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Developing a sustainable HIV,
viral hepatitis & sexual health workforce

ASHM Guideline Framework

Framework 2 - Developing and Updating ASHM Rapid Guidance

Version Control
- **Version number:** V1
- **Date of issue:** August 2025
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- **Approved by:** Zoe Sever, ASHM HIV Program Manager
- **Next review date:** August 2026

Executive Summary

Purpose and Principles

The Rapid Guidance framework provides ASHM with a streamlined process for developing or updating guidance in urgent clinical or public health situations. It ensures timeliness while maintaining transparency, methodological rigour, and equity. Rapid guidance is used when significant new evidence, policy changes, safety issues, or public health threats require immediate action.

- Focused and efficient – Recommendations are developed using expedited evidence reviews or expert consensus, documented through the Evidence to Decision (EtD) process.
- Equity embedded – Equality Impact Assessments and inclusive language standards ensure recommendations address accessibility and the needs of priority and marginalised groups.
- Quality with speed – Rapid consultation with key stakeholders and a straightforward approval pathway maintains quality while reducing timelines.

Roles and Responsibilities

The Guideline Oversight Committee (GOC) approves the decision to initiate rapid guidance, confirms the scope, and grants final approval.

The GOC Representative (GOC Rep) works with the Guideline Chair to form a Rapid Guidance Writing Group, review drafts, ensure adherence to methodological standards, and liaise with the GOC.

The Guideline Chair coordinates the process, manages tight timelines, integrates feedback, and ensures the framework's requirements are met.

The Rapid Guidance Writing Group drafts recommendations, reviews available evidence or expert consensus, completes EtD tables, and conducts the Equality Impact Assessment.

Development Process

The rapid guidance process is designed to be completed quickly while retaining quality safeguards:

1. Rapid Gap Identification and Scope – Clearly define the issue, its urgency, and the guiding questions (PICO format for complex issues or simplified framing for straightforward matters).

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2. Formation of Rapid Guidance Writing Group – Select 3–5 topic experts, including community representation, to lead content development.

3. Rapid Evidence and Expert Review – Conduct a targeted evidence search and/or gather expert consensus, focusing on the most relevant and recent information.

4. Draft Recommendations – Use EtD tables to document rationale, evidence, benefits, harms, feasibility, acceptability, and equity considerations. Clearly label Good Practice Points (GPPs) where evidence is limited.

5. Accelerated Consultation – Engage a small, targeted group of stakeholders, including at least two community organisations or representatives with lived experience, for review over 1–2 weeks.

6. Final Approval and Publication – Obtain approval from the GOC, publish on the ASHM website, and communicate widely to relevant audiences.

7. Integration and Review – Incorporate the rapid guidance into the relevant complete guideline at the following scheduled review.

Key Methodological Tools

- Evidence to Decision (EtD) Tables – Ensure transparent documentation of decision-making even under time constraints.
- Good Practice Points (GPPs) – Provide clear, actionable advice when evidence is insufficient, based on expert consensus.
- Equality Impact Assessment – Ensures recommendations are equitable and inclusive, particularly in urgent contexts.

Outputs

Rapid guidance documents that are timely, actionable, equitable, and evidence-informed, enabling healthcare professionals to respond quickly to urgent issues while maintaining ASHM's quality standards.

