

CLINICAL PRACTICE GUIDELINES FOR  
OBESITY MANAGEMENT IN EUROPE  
**GOALS, ROLES AND WORK PLAN**

## Introduction

- Many individual and organisational players are involved in creating CPGs; all require varying degrees and combinations of training, support, leadership, encouragement, personality management, and administrative support
- Even adapting CPGs can require significant time and human/financial/technical resources
- It's critical to begin the process by setting clear goals and metrics for success, and to have clear picture of all the moving pieces required
- It's also critical to maintain momentum by having dedicated people overseeing all aspects of the process<sup>1</sup>

## 1. Set Goals, Organise and Support Contributors

- The most common approach to developing guidelines is to base recommendations on the highest level of published evidence as assessed using a standard guideline methodology (for example, Grading of Recommendations, Assessment, Development, and Evaluations [GRADE]<sup>2</sup>, the Evidence-to-Decision [EtD] Framework<sup>3</sup>, etc.) by an independent methods expert team.
- Where scant evidence exists, methodologies can be used to achieve consensus on recommendations. systematically using a transparent procedure that included an objective evaluation of scientific evidence (quantitative and qualitative) as well as assessments and opinions of obesity experts (i.e., consensus based)<sup>4</sup>.
- Clinical practice guidelines are not fixed protocols, nor are they legally binding. Instead, they are intended to serve as a guide for health care providers with the understanding that clinical discretion should always be used.

CPG development is as much a people management exercise as it is an evidence synthesis process, and many roles are required to successfully deliver and implement quality guidance. Many of the key development functions are captured in Figure 1, applicable to both the creation of *de novo* CPGs and adapting existing ones. More detail on, and key considerations about, these functions and individual/organisational roles within each are described in Table 1. Appendix 1 contains some sample meeting/workshop agendas to plan the CPG development process.

The process of developing clinical practice guidelines involves much more than evaluating current evidence and developing recommendations. It also involves engaging participants from academia, clinical practice, policy, patient advocacy, communications and knowledge translation, professional education, private and public funders, and many other stakeholders.

1. Ramos Salas X, Saquimux Contreras MA, Breen C, et al. Review of an international pilot project to adapt the Canadian Adult Obesity Clinical Practice Guideline. *Obesity Pillars*. 2023;8:100090. doi:10.1016/j.obpill.2023.100090

2. BMJ Best Practice. What is GRADE? <https://bestpractice.bmj.com/info/toolkit/learn-ebm/what-is-grade>

3. Pablo Alonso-Coello, Holger J Schünemann, Jenny Moberg, et al. GRADE Evidence to Decision (EtD) frameworks: a systematic and transparent approach to making well informed healthcare choices. 1: Introduction. *BMJ*. 2016;353:i2016. doi:10.1136/bmj.i2016

4. Shekelle P, Woolf S, Grimshaw JM, Schünemann HJ, Eccles MP. Developing clinical practice guidelines: reviewing, reporting, and publishing guidelines; updating guidelines; and the emerging issues of enhancing guideline implementability and accounting for comorbid conditions in guideline development. *Implementation Science*. 2012;7(1):62. doi:10.1186/1748-5908-7-62

- Managing politics and devotion to specific individual and organisational practices is a key challenge that requires the support from **Partnership Engagement and Management** experts.
- To facilitate the guideline development process, a dedicated team of obesity experts is required (clinicians, scientists, patients, and policy makers) (**Executive / Steering Committee**).
- The significant and focused effort needed to develop CPGs is an added burden for committee members and authors who usually have full-time responsibilities and therefore limited ability to contribute to the administrative management (including budgeting) of a guideline project. An **Operational Team** that includes project coordinators, writers, editors, designers, IT consultants, communications experts, project managers is needed.
- To ensure that the CPGs meet the highest scientific standards, an **Independent Methods & Review Team** is mandatory. Although many clinical experts and obesity researchers have content expertise, many do not have experience with CPG methods and frameworks.
- **Guideline development should be systematic, independent and transparent.** All authors, committee members and guideline development participants must complete a **declaration of competing interests** and disclose any potential or actual conflict of interest (e.g., [ICMJE Conflict of Interest Form](#)). Authors may be asked not to participate in the development of a particular recommendation or discussion that is directly related to their conflict. All conflicts of interest must be tracked and managed regularly as well as disclosed publicly in the final guideline publication. Guideline development processes and decisions must be documented and reported in the final publication in a **transparent** manner.

