new charges early in the development process & allow workgroups time to allocate additional tasks, etc  
▪ CCA runs its portion of the Reference Committee hearings, discusses feedback, and prepares report for General Assembly  
▪ New CCA members attend EBTS  
▪ Plan ahead; set date for November CCA meeting | Documents approved at General Assembly; entire council can discuss concepts of new documents early in the development process and confirm progress on revisions; New CCA members trained in evidenced-based dentistry; BOT can add new charges as warranted |
| June    | internet   | ▪ Editor finalizes document for editorial staff and webmaster to post on website                                                                                                                                   | Policy/guideline becomes accessible to general public                             |
| July/ August | Internet, phone, mail | ▪ Reference manual finalized with Guidelines sent to National Guideline Clearinghouse                                                                                                                             | Earlier publication of RM & consideration by NGC                                 |