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Glossary of Terms

Term	Definition
AGREE II (Appraisal of Guidelines for Research and Evaluation II)	A validated tool for assessing guideline quality across seven key domains, including scope and purpose, stakeholder involvement, rigour of development, clarity, applicability, and editorial independence.
Consensus Recommendation Tool	A structured tool guiding the development and review of recommendations, addressing rationale, stakeholder input, feasibility, equity considerations, potential harms, and resource implications.
Consensus Statement	A document reflecting expert agreement on a specific clinical or public health topic. Developed through structured expert consensus methods, these statements provide guidance but do not constitute formal guidelines.
Equality Impact Assessment (EIA)	A structured assessment ensuring recommendations consider equity, access, and inclusion, highlighting potential impacts on diverse population groups to mitigate unintended inequalities and maximise equitable outcomes.
Evidence to Decision (EtD)	A structured framework supporting guideline development groups in systematically translating research evidence into clinical or public health recommendations, considering criteria such as benefits, harms, resource use, equity, acceptability, and feasibility.
Good Practice Point (GPP)	Expert consensus recommendations are intended to guide clinical practice when direct research evidence is limited or unavailable, but the perceived benefits outweigh potential harms or risks.
GRADE (Grading of Recommendations Assessment, Development and Evaluation)	An internationally recognised systematic approach for assessing the quality of evidence and strength of clinical recommendations. Provides transparent and structured guidance for translating evidence into recommendations. Clarification on GRADE relating to this framework: ASHM guidelines do not currently adopt the complete GRADE system. Instead, ASHM elements of the GRADE system, such as systematic reviews, structured Evidence to Decision (EtD) tables, and clearly labelled Good Practice Points (GPPs). This approach aligns with ASHM's practical needs, providing flexibility and clarity, especially in scenarios where evidence may be limited or indirect.

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Guide / Guidance Document	Consensus-based resources providing clinical or practical advice, distinct from formal guidelines. Developed using structured consensus methods (Consensus Recommendation Tool), guides offer recommendations where comprehensive systematic reviews may not be feasible or practical.
Guide Writing Group	A team appointed to develop consensus-based guidance documents using structured expert consensus methods. This multidisciplinary group may include healthcare providers, relevant professionals, and end-user representatives (e.g., individuals with lived experience, peer navigators, community advocates, or consumer representatives).
Guideline	A systematically developed, comprehensive, evidence-based document providing clinical recommendations to assist healthcare practitioners in decision-making for specific clinical circumstances. Guidelines follow rigorous systematic review methodologies and align with the ASHM Guideline Framework.
Guideline Chair	The individual responsible for coordinating activities of the Guideline Committee, chairing meetings, managing project timelines, compiling contributions, integrating stakeholder feedback, and ensuring adherence to ASHM's methodological and editorial standards.
Guideline Commentary	Documents produced by ASHM that contextualise and interpret international guidelines for the Australian healthcare environment, considering local clinical practices, regulatory frameworks, and healthcare system specifics. Generally, commentaries do not introduce new recommendations unless clearly justified and transparently documented.
Guideline Committee	A Multidisciplinary group responsible for drafting and finalising guideline content based on systematic evidence reviews. It includes clinical experts, healthcare professionals from relevant disciplines, and at least two end-user representatives (e.g., individuals with lived experience, peer navigators, community advocates, or consumer representatives).
Guideline Oversight Committee (GOC)	A standing committee established for each ASHM health area (such as HIV, Viral Hepatitis, and Sexual Health) that oversees ASHM guidelines, guides, and commentaries. Responsibilities include ensuring methodological quality and consistency, conducting AGREE II appraisals, overseeing development processes, appointing guideline committee representatives (GOC Reps), and approving final outputs. The GOC also provides oversight and input, where relevant, on scope, priorities, and processes whenever new guideline development, updates, or rapid guidance is required. Members include diverse experts such as

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	clinicians, basic scientists, social scientists, epidemiologists, clinical researchers, policy experts, and community representatives.
GOC Representative (GOC Rep)	A member of the Guideline Oversight Committee who acts as a liaison within the Guideline Committee, supporting the selection of guideline committee members, reviewing draft content, ensuring adherence to methodological standards, and facilitating communication between the committee and the GOC.
Inclusive Language and Terminology	ASHM's standards for respectful, person-centred, and inclusive language in all guidelines, guides, and commentaries, aiming to avoid stigma, respect identity and preferences, and support clear communication in diverse healthcare contexts.
Population, Intervention, Comparison, Outcome (PICO)	A structured framework used for formulating clinical questions to guide systematic evidence reviews, clearly defining the Population, Intervention, Comparison, and Outcome of interest.
Resource	Supporting materials developed to enhance clinical practice, education, or patient care by translating recommendations into practical formats (e.g., clinical tools, decision aids, educational materials).
Systematic Review	A comprehensive, structured synthesis of research evidence addressing specific clinical or public health questions using transparent, reproducible methods designed to minimise bias.