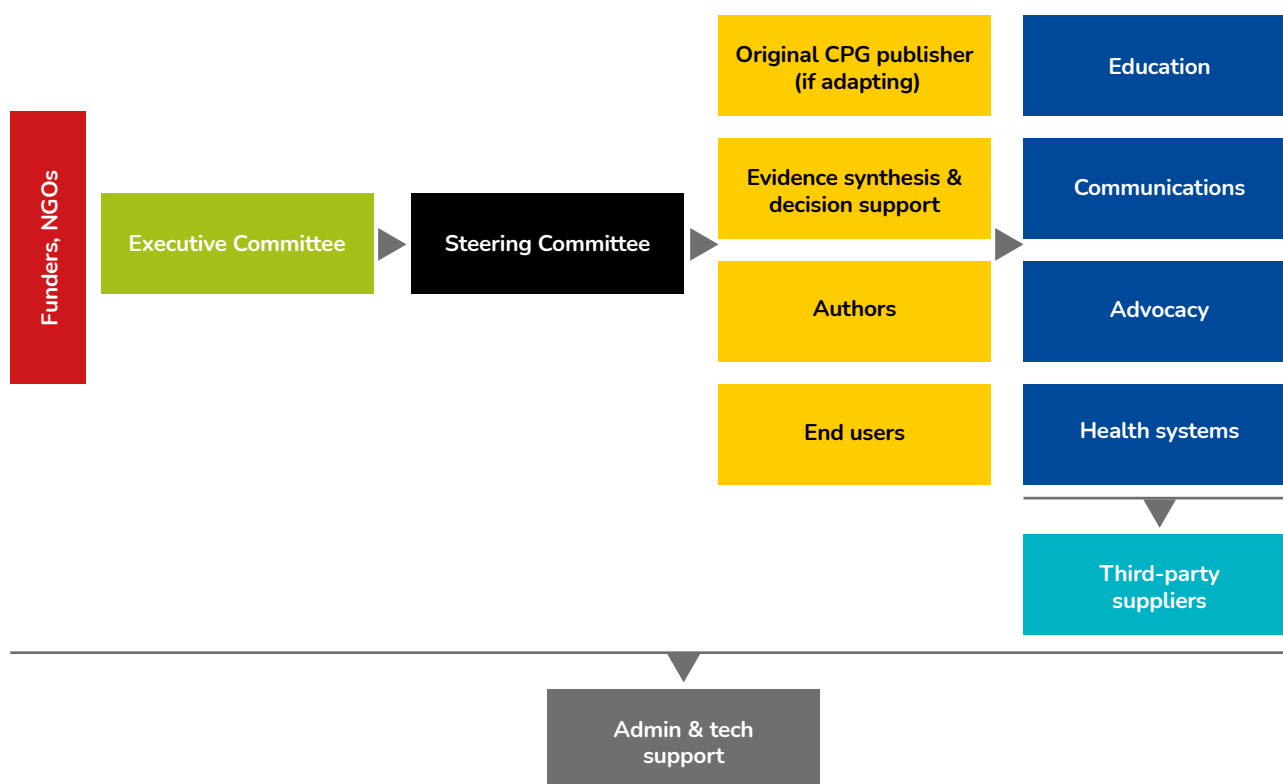


Fig 1. Sample Project Organisational Chart for CPG Development (Adaptation and De Novo CPGs)

**Table 1. Roles and Key Considerations**

Function	Purpose/roles	Key Considerations
<b>Funders/NGOs/ Gov't</b>	<ul style="list-style-type: none"> <li>• Project funding</li> <li>• In-kind support (e.g. expert consultation, technology, “soft” support incl. translation, media and communications assets, reach with target audiences, KT resources and education opportunities)</li> </ul>	<ul style="list-style-type: none"> <li>• Consider simultaneously seeking funding for CPG creation AND dissemination/education activities</li> <li>• Many organisations have overlapping or complementary interests in obesity care and can meaningfully contribute to and/or support the CPG process</li> <li>• The more organisations involved, the higher the management burden and potential complexity of consensus building <ul style="list-style-type: none"> <li>• Manage perceived or actual “ownership” of key domains or professions, politics, influence of potential reductionist views or single-treatment mandates</li> <li>• Manage perceived or actual conflicts of interest among organisational player and individuals within those organisations</li> <li>• Manage expectations of and influence from organisations whose contributions (financial or otherwise) may be disproportionate to that of other partners</li> </ul> </li> </ul>
<b>Executive Committee</b>	<ul style="list-style-type: none"> <li>• High-level oversight of the CPG development process: goals, format, approach/methods, target audiences, dissemination and implementation strategy</li> <li>• Defines standards and procedures</li> <li>• Provides leadership guidance and decision making to the Steering Committee</li> </ul>	<ul style="list-style-type: none"> <li>• Smaller group of 5-6 individuals (to facilitate nimble decision making) comprised of senior leaders/subject matter experts with a broad understanding of obesity care issues beyond their own specialty/discipline as well as independent methods experts <ul style="list-style-type: none"> <li>• Beyond expertise, consider language, geographic location, ethnocultural representation, stakeholder group representation (e.g., different professional and patient associations)</li> <li>• Consider barriers to in-person meetings if needed</li> <li>• Consider pros and cons of individuals’ roles within or association with relevant organisations</li> <li>• Consider experience in “soft” skills e.g., presenting, speaking effectively with media and government, willingness and ability to promote the CPGs</li> </ul> </li> </ul>

