RIGHT 2015-2025

An overview of the development, dissemination and discoveries

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Disclosure of Interest

Financial

- None

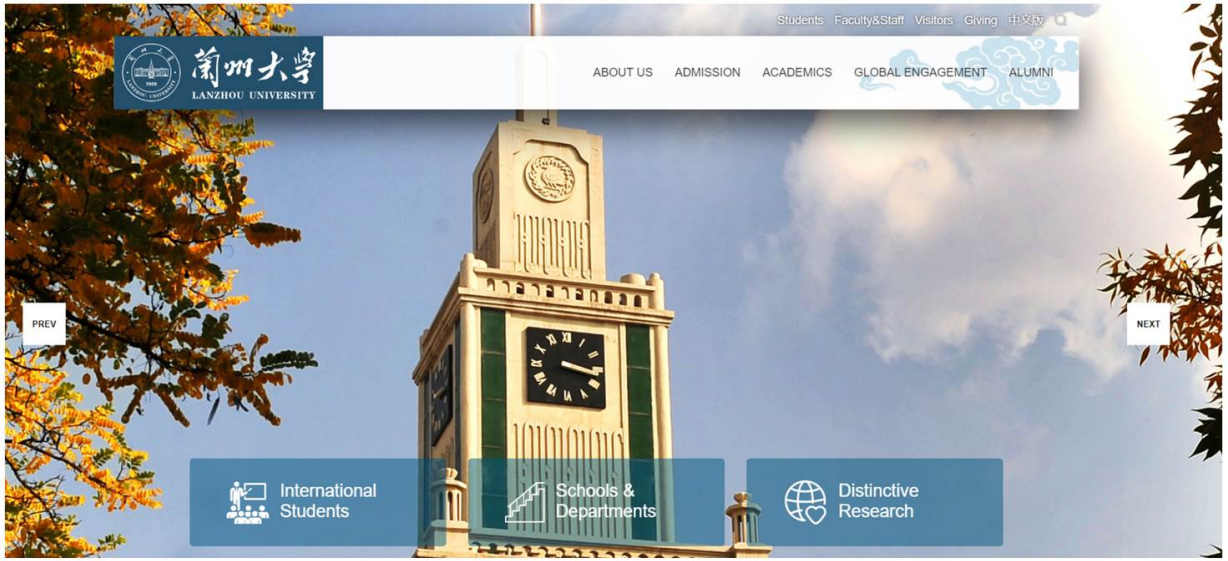
Intellectual

- Professor, Evidence-Based Medicine Center of Lanzhou University
- Visiting professor, school of Chinese Medicine, HK Baptist University
- Co-director, WHO Collaborating Centre for Guideline Implementation and Knowledge Translation
- Director, Cochrane Affiliate, Lanzhou University
- Director, Lanzhou University GRADE (the Grading of Recommendations, Assessment, Development and Evaluations) Center
- Co-founder and co-chair, RIGHT (Reporting Items for Practice Guidelines in healthcare) working group

Who we are


Heilongjiang
Jilin
Liaoning
Xinjiang
Inner Mongolia (Nei Monggol)
Hebei
Shanxi
Shandong
Qinghai
Tibet
Shaanxi
Henan
Jiangsu
Shanghai
Anhui
Hubei
Sichuan
Zhejiang
Hunan
Jiangxi
Fujian
Guizhou
Yunnan
Guangxi
Guangdong
Taiwan
Hong Kong
Macau
Hainan

Who we are


Students Faculty&Staff Visitors Giving 中文版
蘭州大學
LANZHOU UNIVERSITY
ABOUT US ADMISSION ACADEMICS GLOBAL ENGAGEMENT ALUMNI
PREV
NEXT
International Students
Schools & Departments
Distinctive Research