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Rapid Guidance

Rapid guidance is developed outside of the standard 2-year formal review cycle to provide timely and urgently needed recommendations. These are informed by the best available evidence and expert consensus and are specifically designed to address emerging public health threats, significant advances in clinical treatments or diagnostics, or immediate changes in healthcare policy or regulatory requirements. The objective is to provide quick, reliable guidance to support clinical decision-making and ensure safe, consistent, and effective practices during periods of uncertainty or rapid change. This addendum aligns explicitly with the broader ASHM Health Guideline Development Framework.

Initiation Criteria

Rapid Guidance is explicitly initiated under these scenarios:

- Urgent Public Health Issues (e.g., sudden outbreaks of infectious diseases such as Gonorrhoea or Mpox outbreak)
- Significant Clinical Advances (e.g., approval of a new, highly effective medication or diagnostic tool requiring immediate implementation)
- New Evidence of Harm or Reduced Effectiveness (e.g. new data or studies indicate that current treatments, diagnostics, or protocols may be unsafe or less effective than previously understood).
- Immediate Policy Changes (e.g., sudden amendments to public health policies or clinical guidelines)
- Misinterpretation of Existing Guidelines (e.g. misinterpretation of existing guidance leading to inconsistent or harmful practices)

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Differences Between a Formal Systematic Review and a Streamlined Review

For formal guideline development, a systematic review is undertaken, involving a comprehensive search of literature and databases, followed by a thorough appraisal and synthesis.

In contrast, rapid guidance may use a streamlined review or other rapid evidence synthesis approaches. This is a quicker, more focused search of recent literature and key databases, or—where the guidance is driven by a policy change or the approval of a new drug—a concise narrative evidence summary. These reviews focus solely on the most relevant evidence for the issue, providing rapid guidance through simplified appraisal methods and documenting limitations.

Rapid Guidance Development Process

Step 1: Rapid Gap Identification and Scope Development

- Define the Issue: Clearly describe the clinical or public health problem prompting rapid guidance. Typical triggers include disease outbreaks, urgent policy changes, or the introduction of new therapeutic agents or interventions requiring immediate direction.
- Obtain consensus to proceed: The Guideline Committee — coordinated by the Guideline Chair and supported by the GOC Representative (GOC Rep) and ASHM Senior Project Officer or Program Manager — must secure at least 75% agreement to develop rapid guidance for the identified issue. This decision must be documented and stored securely by ASHM.
- Framing the Guiding Questions: Structure the development process using one of the following approaches:
    - Structured evidence evaluation (PICO): Apply the Population, Intervention, Comparison, Outcome framework for complex scenarios, multiple interventions, conflicting evidence, or significant uncertainty.

      Example:
      (P) In adults living with HIV (P),
      (I) Is Drug A,
      (C) Compared to Drug B, and
      (O) more effective at reducing viral load?

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- Simpler evidence framing: Use narrative evidence summaries or expert consensus for straightforward issues, such as clear policy changes or obvious clinical actions.

  Example:
  (P) In healthcare settings,
  (I) Does the immediate implementation of updated national testing guidelines,
  (C) compared to current testing guidelines, and
  (I) Improve identification of infectious diseases?

- Secure final approval: Once guiding questions are framed, obtain explicit authorisation from the GOC Chair. Approval must be documented via email, specifying the agreed-upon questions, scope, and justification for rapid guidance. ASHM securely maintains this approval to ensure accountability, clarity, and traceability throughout the process.

Obtain Explicit Approval from the Guideline Chair and GOC Representative (GOC Rep)

Following the development and framing of the rapid guidance questions (either structured PICO or simpler question framing), explicit approval must be obtained from the GOC Chair. Approval is documented clearly via email, specifying the approved question(s), scope, and justification for rapid guidance.

This detailed approval is transparently documented and securely maintained by ASHM, ensuring accountability, clarity, and traceability throughout the rapid guidance development process.