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Function	Purpose/roles	Key Considerations
<b>Steering Committee</b>	<ul style="list-style-type: none"> <li>• Medium-level oversight of CPG development and direct contribution to guideline content development, including lived experience perspectives</li> <li>• Consists of a designated leads for each subtopic of the CPGs (e.g., nutrition, surgery, pharmacology, weight bias, mental health/CBT etc.)</li> <li>• Leads recruit additional authors in their respective fields as needed</li> </ul>	<ul style="list-style-type: none"> <li>• Larger group than Steering Committee; size depends on scope of CPGs and breadth of different topics covered <ul style="list-style-type: none"> <li>• Consider individuals' practical ability to participate meaningfully over the course of the CPG project (communicate expectations; provide support)</li> <li>• Can divide up the work among co-authors within a subtopic to reduce burden on authors</li> </ul> </li> </ul>
<b>Authors</b>	<ul style="list-style-type: none"> <li>• Healthcare providers, researchers in key disciplines related to obesity, and patients advisors</li> <li>• Ensure the guidelines capture all relevant points of view</li> </ul>	<ul style="list-style-type: none"> <li>• Number of authors contingent on ensuring breadth and depth of required expertise to achieve goals</li> <li>• Consider individuals' practical ability to participate meaningfully over the course of the CPG project (communicate expectations; provide support)</li> </ul>
<b>End Users</b>	<ul style="list-style-type: none"> <li>• Anyone who's experience or expertise may benefit the veracity of the guidelines or their uptake (e.g., patient advisors, relevant policy makers, health systems decision makers)</li> </ul>	<ul style="list-style-type: none"> <li>• Roles with the CPG process and level of involvement depend on goals and strategy of the project – can range from involvement with goal setting to participation on committees and co-authorship</li> </ul>
<b>Evidence Synthesis and Decision Support</b>	<ul style="list-style-type: none"> <li>• PICO(T) question co-development, literature search, independent (third party) grading methodology, decision support</li> <li>• Committee and author training on evidence grading and decision making for recommendations</li> </ul>	<ul style="list-style-type: none"> <li>• Number of PICO(T) questions drives up costs and increases complexity for authors</li> <li>• Variations among providers – many add-on services worth consideration but for additional fees <ul style="list-style-type: none"> <li>• Consider flexibility for educating authors, flexibility on timing of search, availability for continued support (and related fees)</li> </ul> </li> </ul>

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Function	Purpose/roles	Key Considerations
<b>Original CPG Publisher (If Adapting)</b>	<ul style="list-style-type: none"> <li>• May play no role in adaptation, or may have other requirements (e.g., reviewing final adaptation, reviewing of translated portions for accuracy)</li> </ul>	<ul style="list-style-type: none"> <li>• Understand licence agreement to identify limitations and obligations                             <ul style="list-style-type: none"> <li>• Consider ability to change/update PICO(T) questions, or alter original recommendations; how to cite/credit the original CPGs in the adapted content; how to limit liability/responsibility of original authors and publisher in the adapted work</li> <li>• Consider that rights to republish content/figures from other sources that appear in the original CPG may not be automatically transferable to the adapted CPG</li> </ul> </li> <li>• Clarify the process of what happens if the original CPGs or a portion of them are updated during the adaptation process or after the adaptation is published                             <ul style="list-style-type: none"> <li>• Consider whether the licence agreement includes rights/permissions to use updated content from original CPGs</li> </ul> </li> </ul>
<b>CPG Publisher</b>	<ul style="list-style-type: none"> <li>• Publishing a summary of <i>de novo</i> or adapted CPGs in a peer reviewed journal is often desirable</li> </ul>	<ul style="list-style-type: none"> <li>• Understand the publishing agreement clearly (e.g., rights to reuse content)</li> <li>• Explore value added benefits from publisher (e.g, hosting a CPG podcast, creating additional content, promotional resources)</li> <li>• Seek a flexible publication date to allow for delays</li> </ul>