Who we are

Dimension	Kazan State Medical University (KSMU)	Lanzhou University School of Medicine
Location	Kazan, Russia(The "Third Capital of Russia," located on the Volga River)	Lanzhou, China (The capital of Gansu Province)
Establishment	1814 (Over 200 years of history; the third oldest medical school in Russia)	1932 (Originally Lanzhou Medical College; merged into Lanzhou University in 2004)
Institution Type	Standalone Medical University	Faculty of a Comprehensive University
Student & Faculty Scale	Total Students: ~6,000 Faculty: ~700 academic staff	Total Students: ~9,800 (Undergrad & Postgrad) Faculty: ~2,600
Primary Status	Directly under the Russian Ministry of Health.	Directly under the Chinese Ministry of Education.
Program Duration	6 Years (Specialist Degree) (Equivalent to MD; grants eligibility for residency)	5 Years (Bachelor of Medicine / MBBS) (Requires standardized residency training post-graduation)
Clinical Facilities	Utilizes a network of local state hospitals and clinics; strong integration with the regional healthcare system of Tatarstan.	2 Massive Directly Affiliated Hospitals (LZU First & Second Hospital) plus multiple teaching sites; serves as the critical care center for the entire NW region.
Key Disciplines	Clinical Medicine, Dentistry (Stomatology), Pharmacy, and Hygiene/Preventive Medicine.	Evidence-based Medicine, High-altitude Medicine, Toxicology, and Neurosurgery.
International Profile	High diversity. Hosts thousands of students from over 50 countries.	Growing. Focuses on students from "Belt and Road" countries; utilizes the broader exchange platforms of Lanzhou University.

Who we are

WHO Collaborating Centre for Guideline Implementation and Knowledge Translation

Guidelines International Network G-I-N Asia

Cochrane China

Campbell China Network

Chinese GRADE Center | Lanzhou University

Testing Treatments *international*
Promoting critical thinking about treatment claims

Who we are


GRADE
Implementation Science
Health Technology Assessment
Practice Guidelines
Heath Policy
Reporting checklist
RIGHT
Systematic Reviews
Evidence Based
Traditional Medicine
Artificial Intelligence
Knowledge translation
Machine Learning

Background

THE LANCET

Articles

Practice guidelines developed by specialty societies: the need for a critical appraisal

Dr Roberto Grilli, MD, Nicola Magrini, MD, Angelo Penna, MD, Giorgio Mura, BA, Alessandro Liberati, MD

Interpretation Despite improvement over time, the quality of practice guidelines developed by specialty societies is unsatisfactory. Explicit methodological criteria for the production of guidelines shared among public agencies, scientific societies, and patients' associations need to be set up. Common standards of reporting, following the same principles that led to the CONSORT statement for randomised clinical trials, should be promoted.

January 08, 2000DOI:https://doi.org/10.1016/S0140-6736(99)02171-6

431 guidelines were eligible for the study. Most did not meet the criteria:

67% did not report any description of the type of stakeholders

88% gave no information on searches for published studies

82% did not give any explicit grading of the strength of recommendations.

All three criteria for quality were met in only 22 (5%) guidelines.

Background

1	guideline(s)	54（41%）	17	global framework	1（1%）
2	recommendations	20（15%）	18	guiding principles	1（1%）
3	statement	10（8%）	19	initiative	1（1%）
4	guidance	10（8%）	20	interventions	1（1%）
5	guide	4（3%）	21	management	1（1%）
6	manual	4（2%）	22	medical reasons	1（1%）
7	handbook	3（2%）	23	textbooks	1（1%）
8	rapid advice	2（2%）	24	operations manual	1（1%）
9	toolkit	2（2%）	25	policy	1（1%）
10	report	2（2%）	26	response	1（1%）
11	care	1（1%）	27	role	1（1%）
12	chart booklet	1（1%）	28	technical paper	1（1%）
13	management	1（1%）	29	technical consultation	1（1%）
14	criteria and classification	1（1%）	30	technical note	1（1%）
15	criteria	1（1%）	31	tool	1（1%）
16	framework	1（1%）	32	world report	1（1%）

Development

PLOS Medicine

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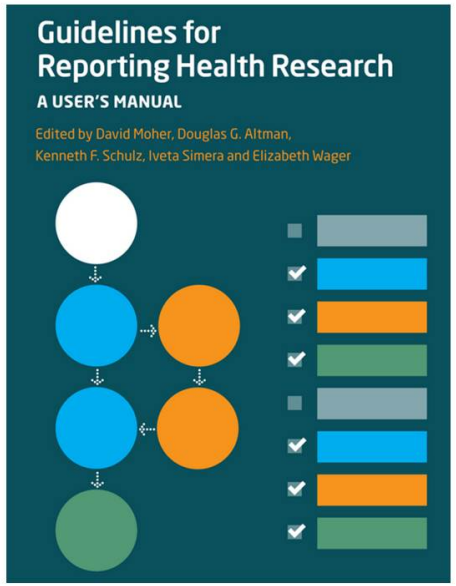
OPEN ACCESS

