**Criteria to assess the quality of Evidence-Based Resources in Osteoporosis[[1]](#footnote-2)**

Please complete as many boxes as possible. Enter N/A if not applicable. Adoption may be considered without a favourable assessment in each box.

**Note this completed quality assessment form will be uploaded alongside the resource on the website.**

\*Questions are mandatory

|  |  |  |
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| **Quality assessment** | **Applicant response**  | **ERO panel assessment –** any points of concern or importance to bring to panel discussion |
| **General** |  |  |
| * Briefly describe how the resource was developed and by whom\* (max 300 words)
 |  |  |
| * Was the work that underpinned the resource peer reviewed?\* by competitive fundings or otherwise
 | Yes[ ] /No[ ] **If yes describe** |  |
| * Who funded the development/testing of the resource\*
 |  |  |
| * Were patients and public were involved.\* If yes give details\* (max 300 words)
 | Yes[ ] /No[ ] **If yes describe \_\_\_\_\_\*** |  |
| * Describe any regulatory approvals for development and/or testing of the resource\*
 |  |  |
| **Royal Osteoporosis Society involvement**  |  |  |
| Were the Royal Osteoporosis Society involved in the development of the resources?\* (max 300 words) | Yes[ ] /No[ ] **If yes describe** |  |
| **Inclusivity and Diversity** |  |  |
| How have the needs of underserved communities been considered when developing the resource?\* (max 300 words) |  |  |
| How has accessibility been considered?\* (e.g. provision of Alt Text for images, tables and hyperlinks, provision of alternative versions) (See ERO accessibility guidelines {link} for details) | Yes[ ] /No[ ] **Details \_\_\_\_\_** |  |
| Is the resource written at a level that can be understood by the intended audience?\* (max 300 words) | Yes[ ] /No[ ] **Details \_\_\_\_\_** |  |
| **Resource content** |  |  |
| Does the resource content align with current clinical guidelines? (National Osteoporosis Guideline Group, Scottish Intercollegiate Guideline Network)\* | Yes[ ] /No[ ] **Details \_\_\_\_\_** |  |
| Does the resource explicitly state the target audience?\* | Yes[ ] /No[ ] **Details \_\_\_\_\_** |  |
| Does the resource cite sources of evidence?\* | Yes[ ] /No[ ] **Details \_\_\_\_\_** |  |
| Does the resource cite sources of funding?\* | Yes[ ] /No[ ] **Details \_\_\_\_\_** |  |
| Does the resource include any necessary disclosure statements?\* | Yes[ ] /No[ ] **Details \_\_\_\_\_** |  |
| Does the resource include a date of completion?\* | Yes[ ] /No[ ] **Details \_\_\_\_\_** |  |
| Are there plans for the resource to be updated?\* | Yes[ ] /No[ ] **Details \_\_\_\_\_** |  |
| **Testing of the resource** |
| Has the resource been explored for acceptability amongst the target audience?\* If yes, please provide detail\* (max 300 words) | Yes[ ] /No[ ] **Details \_\_\_\_\_\*** |  |
| Has the resource been tested for effectiveness?\* If yes, please provide detail\* (max 300 words) | Yes[ ] /No[ ] **Details \_\_\_\_\_\*** |  |

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| ***TO COMPLETE FOR PATIENT INFORMATION RESOURCES ONLY*** |
| ***If describing osteoporosis, does the resource…*** |
| use recommended terms, e.g. ‘weak bone’ and avoid unrecommended terms such as ‘spongy’ and ‘honeycomb’[[2]](#footnote-3) | Yes[ ] /No[ ] /NA[ ]  |  |
| explain anyone can be affected by osteoporosis (i.e. is inclusive of men, younger people and people of colour) | Yes[ ] /No[ ] /NA[ ]  |  |
| avoid contradictory statements about absence or presence of symptoms | Yes[ ] /No[ ] /NA[ ]  |  |
| include discussion of the physical, social and psychological impact of osteoporotic fractures | Yes[ ] /No[ ] /NA[ ]  |  |
| use labelled images or animations where possible | Yes[ ] /No[ ] /NA[ ]  |  |
| ***If describing osteoporosis drug treatment, does the resource…*** |
| Balance the amount of information about benefits and risks of drugs | Yes[ ] /No[ ] /NA[ ]  |  |
| Use probabilities or simple event rates rather than percentages | Yes[ ] /No[ ] /NA[ ]  |  |
| Avoid misleading terms such as ‘prevent’, ‘renew’ and ‘restore’[[3]](#footnote-4) | Yes[ ] /No[ ] /NA[ ]  |  |
| Provide accurate information about the practical aspects of treatment and why these procedures are important | Yes[ ] /No[ ] /NA[ ]  |  |

**Summary of Panel Discussion**

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1. These standards were obtained from a synthesis of quality assessment tools (patient information quality standards (m-IPDAS) and IPDAS), and recommendations in Crawford-Manning F, et al. Evaluation of quality and readability of online patient information on osteoporosis and osteoporosis drug treatment and recommendations for improvement. Osteoporos Int. 2021 Aug;32(8):1567-1584. doi: 10.1007/s00198-020-05800-7. Epub 2021 Jan 27. PMID: 33501570; PMCID: PMC8376728. [↑](#footnote-ref-2)
2. Recommended terms – less strong or weaker bone

Unrecommended terms – spongy, fragile, honeycomb, weaker than average, established, idiopathic. Osteopenia should not be described as a diagnosis or condition [↑](#footnote-ref-3)
3. Recommended terms – lower fracture risk, strengthen bone

Unrecommended terms – prevent fracture. Renew, restore [↑](#footnote-ref-4)