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Function	Purpose/roles	Key Considerations
<b>Other Functions</b>	<ul style="list-style-type: none"> <li>• CPG dissemination and implementation, professional education, CPG uptake (government advocacy, patient empowerment, health systems/policy changes), publication of CPG summary, publishing additional content/ tools etc. all require involvement of additional organisations and individuals with diverse expertise</li> </ul>	<ul style="list-style-type: none"> <li>• Critical to identify dissemination/education plan at the beginning of the CPG creation process to identify and secure dissemination/ education funding</li> <li>• Funding level will dictate scope of dissemination/education, which has implications for setting the scope of the CPGs</li> <li>• Third party suppliers (e.g. writers/editors, designers, translators, implementation scientists, IT support, PR/media relations, conferences/workshops etc.) often require firm timelines, which has implications for the CPG authorship process</li> <li>• Content and tools created from the CPG content may require approval or oversight from committee members or authors, which adds to timelines and individual responsibilities</li> </ul>
<b>Oversight and Administrative Support</b>	<ul style="list-style-type: none"> <li>• ALL aspects of the CPG process will require stewardship, people management, problem solving, mitigation of conflicts of interest, and decision making</li> <li>• ALL aspects of the CPG process will require regular, effective administrative support</li> </ul>	<ul style="list-style-type: none"> <li>• Beneficial to have at least one full-time/part-time project lead <ul style="list-style-type: none"> <li>• Consider ability to negotiate, build partnerships, build consensus, manage relationships, track budgets, inspire and support</li> <li>• Consider flexibility, availability and need for consistency</li> </ul> </li> <li>• Beneficial to have a single point of administrative contact for all participants</li> </ul>

## 2. Identify Key End-Users/Audiences

Clinical guidelines are not useful unless they meet the needs of end users, which includes groups beyond healthcare providers.

- **Healthcare providers** in primary care and all related specialties need to have faith in the science behind the guidelines and the process that created them, as well as an understanding of their role in obesity care.
  - There are more clinical guidelines in the world than clinicians know what to do with, and many aren't aware of them. Putting the guidelines into practice involves more than creating guidelines – education, building confidence and trust etc. will all be critical steps when the guidelines are launched.
- **Policy makers** need to understand and have faith in the guidelines before they will work to fund and support the operationalization of the recommendations in clinical practice.
  - Getting policy makers to support guidelines is part of the ongoing advocacy work after publication.
- **Patient groups** need to trust that the guidelines are ultimately aimed at improving their health and quality of life in a non-stigmatizing and evidence-based manner
  - Patients demanding better care is a key advocacy approach, yet most patients with chronic diseases aren't aware of guidelines, and/or don't understand their purpose, how they are made etc.

## 3. Scope and Outputs

Beyond defining the purpose and scope of an obesity CPG, it is important that committees and authors define the final, physical products of the development project early on to i) accurately forecast budgets and seek funding, while creating a project timeline ii) manage required resources and iii) limit the burden on contributors. Table 2 captures some key considerations here.

**Table 2. Defining and Preparing for the Final Product(s)**

Output	Key Considerations
Overview/ summary article in peer reviewed journal	<ul style="list-style-type: none"> <li>• Work with desired publisher ahead of time to understand requirements (word count, article organisation, reference style, tables and figures style, author COI and other required disclosures, etc.)                             <ul style="list-style-type: none"> <li>• Consider that it is more efficient to write within word count limits and follow journal guidelines than it is to reverse engineer content to fit</li> <li>• Provide clear guidance to coauthors (e.g. templated Word files)</li> </ul> </li> <li>• Identify lead authors (e.g., Executive Committee) who will make decisions and resolve disputes/conflicts among authors' suggested content                             <ul style="list-style-type: none"> <li>• Consider who can track all suggested changes, ensure decision makers are aware of conflicts, and ensure all final changes are made</li> </ul> </li> </ul>