GUIDELINES AND GUIDANCE

Guidance for Developers of Health Research Reporting Guidelines

David Moher, Kenneth F. Schulz, Iveta Simera, Douglas G. Altman

Published: February 16, 2010 • https://doi.org/10.1371/journal.pmed.1000217



DOI: 10.1371/journal.pmed.1000217

Step	Item Number	Detail
Initial steps	1	Identify the need for a guideline
	1.1	Develop new guidance
	1.2	Extend existing guidance
	1.3	Implement existing guidance
	2	Review the literature
	2.1	Identify previous relevant guidance
	2.2	Seek relevant evidence on the quality of reporting in published research articles
	2.3	Identify key information related to the potential sources of bias in such studies
	3	Obtain funding for the guideline initiative
Pre-meeting activities	4	Identify participants
	5	Conduct a Delphi exercise
	6	Generate a list of items for consideration at the face-to-face meeting
	7[a]	Prepare for the face-to-face meeting
	7.1	Decide size and duration of the face-to-face meeting
	7.2	Develop meeting logistics
	7.3	Develop meeting agenda
	7.3.1	Consider presentations on relevant background topics, including summary of evidence
	7.3.2	Plan to share results of Delphi exercise, if done
	7.3.3	Invite session chairs
	7.4	Prepare materials to be sent to participants prior to meeting
	7.5	Arrange to record the meeting
The face-to-face consensus meeting itself	8[a]	Present and discuss results of pre-meeting activities and relevant evidence
	8.1[a]	Discuss the rationale for including items in the checklist
	8.2	Discuss the development of a flow diagram
	8.3[a]	Discuss strategy for producing documents; identify who will be involved in which activities; discuss authorship
	8.4	Discuss knowledge translation strategy
Post-meeting activities	9[a]	Develop the guidance statement
	9.1	Pilot test the checklist
	10	Develop an explanatory document (E&E)
	11	Develop a publication strategy
	11.1	Consider multiple and simultaneous publications
Post-publication activities	12[a]	Seek and deal with feedback and criticism
	13[a]	Encourage guideline endorsement
	14	Support adherence to the guideline
	15	Evaluate the impact of the reporting guidance
	16	Develop Web site
	17	Translate guideline
	18	Update guideline

[a]Core items (see text).
doi:10.1371/journal.pmed.1000217.t001

Development

The RIGHT (Reporting Items for Practice Guidelines in Healthcare) Working Group

Yaolong Chen, PhD, MMed, Kehu Yang, MMed, Ana Marušić, MD, PhD, Amir Qaseem, MD, PhD, MHA, Joerg J. Meerpohl, MD, Signe Flottorp, MD, PhD, Elie A. Akl, MD, MPH, PhD, Holger J. Schünemann, MD, PhD, Edwin S.Y. Chan, PhD, Yngve Falck-Ytter, MD, Faruque Ahmed, PhD, Sarah Barber, PhD, Chiehfeng Chen, MD, MPH, PhD, Mingming Zhang, MSc, Bin Xu, MD, Jinhui Tian, PhD, Fujian Song, PhD, Hongcai Shang, MD, PhD, Kun Tang, PhD, Qi Wang, MMed, and Susan L. Norris, MD, MPH, MSc

Development

RESEARCH AND REPORTING METHODS **Annals of Internal Medicine**

A Reporting Tool for Practice Guidelines in Health Care: The RIGHT Statement

Yaolong Chen, PhD, MMed; Kehu Yang, MMed*; Ana Marušić, MD, PhD; Amir Qaseem, MD, PhD, MHA; Joerg J. Meerpohl, MD; Signe Flottorp, MD, PhD; Elie A. Akl, MD, MPH, PhD; Holger J. Schünemann, MD, PhD; Edwin S.Y. Chan, PhD; Yngve Falck-Ytter, MD; Faruque Ahmed, PhD; Sarah Barber, PhD; Chiehfeng Chen, MD, MPH, PhD; Mingming Zhang, MSc; Bin Xu, MD; Jinhui Tian, PhD; Fujian Song, PhD; Hongcai Shang, MD, PhD; Kun Tang, PhD; Qi Wang, MMed; and Susan L. Norris, MD, MPH, MSc*; for the RIGHT (Reporting Items for Practice Guidelines in Healthcare) Working Group†

The quality of reporting practice guidelines is often poor, and there is no widely accepted guidance or standards for such reporting in health care. The international RIGHT (Reporting Items for practice Guidelines in HealThcare) Working Group was established to address this gap. The group followed an existing framework for developing guidelines for health research reporting and the EQUATOR (Enhancing the QUAlity and Transparency Of health Research) Network approach. It developed a checklist and an explanation and elaboration statement. The RIGHT checklist includes 22 items that are considered essential for good reporting of practice guidelines: basic information (items 1 to 4), background (items 5 to 9), evidence (items 10 to 12), recommendations (items 13 to 15), review and quality assurance (items 16 and 17), funding and declaration and management of interests (items 18 and 19), and other information (items 20 to 22). The RIGHT checklist can assist developers in reporting guidelines, support journal editors and peer reviewers when considering guideline reports, and help health care practitioners understand and implement a guideline.

