



Adult Obesity Clinical Practice Guidelines Endorsement and Adaptation Policy and Procedures Draft

Background

The [Adult Obesity Clinical Practice Guidelines](#) developed by Obesity Canada and the Canadian Association of Bariatric Physicians and Surgeons were released in August 2020. The guidelines were developed through a systematic research process that took three and a half years from start to finish. The process involved stakeholders such as researchers, clinicians, people living with obesity, and Indigenous communities. The scope of the guidelines is broad with 19 chapters covering topics such as weight bias, assessment, treatments, mental health, pregnancy, commercial weight loss programs and products, and obesity management in primary care. A summary of the 19 chapters including all 80 recommendations was published in the Canadian Medical Association Journal while the individual chapters were published on the guideline website. The guideline is a living document that will be updated as new evidence emerges.

The guidelines were developed using a systematic review of the literature that included Canadian and international studies. It is therefore possible to adapt and tailor the guidelines to be used by other countries, while maintaining the nature, spirit, and vision of the guidelines. Considering the extensive resources required to create the guidelines, some countries have expressed an interest in endorsing and adapting the guidelines to meet their country-specific needs. It is also recognized that globally, many countries share the overall goal of the guidelines which is to improve the quality of obesity care.

Purpose

The purpose of this document is to outline a process for endorsement of the Canadian guidelines by national and international organizations.

Process

The joint Guideline Implementation Committee, which operates under the administrative umbrella of Obesity Canada, will oversee the endorsements and country specific adaptations of the guidelines. The committee is composed of clinicians, researchers, and people living with obesity who were involved in the guideline development process. When possible, ad hoc members/experts who speak the respective language in which the guidelines will be translated will be added to the committee.

The Guideline Implementation Committee will review the endorsement requests from all national and international organizations. Obesity Canada will coordinate the Guideline Implementation Committee activities.

Policies for Endorsements

- Only organizations that are going to use the guidelines for non-commercial purposes can request to endorse and adapt the Canadian guidelines.
- National and international organizations that seek to endorse the guidelines without making any changes can simply contact OC staff who will then liaise with the committee to make a final decision.
- National and international organizations that endorse the guidelines will be listed on the Canadian guideline website and their logo will be included.
- National and international organizations can link to the guideline website from their website. Organizations cannot republish the guidelines on their own website.

Policies for Translation and Adaptations of the Guidelines

- Organizations that wish to adapt the guidelines to align with their specific country contexts such as healthcare systems, language, or population must have approval and consent from the Guideline Implementation Committee prior to adapting the guidelines.
- Organizations may adapt the Canadian guidelines to reflect their country specific contexts but must explain why this change is needed.
- Organizations must not change the overall narrative, tone and message of the Canadian guidelines. Examples:
 - [Person-first-language](#) must be used even when translating the guidelines to other languages.
 - The Canadian Clinical Practice Guideline lexicon of terms must be adhered to. (Link to document here)
 - Recommendations cannot be changed.
 - New recommendations cannot be added.
 - Addition of country specific references can be added as long as these do not change the recommendations. For example, a country may include references on the prevalence of obesity in their country. A country may also want to refer to publications in their own language that address the issue of person-first-language, weight bias, primary care, etc. A summary of the new references should be provided to the Guideline Implementation Committee, with appropriate justifications.
- The committee reserves the right to remove permission to use the Canadian clinical practice guidelines if it perceives that the language, content, and overall tone and narrative of the guidelines is changed in a significant way.
- Organizations who do not wish to use all the recommendations or chapters must provide a written rationale. The guidelines were written as a cohesive document and summary reflects research and details from each chapter. Rare exceptions that do not relate the country in question could be considered to be removed, such as the indigenous chapter, but this would be the exception.
 - At a minimum, the summary of the guidelines published in the Canadian Medical Association Journal should be adapted.
- Organizations can create a country specific guideline website in their own language as long as there is an acknowledgement that the adaptation is based on the Canadian guidelines and a link and reference to the original Canadian guidelines.
- Organizations must agree to make any necessary and relevant updates to the guidelines when the Canadian guidelines are updated.

- If an organization does not wish to update the guidelines based on the Canadian guideline updates, they must provide a rational explanation to the committee. The committee will have final approval for such changes.
- If an organization refuses to make a necessary change, the committee reserves the right to remove all permissions to use the Canadian adult obesity clinical practice guidelines.

Procedures

- Organizations that want to translate and adapt the guidelines can request the Word file of the full guidelines.
- In countries where there are multiple obesity professional associations, the applicant will need to provide context and rationale for which organization will take the lead on adapting the Canadian guidelines. The committee will evaluate the requests and consult with local expert prior to making a decision.
- Upon making changes, organizations must use track and changes and include rationale for each change/edit.
- Upon translation, organizations must provide the committee with the full translation so that it can be reviewed by the committee.
- If the guidelines are translated to a language that is applicable to multiple countries, the committee will try to streamline translation and adaptation processes as to avoid duplication and redundant work.
- At a minimum, the summary of the guidelines should be translated. However, if organizations wish to translate all 19 chapters, this can also be requested.
- The committee will require at least 30 days to review the suggested changes to the summary of the guidelines. Additional time to review will be allocated if all 19 chapters are translated.
- The committee will liaise with the organization if changes and edits do not meet the requirements.
- The committee will provide final written approval once it is satisfied with all the edits and changes.

Future Updates

- Since the Canadian guidelines are a living document, regular updates will be made to the recommendations if new evidence emerges. The guideline committee will also conduct a full literature search every 2-3 years, if necessary.
- Countries that adapt the Canadian guidelines may also update country specific literature searches as necessary.