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Output	Key Considerations
<p><b>Additional content</b></p>	<ul style="list-style-type: none"> <li>• Establish during the planning phase what additional content can/should be created (e.g., more detailed overviews of subtopics in obesity care, slide decks, government briefing documents, lay summaries for patients and media, social media campaigns etc.)</li> <li>• Additional content should be strategic and aimed at increasing understanding of the recommendations, while mobilising the CPGs and encouraging their uptake</li> <li>• Additional content can drive significant costs and require significant time that must be accounted and planned for, as well as significant third party supplier engagement (requiring scheduling and oversight) <ul style="list-style-type: none"> <li>• Consider that the 2022 Irish adaptation of the 2020 Canadian obesity CPGs published an additional 19 chapters beyond a peer reviewed summary, totalling more than 100,000 words and hundreds of pages (perspective: that amount of content requires 80 to 150 hours of proofreading time; 273 pages requiring ~20-25 days of graphic design layout; many hours of web programming; and significant coordination efforts)</li> <li>• Consider the incremental burden for the committees and authors that extensive additional content creates</li> <li>• Consider what is necessary to be completed before education content can be prepared</li> </ul> </li> </ul>
<p><b>Clinical Tools</b></p>	<ul style="list-style-type: none"> <li>• Common clinical tools related to CPGs are often created to extend the reach of a guideline and assist with implementation and uptake (e.g., summary tools, case studies, patient support resources, calculators, apps and other digital assets); often, industry sponsors offer to cover the cost of creating these tools <ul style="list-style-type: none"> <li>• Consider the cost and additional time the creation of these tools adds to the project vs. their strategic value and ultimate utility for your core audiences</li> </ul> </li> </ul>

## 4. Timelines

CPGs are created almost entirely by experts working off the sides of their desks – leaders with busy clinical, research/academic and other professional careers who often juggle multiple responsibilities and competing priorities and deadlines. Setting clear goals and expectations, closely managing the process and supporting all participants to be able to efficiently and expeditiously provide their input makes for smooth sailing. Figure 2 illustrates the basic phases of development.

