

CICER
Tacaíocht don Treoirline Chliniciúil
Clinical Guideline Support

RETIRING A CLINICAL GUIDELINE

Rapid scoping review

July 2025



**Health
Information
and Quality
Authority**
An tÚdarás Um Fhaisnéis
agus Cálíocht Sláinte



Trinity College Dublin
Coláiste na Tríonóide, Baile Átha Cliath
The University of Dublin

**NATIONAL
CLINICAL
EFFECTIVENESS
COMMITTEE**



An Bord
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About CICER

In 2016, the Department of Health requested that the Health Research Board (HRB) fund an evidence synthesis service to support the activities of the Minister-appointed National Clinical Effectiveness Committee (NCEC). Following a competitive process, HIQA was awarded research funding spanning the period from 2017 to 2024 to produce the evidence to support the development of National Clinical Guidelines. This funding was renewed through a competitive process to support the work of the Centre in Ireland for Clinical guideline support and Evidence Reviews (CICER) from 2024 to 2028. CICER comprises a dedicated multidisciplinary research team supported by staff from the Health Technology Assessment team in HIQA, the Discipline of Public Health and Primary Care in the School of Medicine in Trinity College Dublin, as well as national and international clinical and methodological experts.

With regard to clinical guidelines, the role of the CICER team is to independently review evidence and provide scientific support for the development, by guideline development groups (GDGs), of National Clinical Guidelines for the NCEC. The CICER team undertakes systematic reviews of the clinical effectiveness and cost-effectiveness of interventions included in the guidelines, as well as estimating the budget impact of implementing the guidelines. The CICER team also works closely with the GDGs and provides tailored training sessions; assists in the development of clinical questions and search strategies; performs systematic reviews of international clinical guidelines and supports the assessment of their suitability for adaptation to Ireland; and supports the development of evidence-based recommendations informed within the National Clinical Guidelines.

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1 Introduction and methods

In order to be useful and trustworthy, clinical guidelines must be kept up to date. In cases where either an update or a revalidation is not appropriate, feasible, or desirable, it is important to have a standardised process for retiring a clinical guideline. The purpose of this brief is to summarise international guidance on retiring clinical guidelines, to support the NCEC in considering amendments to the approach to retiring NCEC guidelines.

This brief builds on a 2022 systematic review by the CICER team on “Update Processes for Guidelines”, where handbooks outlining the processes used for guideline updates and retirement were identified from guideline-producing organisations.⁽¹⁾ Please see the original [review](#) for complete details on the methodology used. In February 2025, we searched for potential updates of handbooks identified in that review. Additionally, we conducted a broad web search for any additional new handbooks, using synonyms for “clinical guidelines” and “retiring” (such as sunseting, withdrawing, inactivating, and rescinding). This brief outlines the processes identified for retiring guidelines in current practice by guideline-producing organisations.

2 Results

We located a total of 16 relevant resources: five previously identified handbooks,⁽²⁻⁶⁾ two updates to previously identified handbooks,^(7,8) and nine newly-identified or newly-published handbooks⁽⁹⁻¹⁷⁾ (including one in public consultation draft¹⁴). Fourteen related to full guidelines^(2-4,6-8,10-17) and two specifically related to rapid guidelines,^(5,9) usually in response to an emergency or urgent need.

Given the narrow focus of the current review, we included several handbooks from specialty societies (for example, haematology,⁽¹³⁾ radiation oncology,⁽¹⁵⁾ and endocrinology⁽¹²⁾) that were excluded in the 2022 review. Data extraction results are available in the appendices. We focus here on key findings related to decision-making and communication around retiring guidelines: 15 of the 16 handbooks refer to decision-making and or criteria for retiring a guideline^(2-5,7-17) and seven of the 16 handbooks refer to methods for communicating, labelling, and or archiving retired guidelines.^(2-4,8,9,14,15)

2.1 Decision-making process and criteria

While some organisations rely on ongoing surveillance to inform the currency of guidelines,^(7,9-13) most of the handbooks state that at about five to ten years after publication of a guideline,^(2-4,8,10,11,14-16) a decision must be made about whether to update, refresh, or retire the guideline. Where there are formal decision-making processes for retiring, these decisions are usually made by the guideline oversight committee;^(4,7,9-12) two handbooks mention including guideline development group representation.^(12,13) The decision is usually made after reviewing relevant evidence published on the topic since guideline publication^(4,7,9-13,15,16) and occasionally includes stakeholder or expert consultation.^(7,11,13)