Ann Intern Med. 2017;166:128-132. doi:10.7326/M16-1565 **www.annals.org**
For author affiliations, see end of text.
This article was published at www.annals.org on 22 November 2016.
* Corresponding authors.
† Members of the RIGHT Working Group are listed in **Appendix 1** (available at www.annals.org); their contributions are listed in **Appendix 2** (available at www.annals.org).

Table. RIGHT Checklist

Section/Topic	Number	Item
Basic information		
Title/subtitle	1a	Identify the report as a guideline, that is, with "guideline(s)" or "recommendation(s)" in the title.
	1b	Describe the year of publication of the guideline.
	1c	Describe the focus of the guideline, such as screening, diagnosis, treatment, management, prevention, or others.
Executive summary	2	Provide a summary of the recommendations contained in the guideline.
Abbreviations and acronyms	3	Define new or key terms, and provide a list of abbreviations and acronyms if applicable.
Corresponding developer	4	Identify at least 1 corresponding developer or author who can be contacted about the guideline.

Section/Topic	Number	Item
Funding and declaration and management of interests		
Funding source(s) and role(s) of the funder	18a	Describe the specific sources of funding for all stages of guideline development.
	18b	Describe the role of funder(s) in the different stages of guideline development and in the dissemination and implementation of the recommendations.
Declaration and management of interests	19a	Describe what types of conflicts (financial and nonfinancial) were relevant to guideline development.
	19b	Describe how conflicts of interest were evaluated and managed and how users of the guideline can access the declarations.
Other information		
Access	20	Describe where the guideline, its appendices, and other related documents can be accessed.
Suggestions for further research	21	Describe the gaps in the evidence and/or provide suggestions for future research.
Limitations of the guideline	22	Describe any limitations in the guideline development process (such as the development groups were not multidisciplinary or patients' values and preferences were not sought), and indicate how these limitations might have affected the validity of the recommendations.

Development

RIGHT
Reporting Items for Practice Guidelines in Healthcare

Right Reporting for Right Decisions

Procedure	Type	Field	Section	Study Design
RIGHT-MuSE	Patient/Public version	Acupuncture	Abstract	Protocols
Conflicts of Interest and Funding	Adaptation	Traditional Chinese Medicine	Background	Introduction and Interpretation
Systematic Review/Meta-analysis	Living Guidelines	Chinese patent medicines	Recommendation	Health Policy
Equity	Diagnosis Guideline	Social Science	Discussion	
Patients Values and Preferences	General Practitioners	Nutrition	Research Gap	
Updating				

Dissemination

蘭州大學 LANZHOU UNIVERSITY

equator network

Enhancing the QUAlity and Transparency Of health Research

Reporting guidelines for main study types

Randomised trials	CONSORT	Extensions
Observational studies	STROBE	Extensions
Systematic reviews	PRISMA	Extensions
Study protocols	SPIRIT	PRISMA-P
Diagnostic/prognostic studies	STARD	TRIPOD
Case reports	CARE	Extensions
Clinical practice guidelines	AGREE	RIGHT
Qualitative research	SRQR	COREQ
Animal pre-clinical studies	ARRIVE	
Quality improvement studies	SQUIRE	Extensions
Economic evaluations	CHEERS	Extensions

