**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) | The iFraP national Fracture Liaison Service Usual Care Survey (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10733195/>) formed part of the iFraP intervention development study. The survey aimed to understand the nature of direct contact with patients in Fracture Liaison Services. To support this, we examined the use and content of existing Fracture Liaison Service pro formas to guide information eliciting and sharing in consultations.    We collected survey data from 39 UK Fracture Liaison Services, with 8 services uploading their template pro formas. The content of each pro forma was mapped to relevant Royal Osteoporosis Society clinical standards for Fracture Liaison Services.    The best components of submitted pro formas and the findings of this survey were collated to develop the iFraP model Fracture Liaison Service pro forma. The pro forma was updated following review by Fracture Liaison Service nurses at two services. |  |
| * Was the work that underpinned the resource peer reviewed?\* by competitive fundings or otherwise | Yes/No  **If yes describe**  The iFraP intervention development studies were funded by the NIHR Clinical Scientist Award, Royal Osteoporosis Society and Haywood Foundation.    The iFraP Usual Care Survey that details development of this resource is peer-reviewed and published here: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10733195/> |  |
| * Who funded the development/testing of the resource\* | NIHR Clinical Scientist Award, Royal Osteoporosis Society and Haywood Foundation. |  |
| * Were patients and public were involved.\* If yes give details\* (max 300 words) | Yes/No  **If yes describe \_\_\_\_\_**  Patients and public members were involved in the iFraP development studies via a dedicated Patient Advisory Group (PAG) and as members of a mixed stakeholder (Community of Practice) group. PAG members were not involved in the design of the usual care survey but were involved in analysis and interpretation. They outlined the importance of being involved in decisions about medicines and the importance of considering the psychosocial impact of broken bones and osteoporosis. These insights from the PAG informed the content of the model pro forma. |  |
| * Describe any regulatory approvals for development and/or testing of the resource\* | Ethical approval for the iFraP intervention development studies were obtained from North West—Greater Manchester West Research Ethics Committee (19/NW/0559). Health Research Authority approval was also obtained. |  |
| **Royal Osteoporosis Society involvement** |  |  |
| Were the Royal Osteoporosis Society involved in the development of the resources?\* (max 300 words) | Yes/No  **If yes describe** The iFraP intervention development studies were part-funded by the Royal Osteoporosis Society.  Usual Care Survey participants were recruited via Royal Osteoporosis Society national newsletters and mailing lists.  Members of the Royal Osteoporosis Society were part of the i) iFraP Study Management Group, meeting monthly to discuss the set-up, routine running and analysis of the research ii) multidisciplinary stakeholder group |  |
| **Inclusivity and Diversity** |  |  |
| How have the needs of underserved communities been considered when developing the resource?\* (max 300 words) | The review of existing FLS pro formas identified that many services did not elicit or share information about psychosocial factors that disproportionately impact underserved communities.  The model pro forma therefore aimed to address this by prompting discussion about the impacts of fracture on psychosocial factors e.g. daily living, wellbeing, working lives, and independence |  |
| 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 \_\_\_\_\_**  The pro forma will be used by Fracture Liaison Service clinicians and follows similar formatting as existing pro formas. |  |
| Is the resource written at a level that can be understood by the intended audience?\* (max 300 words) | Yes/No  **Details \_\_\_\_\_**  Content of the model pro forma was informed by existing pro formas used in clinical practice and therefore understandable to Fracture Liaison Service clinicians. |  |
| **Resource content** |  |  |
| Does the resource content align with current clinical guidelines? (National Osteoporosis Guideline Group, Scottish Intercollegiate Guideline Network)\* | Yes/No  **Details \_\_\_\_\_**  The content of the model pro forma aligns with the 2019 Royal Osteoporosis Society clinical standards for Fracture Liaison Services.  The pro forma is designed to collect patient data in individual Fracture Liaison Services clinical assessments and prompts information sharing. The resource therefore does not guide the clinical decision-making about therapeutic options for patients. |  |
| 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 \_\_\_\_\_\_\_\_** Content will be reviewed in line with publication of updated Royal Osteoporosis Clinical Standards for Fracture Liaison Services |  |
| **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 \_\_\_\_\_\*** The model pro forma was updated based on feedback provided by clinicians at two Fracture Liaison Services. The pro forma has not been formally tested. |  |
| 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)