Table 1: Example PICO Question for Gonorrhoea Outbreak Scenario

Element	Example
Population	Individuals attending high-risk clinics or known contact cases during a Gonorrhoea outbreak.
Intervention	An immediate test-and-treat approach should be implemented upon clinical presentation or known exposure.
Comparison	Standard diagnostic testing followed by delayed treatment based on confirmed lab results.
Outcome	Reduction in transmission rates and faster resolution of Gonorrhoea cases in the community.

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Step 2: Formation of Rapid Guidance Writing Group from the Guideline Committee

- Selecting members: Establish a specialised Rapid Guidance Writing Group by selecting 3–5 topic experts, ideally from existing Guideline Committee members. If sufficient expertise is not available within the existing committee, external experts may be appointed.
- Define composition: The group must include:
  - Lead Writer: Coordinates the drafting process.
  - Two Rapid Reviewers: Quickly evaluate the available evidence.
  - GOC Representative (GOC Rep) and Guideline Committee Chair: Provide oversight and maintain methodological rigour. If either is unavailable, an ASHM Senior Project Officer or Program Manager should be appointed to fulfil this role.

Conflict of Interest Management

All members of the Rapid Guidance Writing Group are required to document any potential conflicts of interest. If external experts are appointed who are not currently members of the Guideline Committee, explicit documentation and management of their conflicts of interest must be undertaken in a transparent manner. ASHM securely stores this documentation for accountability, audit purposes, and transparency.

Step 3: Rapid Evidence and Expert Review

- Determining the Type of Review: ASHM retains final decision-making authority regarding the most appropriate type of review to undertake for rapid guidance, assessing the situation on a case-by-case basis.
- Conducting the Review: Perform a targeted, streamlined literature scan of key databases, authoritative sources, recent studies, regulatory updates, and significant clinical trial outcomes.

  Example: Review recent literature evaluating rapid test-and-treat interventions for reducing Gonorrhoea transmission rates.

  Where urgent or applicable, complement literature scans with expert consensus statements drawn from clinical experts or authoritative regulatory data.

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- Summarising Findings: Document:
  - Key evidence identified and its clinical relevance
  - Expert consensus or authoritative statements
  - Any methodological limitations or evidence gaps identified during the review process

    This ensures transparency, accountability, and clarity for users of the rapid guidance.

Step 4: Draft Rapid Recommendations (Good Practice Points and Evidence to Decision Table)

- Drafting Good Practice Points (GPPs): Develop rapid recommendations primarily using GPPs, based on expert consensus from the Rapid Guidance Writing Group. Recommendations must be clear, specific, and directly actionable within clinical or public health settings.

  Example Recommendation (GPP): Immediate test-and-treat protocols should be implemented in high-risk settings during the Gonorrhoea outbreak.

  When drafting GPPs, explicitly document any limitations or uncertainties inherent to the rapid review process, including gaps in available evidence, methodological constraints, or reliance on expert consensus.

- Simplified Evidence to Decision (EtD) Table: Use the structured table (Table 3) to record decision-making, including:
  - Rationale: Justify why the recommendation or action is necessary and relevant.
  - Summary of Evidence: Provide a concise summary of the supporting evidence (literature scan results, expert consensus statements, authoritative sources).
  - Benefits: Explicitly outline the anticipated benefits and positive outcomes of implementing the recommendation.
  - Harms: Clearly state any potential risks, harms, or unintended consequences associated with the recommendation.
  - Feasibility: Evaluate the practicality and resource implications of implementing the recommendation in relevant settings.

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- Acceptability: Indicate the anticipated level of acceptability among healthcare providers, patients, and stakeholders.
- Equity Considerations: Explicitly document considerations around equity, accessibility, and inclusivity, ensuring recommendations benefit priority populations without inadvertently causing disparities.
- Approvals: Document explicit approval of recommendations by the Guideline Chair, GOC Representative (GOC Rep), ASHM Senior Project Officer or Program Manager, and final approval by the Guideline Oversight Committee (GOC).

The EtD table ensures transparency, accountability, and explicit documentation of the decision-making rationale, clearly guiding stakeholders and users of the rapid guidance.