See all 663 reporting guidelines

Clarivate

Web of Science™

A Reporting Tool for Practice Guidelines in Health Care: The RIGHT Statement

Highly Cited Paper

In All Databases

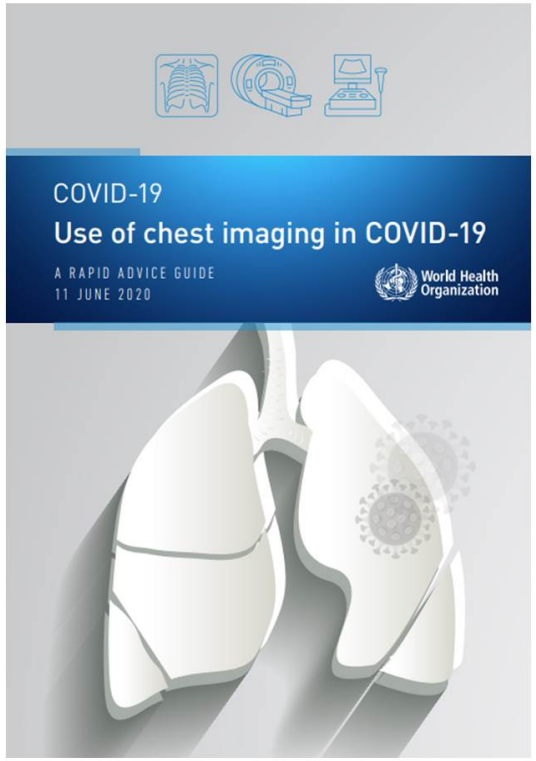
752

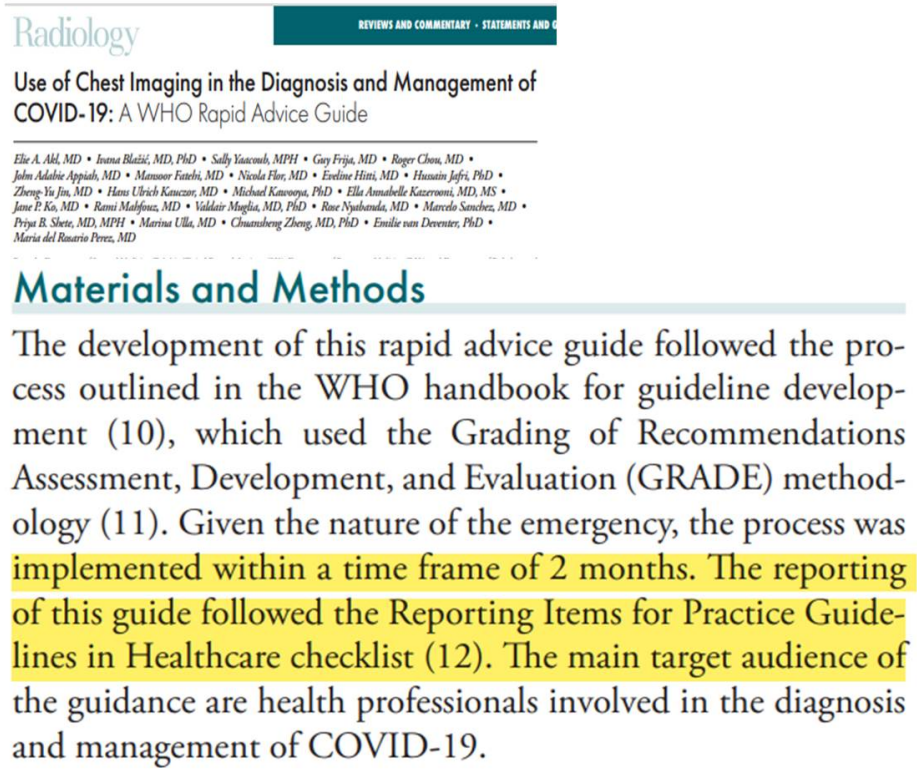
Citations

As of November/December 2024 , this highly cited paper received enough citations to place it in the top 1% of the academic field of **Clinical Medicine** based on a highly cited threshold for the field and publication year.

Dissemination

Dissemination




Radiology

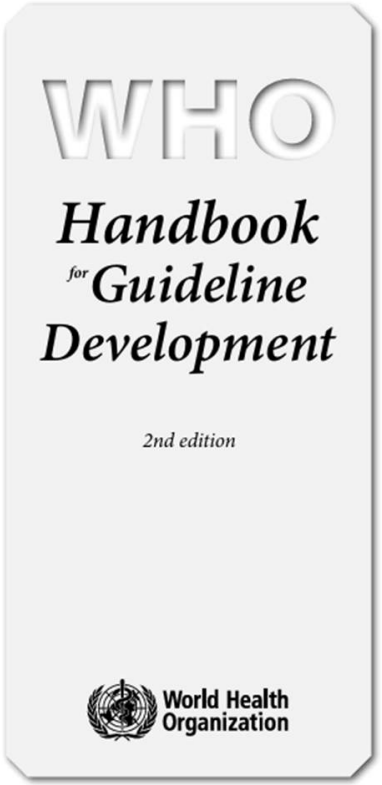
REVIEWS AND COMMENTARY • STATEMENTS AND

Use of Chest Imaging in the Diagnosis and Management of COVID-19: A WHO Rapid Advice Guide