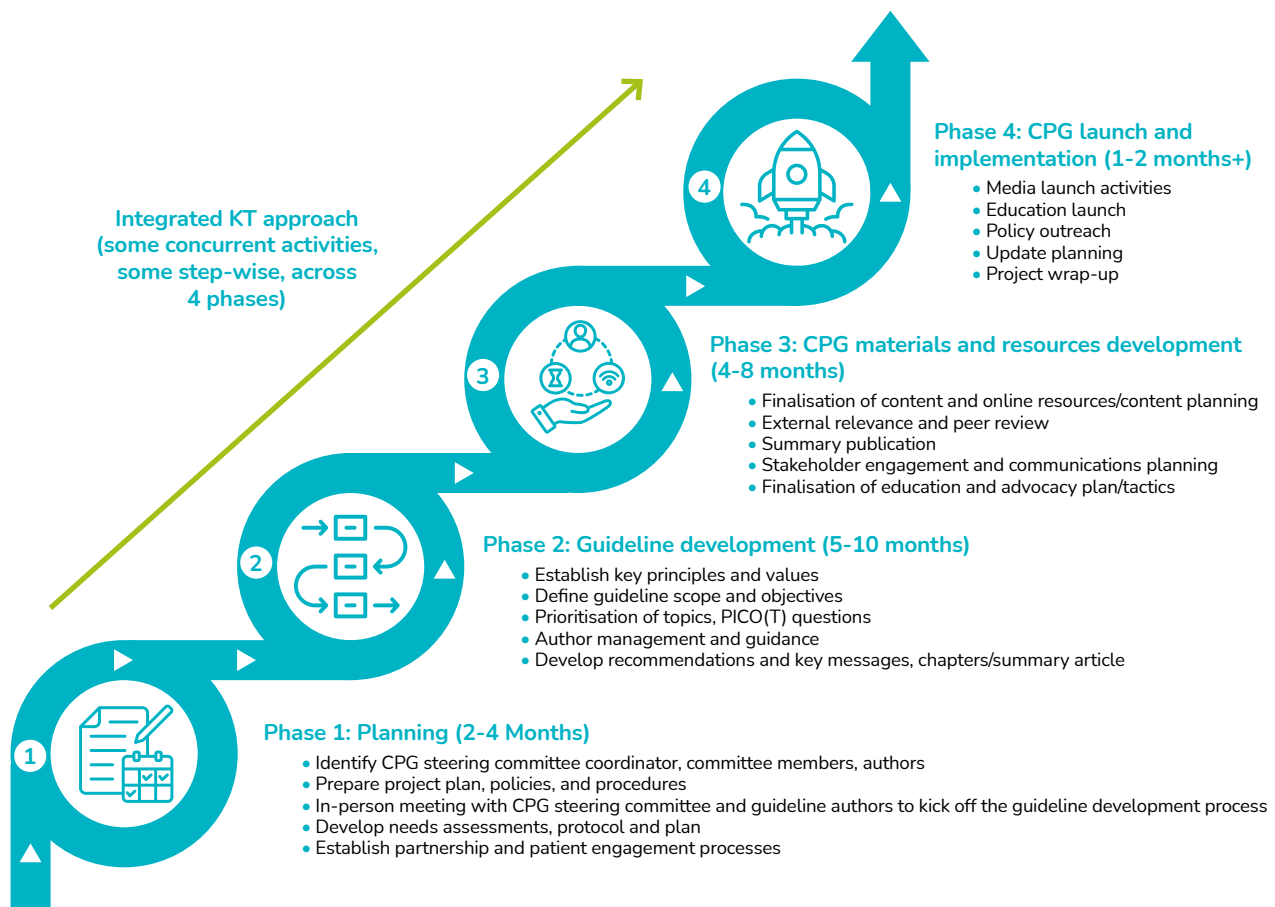


Fig. 2 Sample Timeline and Key Development Phases

One to two years to create *de novo* obesity guidelines is an ambitious but highly manageable project schedule. There are several benefits to a streamlined development process:

- **Expedited and timely guidelines.** The time between literature searches and the release of clinical practice guidelines can be two years or more depending on scope, meaning that the CPGs may already be out of date from an evidence perspective when published.
  - Consider that the literature search for the 2020 Canadian guidelines was conducted in 2018. By the time they were published in 2020, it was only a matter of months before the pharma chapter needed to be updated in light of emerging evidence.
- **Momentum and continuity among participants.** A large group of experts is required to produce the guidelines, all of whom are volunteers with varying levels of availability to devote to the project. A tighter schedule will provide definitive responsibilities with a clear end date for participants, keep activities top of mind (e.g., deciding recommendations and creating the guidelines within close proximity to evidence synthesis/decision support training), and support continuity and predictable allocation of resources throughout the process.
  - Consider that all of this requires clear planning, management of expectations, and sufficient support for all participants to minimise the effort it takes them to provide maximum input.

## 5. Disseminating and Implementing Clinical Practice Guidelines

Once clinical guidelines for obesity are created, the real work of improving patient care by transforming recommendations into standards of care begins. Lay the groundwork for successful promotion/dissemination of your CPGs by planning and properly resourcing early in the project process. Conduct needs assessments with potential-end users to ensure their needs are met.

Embed the potential for reach and impact into your CPG project from day one:

- Include an appropriate budget for promotion/dissemination tactics into the global CPG development budget
  - Proper budgeting requires dissemination planning (identifying audiences, setting goals, strategies, tactics, and metrics) early in the process – this will allow you to create realistic project plans/workback schedules
  - Consider engaging knowledge translation and communications experts early in the CPG development process to develop detailed plans and budgets, so that funders can understand the approach and include appropriate support
- Expertise, appropriateness and availability being equal, choose team members (committees, authors) who are good communicators, prominent and active within their professions(s) and field(s), active on the conference circuit, comfortable speaking to media, able to lead educational offerings, and/or have social media presence (and plan to arm them with appropriate messaging, tools and support when it comes to dissemination)
- Engage team members' affiliated institutions and employers – as well as like-minded organisations where possible – before dissemination begins to leverage their media, social media, events and online reach
- Explore dissemination/promotion/education offerings provided by peer reviewed journals on top of assessing the journal's appropriateness for the CPG summary article

### Related Resources:

Guidelines International Network's guide to using CPGs includes a chapter on dissemination and implementation, with case studies: <https://g-i-n.net/toolkit/dissemination-of-guidelines>

Cochrane Review: Tools developed and disseminated by guideline producers to promote the uptake of their guidelines (2016):

<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD010669.pub2/full>

Strategy for Patient-Oriented Research (SPOR) Evidence Alliance toolkit "Menu of Knowledge Dissemination Approaches" <https://t.ly/DDI3h>

Create appropriate messaging and delivery channels for your core audiences as outlined in Table 3.