Table 2: Example Good Practice Points (GPP) Table

Element	Example Content
Recommendation	Immediate test-and-treat protocols should be implemented in high-risk settings during the Gonorrhoea outbreak.
Rationale	Rapid reduction of transmission rates and prevention of further community spread.
Implementation	Feasible with existing clinic resources; requires clinical staff training.
Equity considerations	Ensuring equitable access to testing and treatment for vulnerable populations.
Potential harms	Possible overtreatment and resistance if protocols are not correctly followed.
Approval	Rapid email approval by the Guideline Committee Chair, GOC Representative, with documented confirmation by the GOC Chair.

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Table 3: Simplified Structured Evidence to Decision (EtD) Table

Element	Example Content
Rationale	Immediate intervention is required to control the Gonorrhoea outbreak rapidly.
Evidence Summary	Studies confirm rapid test-and-treat approaches significantly reduce transmission rates.
Benefits/Harms	Benefits: Reduced transmission and quicker disease resolution. Harms: Potential overtreatment and resistance.
Feasibility	High feasibility with minor adjustments to current practice; staff training required.
Acceptability	High acceptability due to clear public health benefits.
Equity Considerations	Focused explicitly on equitable access for vulnerable populations.
Approval	Rapid email approval by the Guideline Committee Chair, GOC Representative, with documented confirmation by the GOC Chair.

Step 5: Accelerated Review and Stakeholder Consultation

- Internal rapid review: Circulate new rapid guidance sections to at least two rapid guidance reviewers from the Guideline Committee, plus the GOC Representative (GOC Rep), to ensure methodological rigour and alignment with established standards.
- Expedited stakeholder consultation: Due to urgency, the standard full public consultation is replaced by a clearly defined, expedited stakeholder consultation period lasting 1–2 weeks. During this accelerated consultation, the draft rapid guidance is explicitly reviewed by:
    - Clinical experts familiar with the issue.
    - Community organisations actively involved in relevant healthcare or public health responses.
    - Representatives with lived experience to ensure practical applicability and acceptability.

      A minimum of two community organisations or representatives with lived experience must explicitly review the rapid guidance, providing structured and documented feedback. All received feedback is transparently documented, categorised, reviewed by the Rapid Guidance Writing Group, and explicitly integrated into the final rapid guidance where appropriate.

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- Final Approval: Secure email approval from the GOC Chair, documenting the final approved rapid recommendations and the decision made in response to stakeholder consultation feedback.

Step 6: Rapid Publication and Dissemination

- Immediate Dissemination: Publish and share the approved rapid guidance through all relevant ASHM communication channels (email alerts, newsletters, stakeholder networks). Clearly label it as rapid guidance, highlighting the expedited process and any limitations or constraints in evidence quality or methodology.

  Example: Rapid guidance for immediate test-and-treat protocols should be disseminated urgently via public health alerts and stakeholder communication channels, explicitly noting its status as rapid guidance due to expedited development.

Step 7: Formal Review and Integration

- Integration into main guideline: Consider rapid guidance sections for formal inclusion in the main guideline during the next scheduled review cycle, following the standard systematic and transparent guideline development procedures.

Step 8: Publication and Monitoring

- Publication: Publish the finalised guideline, including the interim rapid guidance sections, clearly and prominently on the official ASHM website. Optionally submit to a peer-reviewed journal, with ASHM support.
- Monitoring and interim updates: Review feedback submitted via the online feedback form every six months, led by the Guideline Chair, GOC Representative, and ASHM Senior Project Officer or Program Manager.
  - Document whether an interim update is required.
  - Publish interim updates as needed, with clear criteria and frequency stated in the guideline to maintain transparency, responsiveness, and accuracy.

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Appendix 1: Evidence to Decision Table Tool

Purpose: The Evidence to Decision (EtD) Table Tool supports the structured, transparent, and explicit development of guideline recommendations. It helps authors systematically document the rationale, evidence base, considerations, and explicit judgments behind each recommendation, ensuring methodological rigour, transparency, and practical applicability.