Elie A. Akl, MD • Ivana Blažić, MD, PhD • Sally Yaacoub, MPH • Guy Frija, MD • Roger Chou, MD • John Adabie Appiah, MD • Mansoor Fatehi, MD • Nicola Flor, MD • Eveline Hitti, MD • Hussain Jafri, PhD • Zheng-Yu Jin, MD • Hans Ulrich Kauczor, MD • Michael Kawooya, PhD • Ella Annabelle Kazerooni, MD, MS • Jane P. Ko, MD • Rami Malhfouz, MD • Valdair Muglia, MD, PhD • Rose Nyabanda, MD • Marcelo Sanchez, MD • Priya B. Shete, MD, MPH • Marina Ulla, MD • Chuansheng Zheng, MD, PhD • Emilie van Deventer, PhD • Maria del Rosario Perez, MD

Materials and Methods

The development of this rapid advice guide followed the process outlined in the WHO handbook for guideline development (10), which used the Grading of Recommendations Assessment, Development, and Evaluation (GRADE) methodology (11). Given the nature of the emergency, the process was implemented within a time frame of 2 months. The reporting of this guide followed the Reporting Items for Practice Guidelines in Healthcare checklist (12). The main target audience of the guidance are health professionals involved in the diagnosis and management of COVID-19.



Dissemination

Контрольный список для оценки клинических рекомендаций

Таблица. Контрольный список RIGHT (Reporting Items for practice Guidelines in HealThcare)

Раздел/тема		
Основная информация		
Заголовок/подзаголовок	8b	руководство, например, первичная медицинская помощь, страны с низким и средним уровнем дохода или стационарные учреждения.
Резюме		
Аббревиатуры и Акронимы		
Контактное лицо - разработчик		
Введение		
Краткое описание проблемы со стороны здоровья		
Цели Рекомендаций и конкретные задачи		
Целевая группа		
Конечные пользователи и условия		

Research Article

An analysis of Russian-produced clinical practice guidelines using the RIGHT reporting checklist: The case of direct oral anticoagulants for coronavirus disease 2019

International Journal of Risk & Safety in Medicine
2025, Vol. 0(0) 1–18

DOI: 10.1177/09246479251375246
journals.sagepub.com/home/jrk
Sage | IOS Press

Elena A. Baybulatova[1], Mikhail S. Chenkurov[1], Elina A. Korovyakova[1], Sergey K. Zyryanov[1,2], Dmitry A. Sychev[3], Irina V. Poddubnaya[3], Yaolong Chen[4,5,6,*], Janne Estill[4,7,*], and Liliya E. Ziganshina[1,3,8,*]

Guidelines in Healthcare) Working Group[1], dann: Übersetzung der Orginalarbeit durch:
Valérie C. Labonté[a], Ralph Möhler[a], Ina Kopp[b], Monika Nothacker[b], Joerg J. Meerpohl[a,*]

[a] *Cochrane Deutschland / Evidenz in der Medizin, Universitätsklinikum Freiburg, Medizinische Fakultät, Albert-Ludwigs-Universität Freiburg, Deutschland*
[b] *AWMF-Institut für Medizinisches Wissensmanagement, c/o Philipps-Universität Marburg, Marburg, Deutschland*

RIGHT チェックリスト

セクション/トピック	No.	項目
		ｲﾄﾙに「ガイドライン」
		予防などのガイドラインの
		ｴ記述する。
		ﾐに応じて略語や頭字語の

Discoveries

Definition	
Reporting Guideline (RG)	**Clinical Practice Guidelines(CPGs)**
RG is a checklist, flow diagram, or structured text to guide authors in reporting a specific type of research, developed using explicit methodology	CPGs are statements that include recommendations intended to optimize patient care that are informed by a systematic review of evidence and an assessment of the benefits and harms of alternative care options.

https://www.equator-network.org/about-us/what-is-a-reporting-guideline/

Institute of Medicine (IOM) / National Academy of Medicine (NAM), "Clinical Practice Guidelines We Can Trust" (2011).