**Table 3: Audiences and Key Message Development**

Audience/ stakeholder	Collateral/Channels	Message Considerations
<b>Healthcare professionals</b>	<ul style="list-style-type: none"> <li>• CPG summary article in relevant peer-reviewed, indexed journal</li> <li>• Professional colleges' and associations' and relevant NGOs' channels (websites, social media, newsletters, infographics, blogs, podcasts, webinars, education and conference offerings)</li> <li>• Summaries, tools, case studies, patient materials, individual practitioner assessment tools to measure practice changes, etc.</li> <li>• Professional education</li> <li>• EMR integration</li> <li>• Apps (calculators, decision support, point-of-care guidance)</li> </ul>	<p>Emphasise:</p> <ul style="list-style-type: none"> <li>• Need case for new CPGs</li> <li>• Unique characteristics of CPGs vs. other obesity guidance</li> <li>• Patient-centred nature of CPGs (shared goals, reduced harm, improved outcomes, addressing stigma)</li> <li>• Rigour of evidence synthesis framework and CPG process; strength of recommendations</li> <li>• Practical implications for practice (e.g., primary care physician, allied health; solo practice vs. team care)</li> </ul>
<b>Health systems</b>	<ul style="list-style-type: none"> <li>• Policy assessment tools to assess/ measure policy change; implementation plan; and budget impact analysis</li> </ul>	<ul style="list-style-type: none"> <li>• Value proposition (patient outcomes, streamlined care) and potential impact on resources (human, financial, equity)</li> <li>• How the CPGs fit into existing models of care for chronic diseases (what's required to facilitate)</li> </ul>
<b>Healthcare institutions</b>	<ul style="list-style-type: none"> <li>• Tools to conduct institutional assessments of new clinical practice recommendations</li> </ul>	<ul style="list-style-type: none"> <li>• Templates for staffing, roles, budgeting</li> <li>• Templates and tools for quality improvement, assessment, refinement</li> </ul>

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Audience/ stakeholder	Collateral/Channels	Message Considerations
<b>Policy makers</b>	<ul style="list-style-type: none"> <li>• Policy briefs with implications of guideline recommendations for policy makers; Implementation plan; budget impact analysis</li> </ul>	<p>Emphasise:</p> <ul style="list-style-type: none"> <li>• Need case for new CPGs</li> <li>• Unique characteristics of CPGs vs. other obesity guidance</li> <li>• Patient-centred nature of CPGs (shared goals, reduced harm, improved outcomes, addressing stigma)</li> <li>• Rigour of evidence synthesis framework and CPG process; strength of recommendations</li> <li>• Practical implications for policy (e.g., removing barriers to implementation, examining cost-effectiveness and impact of CPGs as standard of care)</li> </ul> <p>See also:</p> <ul style="list-style-type: none"> <li>• <a href="#">Research engagement with policy makers: a practical guide to writing policy briefs</a> (NIHR Policy Research Unit in Behavioural Science)</li> <li>• <a href="#">An Essential Guide to Writing Policy Briefs</a> (International Centre for Policy Advocacy)</li> <li>• <a href="#">How to write a policy brief</a> (International Development Research Centre Canada)</li> </ul>
<b>Professional associations</b>	<ul style="list-style-type: none"> <li>• Guideline summaries and endorsement requests; implementation plan for interdisciplinary healthcare professionals; opportunities for collaboration on education activities</li> </ul>	<p>Emphasise:</p> <ul style="list-style-type: none"> <li>• Need case for new CPGs</li> <li>• Unique characteristics of CPGs vs. other obesity guidance</li> <li>• Patient-centred nature of CPGs (shared goals, reduced harm, improved outcomes, addressing stigma)</li> <li>• Rigour of evidence synthesis framework and CPG process; strength of recommendations</li> <li>• Practical implications for each profession (e.g., physicians, nurses, dietitian, mental health)</li> </ul>

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Audience/ stakeholder	Collateral/Channels	Message Considerations
<b>Patient advocacy organisations</b>	<ul style="list-style-type: none"> <li>• Summaries, tools, patient materials etc., distributed widely and freely available</li> <li>• Patient education activities (webinars, podcasts, workshops)</li> </ul>	<p>Emphasise:</p> <ul style="list-style-type: none"> <li>• Need case for new CPGs</li> <li>• Unique characteristics of CPGs vs. other obesity guidance</li> <li>• Patient-centred nature of CPGs (shared goals, reduced harm, improved outcomes, addressing stigma, self-care)</li> <li>• Rigour of evidence synthesis framework and CPG process; strength of recommendations</li> <li>• Advocacy requirements (removing barriers to implementation; patient empowerment)</li> </ul>
<b>Media</b>	<ul style="list-style-type: none"> <li>• Lay media: plain-language summaries of overarching goal of CPGs; plain-language overview of the science of obesity; press releases and media outreach</li> </ul>	<p>Emphasise:</p> <ul style="list-style-type: none"> <li>• Need case for new CPGs</li> <li>• Unique characteristics of CPGs vs. other obesity guidance</li> <li>• Patient-centred nature of CPGs (shared goals, reduced harm, improved outcomes, addressing stigma)</li> <li>• Rigour of evidence synthesis framework and CPG process; strength of recommendations</li> </ul>