Components:
The tool comprises two main components:

1. Evidence to Decision (EtD) Table – Author Draft Template
   Instructions for Completion: The EtD table should be completed by the author(s) or the guideline writing group during the drafting of recommendations. Each table must document:

   - Recommendation Statement: Provide a clear, specific, actionable recommendation.
   - Rationale: Justification for the recommendation, referencing explicitly supporting evidence, clinical rationale, or consensus-driven considerations.
   - Summary of Evidence: Condense the relevant evidence, specifying the type, quality, certainty, and applicability of studies or authoritative sources supporting the recommendation.
   - Benefits and Harms: Outline anticipated clinical or public health benefits, alongside any potential risks, harms, or unintended consequences associated with the recommendation.
   - Feasibility and Resource Implications: Document considerations around implementation feasibility, including necessary resources, workforce implications, training requirements, and potential barriers.
   - Acceptability: Outline anticipated acceptability among healthcare providers, stakeholders, and affected communities.
   - Equity Considerations: Identify and address considerations relating to equity, inclusivity, accessibility, and impact on priority or marginalised populations.
   - Final Judgements and Decisions: Document the final judgement and decision of the Guideline Committee, coordinated and supported explicitly by the GOC

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Representative (GOC Rep) and the ASHM Senior Project Officer or Program Manager. Include detailed documentation of specific actions required, any further considerations, or unresolved issues arising explicitly from the structured consensus decision-making process established by ASHM.

2. Internal Reviewer Quality Checklist

Purpose: Completed after author submission, this structured internal quality checklist is typically completed by the Guideline Oversight Committee (GOC) reviewers, in collaboration with the Guideline Committee Chair, GOC Representative (GOC Rep), and the ASHM Senior Project Officer or Program Manager. This comprehensive internal review evaluates the completeness, transparency, and methodological rigour of each recommendation. The checklist explicitly assesses whether each component of the EtD table is adequately addressed, ensuring robust methodological quality, explicit transparency, and thorough documentation of decisions.

Usage and Documentation

All completed EtD tables and internal reviewer checklists must be documented, securely stored, and made available upon request for audit, accountability, and transparency. ASHM explicitly maintains these records to ensure ongoing methodological rigour and guideline quality assurance.

Evidence to Decision Table - Author Draft Template

Section	Response
Recommendation	
Rationale	
Stakeholder Input	
Implementation Considerations	
Equity Considerations	
Potential Risks or Harms	
Resource Use	
Author(s) and Date	

Example: Completed Evidence to Decision Table

This example demonstrates how guideline authors can use the EtD table to develop structured recommendations. It shows how to document each key element — including rationale, stakeholder input, implementation feasibility, equity considerations, potential risks or harms, and resource implications — in a clear and consistent format.

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Section	Instructions / Example
Recommendation	Offers opt-out HIV testing in general practice.
Rationale	Opt-out testing reduces stigma and increases early detection.
Stakeholder Input	Input explicitly gathered from general practitioners, primary healthcare providers, community health organisations, and patient advocacy groups.
Implementation Considerations	Effortlessly and rapidly implementable in primary care settings with minimal additional training or resource requirements.
Equity Considerations	Explicitly improves healthcare access among marginalised, underserved, and high-risk populations, reducing existing inequities in HIV diagnosis and treatment access.
Potential Risks or Harms	Minimal risks identified. Potential patient misunderstanding can be mitigated through structured communication, educational resources, and clear patient-provider discussions.
Resource Use	Demonstrated cost-effectiveness due to significantly reduced costs associated with late-stage HIV diagnosis, ongoing healthcare management, and improved public health outcomes.
Author(s) and Date	Dr. J. Smith, Joel Paparello – April 2025

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Appendix 2: Agree II Appraisal (Internal Reviewer Quality Checklist)

Purpose: This internal reviewer quality checklist, based explicitly on the internationally recognised AGREE II appraisal tool, is completed by the Guideline Oversight Committee (GOC) in collaboration with the Guideline Committee Chair, GOC Representative (GOC Rep), and the ASHM Senior Project Officer or Program Manager after guideline authors submit their final draft recommendations.