Discoveries

Feature	Reporting Guidelines	Clinical Practice Guidelines
Purpose	Standardize research reporting, ensure transparency and reproducibility.	Provide evidence-based clinical recommendations, optimize patient care.
Target Audience	Researchers, Editors, Reviewers.	Physicians, Nurses, Healthcare Professionals.
Output	Checklists, Flowcharts, Templates, et al.	Clinical recommendations and suggestions.
Development methods	EQUATOR methods and Moher's article.	Handbooks and manuals for development.
Update	Relatively stable, less frequent updates.	Requires regular updates to reflect new evidence.
Evaluation and validation	Reliability, validity, feasibility, RCT and CRT	AGREE, risk of bias, effectiveness, RCT and CRT
Registration	EQUATOR network	PREPARE, WHO, et al.
Databases	EQUATOR library.	NGC, ECRI, NICE, WHO, STAR
Connection	RIGHT statement and AGREE reporting checklist.	

Discoveries

Quality of Reporting of Randomized Trials as a Measure of Methodologic Quality

Karin Huwiler-Müntener, MD
Peter Jüni, MD
Christoph Junker, MD, MSc
Matthias Egger, MD, MSc

Context The evaluation of the methodologic quality of randomized controlled trials (RCTs) is central to evidence-based health care. Important methodologic detail may, however, be omitted from published reports, and the quality of reporting is therefore often used as a proxy measure for methodologic quality. We examined the relationship between reporting quality and methodologic quality of published RCTs.

Conclusions Similar quality of reporting may hide important differences in methodologic quality, and well-conducted trials may be reported badly. A clear distinction should be made between these 2 dimensions of the quality of RCTs.

JAMA. 2002;287:2801-2804 www.jama.com

Discoveries

Reporting of Clinical Practice Guidelines: Practical Testing of AGREE and RIGHT Checklists

Ružica Tokalić, MD[1,2], Marin Viđak, MD[1,2], Ivan Buljan, PhD[1,2], and Ana Marušić, MD, PhD[1,2]

[1]Department of Research in Biomedicine and Health, University of Split School of Medicine, Split, Croatia; [2]Cochrane Croatia, University of Split School of Medicine, Split, Croatia.

JGIM

RESEARCH METHODS

A Comparison of AGREE and RIGHT: which Clinical Practice Guideline Reporting Checklist Should Be Followed by Guideline Developers?

Xiaomei Yao, MD, MSc[1,2,3], Jinhui Ma, PhD[2], Qi Wang, MMed, PhD(c)[2], David Kanters, MSc[2], Muhammad U. Ali, MD, MSc, PhD(c)[2], and Ivan D. Florez, MD, MSc, PhD(c)[2,4,5]

[1]Department of Oncology, McMaster University, Hamilton, Ontario, Canada; [2]Department of Health Research Methods, Evidence, and Impact, McMaster University, Hamilton, Ontario, Canada; [3]Clinical Practice Guideline Conduction and Evaluation Centre, Children's Hospital of Fudan University, Shanghai, China; [4]Department of Pediatrics, University of Antioquia, Medellín, Colombia; [5]Department of Pediatrics, School of Medicine, University of Antioquia, Medellín, Colombia.

Discoveries

Clinical and Public Health Guidelines

GIN Guidelines International Network

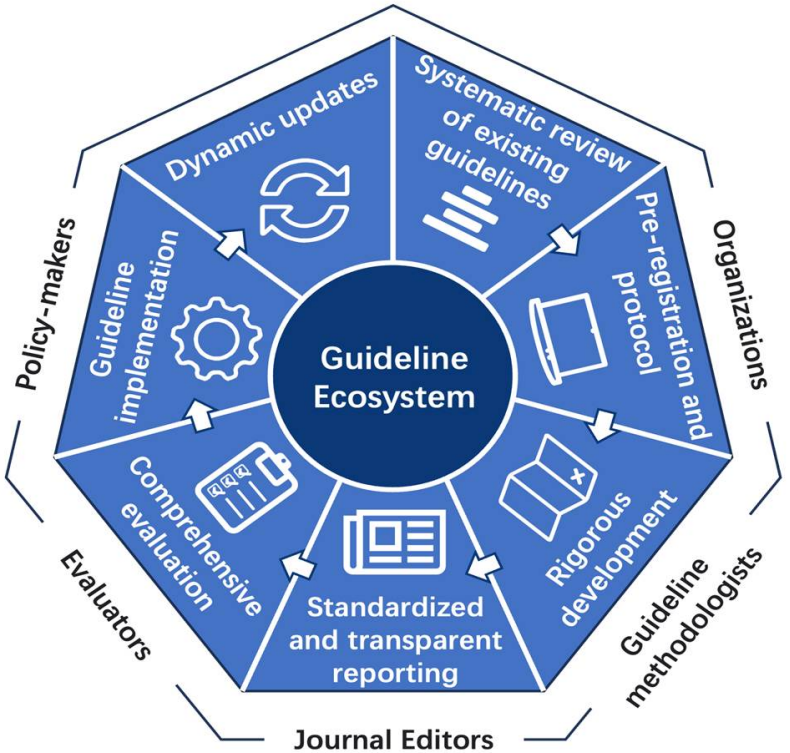
COMMENTARY OPEN ACCESS

Strengthening the Clinical Practice Guideline Ecosystem

Nan Yang[1] | Dong Roman Xu[2,3,4] | Janne Estill[1,5] | Yaolong Chen[6,7]

