Section	Explanation	Example
Title Page	A short name for the project that can easily fit onto reports, presentations, etc	
Contents	Each section must be listed for ease of access to the guideline	
Executive Summary	As the executive summary is often read as a stand-alone document, the quality of evidence for each recommendation should be specified here as well as in the main body of the guideline.	This should contain a short synopsis of the full report to include areas such as: • A statement of the question/issue under consideration • Recommendations • How to take this guideline forward
Introduction	Outline the need for the guideline, including evidence of variation in practice Define the remit of the guideline, including the groups of patients/clients/ carers/practitioners to which it applies.	
Methodology	Who is the guideline intended for?	This guideline is relevant to all healthcare professionals who come into contact with patients with XXXXXX, as well as to the patients themselves and their carers. It is also expected that the guideline will be of value to those involved in clinical governance in both primary and secondary care to help ensure that arrangements are in place to deliver appropriate care to this group of patients. The remit of the guideline is to develop a guideline for XXXX
	The Terms of Reference for the Guideline	The Terms of Reference were developed by the Guideline Development Group (GDG). These will: • ToR 1 • ToR 2
	Declaration of Interests	At the start of the guideline development process all GDG members' interests were recorded on a standard declaration form that covered consultancies, fee-paid work, share-holdings, fellowships and support from the healthcare industry. At all subsequent GDG meetings, members were required to declare any new or arising conflicts of interest.

		No conflicts of interest were declared for this guideline.
	Involvement of Stakeholders	Key to the development of GAIN guidelines is the involvement of relevant professional and patient/carer organisations. A list of the GDG for XX can be found in Appendix X.
	Reference to evidence tables should include dates of search where appropriate	The literature review for this guideline retrieved articles and guidelines published within the previous 10 years (2003-13). This was obtained by searching databases including Medline, Embase, Cinahl, PsycINFO and The Cochrane Library (Wiley). The main searches were supplemented by material identified by individual members of the development group. Criteria, inclusions and exclusions were identified and agreed by consensus across the GDG. Searches were limited to retrieve material published in English. A list of references can be found at http://www.rqia.org.uk
	Needs Assessment	As part of the guideline development process, a meeting was held with the key stakeholders to identify pragmatic questions related to the prevention, recognition, investigation and management of CKD. The stakeholders also considered how the guideline information could be incorporated into undergraduate and postgraduate clinical education in an effort to disseminate best practice.
	Who Developed the Guideline?	
	Overview	Based upon methods outlined in the 'Advice for Guideline Development in Northern Ireland' document a team of health professionals, lay representatives, technical experts and GAIN known as the GDG (see Appendix 5), undertook the development of this clinical guideline. The basic steps in the process of developing a guideline were also taken from Appendix 5 of the 'Advice for Guideline Development in Northern Ireland' document.

	The Guideline Development Group (GDG)	The Northern Ireland Guidelines for the Management of Chronic Kidney Disease (CKD) GDG were recruited by requests for nominations being sent to the main stakeholder organisations and patient organisations/charities.
	Guideline Development Group Meetings	XX number of meetings were held between Month & Year and Month & Year. During each meeting clinical questions and clinical and economic evidence were reviewed and assessed and recommendations formulated. At each meeting patient/carer and service-user concerns were routinely discussed as part of a standing agenda item. The Chair divided the GDG workload by allocating specific topics, relevant to their area of clinical practice to small sub-groups of the GDG in order to simplify and speed up the guideline development process. These groups considered the evidence, as reviewed by the systematic reviewer, and synthesised it into draft recommendations prior to presenting it to the GDG as a whole.
	Patient/carer Representatives	A user representative participated on the GDG and _____ (use to them and use to the group). OR Although a 'user representative' participated on the Guideline Development Group initially, this arrangement unfortunately did not continue for the duration of the process. Therefore in order to ensure the guideline content was acceptable and relevant what did you do? If this is inappropriate explain why – professional guidelines for use only by professionals is not an explanation!
	Expert Advisers	During the development of the guideline the GDG will identify areas where there is a requirement for expert input on particular specialist topic areas. The topics should be addressed by either the production of a position paper or a formal presentation by a recognised expert who had been

		identified via the relevant registered stakeholder organisation. All relevant position papers should be presented as part of the evidence review. The guideline should state “This guideline was peer reviewed and informed by…” name of expert and role.
	Updating the Guideline (date of publication should be on final documents)	In keeping with GAIN practice these guidelines will be reviewed in three years from date of guideline completion or sooner in light of any emerging evidence.
	Funding	The GDG was commissioned by GAIN to develop this guideline. The GDG did not receive any payment or remuneration in kind for their work developing the guideline.
	Clinical Audit	It is important that the implementation and usage of this guideline is continually monitored using the clinical audit process. Key areas identified within the guideline should be audited across each Trust area using the same clinical audit tool to ensure consistency of approach. This should take place on a yearly basis.
Guideline	This is the main information surrounding the guideline being created	
Appendices	• Brief details of systematic review • Patient Leaflets • Specialist Tools • Assessment Charts • Care Pathways • Audit Tools • Membership of Guideline Development Group, including acknowledgement of Peer Reviewers and others who may have been co-opted in for a specific pieces of work • Abbreviations	
References	Evidence tables will be uploaded on to the RQIA website and	

	will be available for viewing at www.rqia.org.uk/GAIN	