## Appendix 1: Sample CPG Process Meeting/Workshop Agendas

### Fig. 2 Sample Agenda for CPG Inaugural Planning Meeting

i) Meeting Objective: To discuss guideline vision and objectives as well as prioritise topics that can be developed into specific research questions and recommendations.

Activity	Responsible
Welcome & Introductions <ul style="list-style-type: none"> <li>• Introduction of Executive Committee &amp; Steering Committee &amp; Authors</li> </ul>	<ul style="list-style-type: none"> <li>• Chair/Coordinator of CPG</li> </ul>
Why do we need CPGs? Patient perspectives	<ul style="list-style-type: none"> <li>• Patient Group</li> </ul>
Overview of Vision and Mission for Guidelines (Mission Statement)	<ul style="list-style-type: none"> <li>• Chair/Coordinator of CPG</li> </ul>
CPG Methodology Overview	<ul style="list-style-type: none"> <li>• Independent Methods Expert</li> </ul>
Prioritising Topics	<ul style="list-style-type: none"> <li>• Chair/Coordinator of CPG</li> </ul>
Interactive Topic Workshop: Example Topics <ul style="list-style-type: none"> <li>• Topic 1 - Biology, Definitions, Assessments</li> <li>• Topic 2 - Treatment &amp; Prevention</li> <li>• Topic 3 - Patient Voice, Bias &amp; Stigma</li> <li>• Topic 4 - Policy Implementation &amp; Dissemination</li> </ul>	<ul style="list-style-type: none"> <li>• 1 scribe per topic</li> </ul>
Closing- Review Schedule for CPG Meetings and Timelines	<ul style="list-style-type: none"> <li>• Chair/Coordinator of CPG</li> </ul>

ii) Meeting Objective: To develop research questions that will inform new literature searches and independent evidence review.

Activity	Responsible
Activity	<ul style="list-style-type: none"> <li>Responsible</li> </ul>
Welcome & Review of Meeting Process	<ul style="list-style-type: none"> <li>Chair/Coordinator of CPG</li> </ul>
Stage 1: Review of topics and sub-topics prioritised from the previous workshop.	<ul style="list-style-type: none"> <li>Each scribe summarises presentation from each pillar (10 min each)</li> </ul>
How do we decide which approach to use? Adapt, Adopt or Develop a new Recommendation	<ul style="list-style-type: none"> <li>Independent Methods Expert</li> </ul>
Stage 2: Individuals break into topic groups to define and prioritise PICO questions.	<ul style="list-style-type: none"> <li>CPG Authors</li> </ul>
Sub-group leads report back with prioritised questions.	<ul style="list-style-type: none"> <li>Topic Leaders summarise for all the Topic Groups</li> </ul>
Wrap Up & Next steps	<ul style="list-style-type: none"> <li>Chair/Coordinator of CPG</li> </ul>



iii) Meeting Objective: To develop an implementation plan for the CPGs.

Activity	Responsible
Welcome & Review of Meeting Process	<ul style="list-style-type: none"> <li>• Chair/Coordinator of CPG</li> </ul>
Implementation Planning 101	<ul style="list-style-type: none"> <li>• Implementation Team Coordinator</li> </ul>
Review of CPG target audiences	<ul style="list-style-type: none"> <li>• Healthcare professionals</li> <li>• Patients living with obesity</li> <li>• Policy makers</li> </ul>
Stage 1: Planning guideline launch activities based on target audiences	<ul style="list-style-type: none"> <li>• Group discussions</li> </ul>
Reports from each group	
Stage 2: Planning guideline implementation activities based on target audiences and expected outcomes	<ul style="list-style-type: none"> <li>• Group discussions</li> </ul>
Reports from each group	
Stage 3: Identification of implementation resources and next steps	<ul style="list-style-type: none"> <li>• Group discussions</li> </ul>
Reports from each group	
Wrap Up & Next steps	<ul style="list-style-type: none"> <li>• Chair/Coordinator of CPG</li> </ul>