[1]Evidence-Based Medicine Center, School of Basic Medical Sciences, Lanzhou University, Lanzhou, Gansu, China | [2]Center for World Health Organisation Studies and Department of Health Management, School of Health Management of Southern Medical University, Guangzhou, Guangdong, China | [3]Southern Medical University Institute for Global Health (SIGHT), Dermatology Hospital of Southern Medical University (SMU), Guangzhou, Guangdong, China | [4]Acacia Lab for Implementation Science, School of Health Management and Dermatology Hospital, Southern Medical University (SMU), Guangzhou, China | [5]Institute of Global Health, University of Geneva, Geneva, Switzerland | [6]Research Unit of Evidence-Based Evaluation and Guidelines (2021RU017), Chinese Academy of Medical Sciences, School of Basic Medical Sciences, Lanzhou University, Lanzhou, Gansu, China | [7]WHO Collaborating Centre for Guideline Implementation and Knowledge Translation, Lanzhou, Gansu, China

Correspondence: Yaolong Chen (chevidence@lzu.edu.cn)



Summary

Accurate, transparent reporting is like turning the light on before you clean up a room: It doesn't clean it for you, but does tell you where the problems are.

Frank Davidoff, MD. Editor

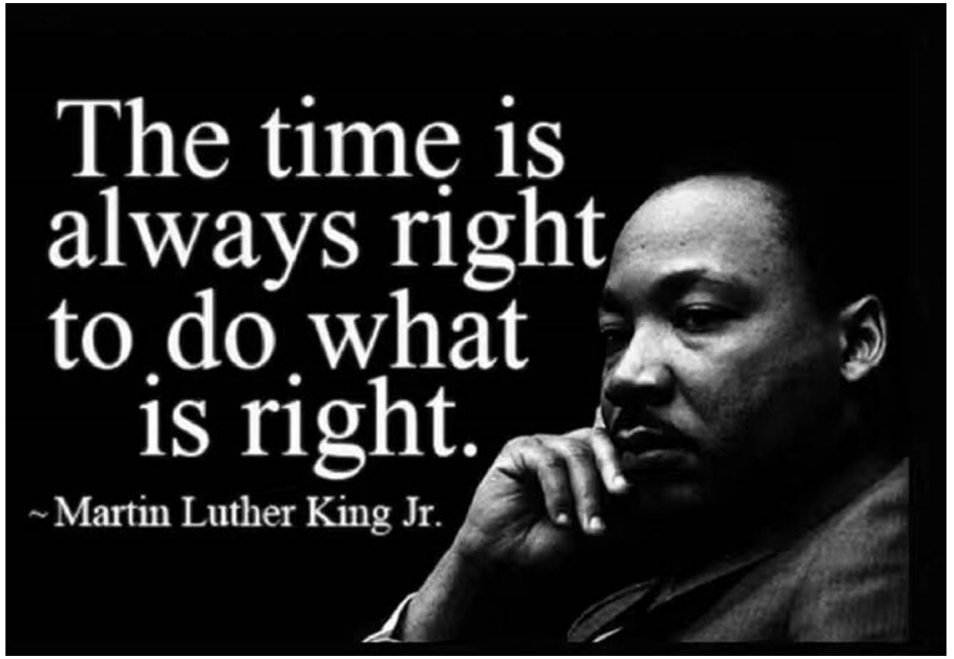
1 August 2000 | Annals of Internal Medicine | Volume 133 • Number 3 | 231

The importance of reporting guidelines cannot be overstated. They are not only the light that illuminates problems, but also the headlights that light up the road ahead, and the traffic lights that guide the direction, ensuring we don’t deviate from the RIGHT path.

Summary

The RIGHT checklist is a step in the right direction.

~Harold C. Sox



JAMA. 2017;318(9):868. doi:10.1001/jama.2017.9680

Better reporting
Better Guidelines
Better Health

Thank You