The checklist ensures each recommendation meets ASHM's internal quality standards for:

- Clarity
- Transparency
- Stakeholder inclusion
- Feasibility
- Equity
- Practical implementation

Instructions for use:

- Review each criterion outlined in the checklist.
- Mark the appropriate column (Yes/No).
- Document clear comments or recommendations for improvement, providing a detailed rationale for all assessments.

Consensus Recommendation – Reviewer Checklist Template

This blank template is to be completed for each recommendation submitted. Reviewers should:

- Tick the appropriate column for each criterion.
- Provide comments where necessary to clarify decisions or suggest improvements.

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Evaluation Question	☑ Yes	✕ No	Comments (explicitly document rationale or recommendations)
1. Is the recommendation clearly and explicitly stated, including its intended audience and specific actions?	☐	☐	
2. Is the rationale explicitly provided, clearly justified by high-quality evidence or expert consensus?	☐	☐	
3. Have all relevant stakeholders explicitly been involved or represented in developing this recommendation?	☐	☐	
4. Are the feasibility and practical implementation considerations explicitly addressed?	☐	☐	
5. Have explicit equity and inclusivity considerations been clearly documented and addressed?	☐	☐	
6. Are potential risks, harms, or unintended consequences explicitly stated and mitigated?	☐	☐	
7. Is resource use explicitly and transparently documented, including necessary resources, costs, and practical implications?	☐	☐	
8. Are the authors listed, and is the development date explicitly documented?	☐	☐	
9. Is the recommendation explicitly aligned with ASHM methodological and transparency standards?	☐	☐	

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Appendix 3: Inclusive Language and Terminology

Purpose: This guidance promotes respectful, people-first, and inclusive language across all ASHM guidelines, guides, and commentaries. It reflects ASHM's commitment to creating stigma-free healthcare environments and centring the lived experiences and dignity of individuals in all published materials.

Language Guidance for Authors and Reviewers

When drafting or reviewing ASHM guidelines and related documents, contributors must explicitly adhere to the following inclusive language standards:

- Use People-First Language: Prioritise the person before the condition or status (e.g., "people living with HIV" instead of "HIV-infected").

- Avoid Stigmatising and Pathologising Terms: Replace terms that may stigmatise or negatively label individuals (e.g., replace "non-compliant" with "experiencing adherence challenges," "addict" with "person who uses drugs," and "high-risk" with "priority population").

- Respect Individual Identities and Preferences: Use preferred pronouns, self-identifiers, and descriptors, ensuring dignity and inclusivity.

- Avoid Assumptions: Do not make assumptions based on appearance, gender identity, cultural background, age, or ethnicity.

- Use Inclusive Terms Around Gender, Sexuality, Disability, and Drug Use: Employ language inclusive of all genders and sexual orientations, respectful of people with disabilities, and non-judgmental regarding drug use or behavioural choices.

- Reference Anatomy, Not Gender Identity, When Clinically Relevant: When clinical precision is needed, explicitly use anatomical terms rather than gender-based terms (e.g., "people with a cervix" rather than gendered terms).

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Required Resources and References

All contributors and reviewers are explicitly expected to review and follow the guidance provided by:

- The ASHM Language Guide (2025 edition): This comprehensive guide provides detailed recommendations on preferred inclusive terminology across all ASHM materials.

  Follow this link to access the ASHM Language Guide (2025 edition): ASHM Language Guide

- The People First Charter for Language Guidance in HIV, Drug Use, and Sexual Health Content: A structured resource specifically designed to ensure people-first, inclusive, and stigma-free language is consistently used across all relevant contexts.

  Follow this link to read the People First Charter: People First Charter

Practical Note for Contributors

Contributors — including Guideline Committee members, Community Organisation Representatives, individuals with lived experience, the Guideline Committee Chair, GOC, and GOC Representative — are integral to the guideline development process.

- Consult with community representatives and individuals with lived experience to clarify preferred terminology or wording.
- If community feedback identifies preferred language or terminology, prioritise this over standardised clinical terminology to ensure guidelines remain respectful, inclusive, accurate, and relevant to the communities they serve.

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