In general, a guideline is retired if:

- the **expiration date has passed** and the guideline has not been updated (the expiration date ranges from five to ten years across the included handbooks)^(2-4,8,10,12,14,16)
- a more **recent or more comprehensive guideline** is published,^(3-7,12,15) usually by the same organisation
- the guideline is **no longer relevant** to clinical practice (for example, due to changes in technology or a new understanding of the natural history of the disease)^(2,4,5,11,13,15,16)
- the guideline is **no longer a priority** for the organisation.^(2,9,11,17)

Less often-used criteria are:

- the guideline relates to a topic that is now considered a **low public health burden**^(2,17)
- there are **new or predicted changes** to healthcare models, patient management, regulatory changes, equity, feasibility, patient values and preferences, acceptability or costs⁽¹¹⁾ or other **contextual changes** render the guideline unnecessary⁽⁵⁾
- there is evidence that the guideline **has high compliance and has become**

accepted practice^(4,5,17)

- there is confidence that the **conclusions are not likely** to change with the emergence of new evidence, or it is **unlikely that new evidence will emerge**.⁽⁹⁾

2.2 Communication and access

In terms of communicating, labelling, and or archiving, there is a variety of approaches reported. These include:

- **removing all reference** to the guideline⁽⁸⁾
- **retaining a record** or reference to the guideline but removing the guideline itself^(2,4,9)
- **moving the guideline** to a specific section or archive within the website^(3,6,14)
- leaving the guideline online with a **label, note, and or in-document notice** that it has been retired.^(14,15)

Just one of the 16 handbooks (from the Association of Scientific Medical Societies in Germany) refers to completely removing expired guidelines from its site. That handbook⁽⁸⁾ states that a copy of the guideline is archived by the organisation and available to the guideline developers on request only.

Several organisations retain a record or reference to the guideline on their website but remove the guideline itself.^(2,4,9) One manual (from the Scottish Intercollegiate Guidelines Network; SIGN)⁽⁴⁾ states that once it had been agreed to withdraw a guideline, all versions of the text and any associated material are removed from the website; the list of published guidelines is then amended to show the guideline as “withdrawn”, with a note of the reason for withdrawal. Another handbook (from the US Preventive Services Task Force)⁽²⁾ states that, when a topic is inactivated, the status on the website continues to be listed as "active" for a minimum of five years from the date of the original recommendation, unless considerations arise beforehand to change the status; after this period, the status changes to "inactive" or "referred". A third handbook (from the American College of Physicians)⁽⁹⁾ states that, when retiring a topic from living status, the policy committee publishes an update alert in their journal, reporting the change in status along with a brief rationale.

Several organisations describe moving retired guidelines to a separate section of their website.^(3,6,14) One handbook (from the American College of Physicians)⁽³⁾ states that expired documents are still available in an “inactive clinical guidance” section on the website, as well as in their app. Our previous review reported, based on personal communication, that retired guidelines in Estonia⁽⁶⁾ are stored in an online repository (www.ravijuhend.ee), managed by the Estonian Health Insurance Fund, until the new updated guideline is approved. A third handbook (from the Australian National Health and Medical Research Council)⁽¹⁴⁾ states that a rescindment notice is added inside the front cover of the guideline, stating that the council has made the publication available on its internet archives site as a service to the public “for historical and research purposes only”, that it no longer endorses the guidelines, and assumes no liability or responsibility for its use.

Just one handbook (from the American Society for Radiation Oncology)⁽¹⁵⁾ purported to allow ongoing access to the original guideline in situ, stating that the original guideline developers are informed that the guideline is being retired and a short article is published explaining the status of the guideline and linking to the original document.

3 Points for consideration

Consider formalising criteria for retiring clinical guidelines. Common criteria in use internationally are that a guideline is retired when it is:

- past an agreed expiration date and has not been updated
- more than five to ten years old and has not been updated
- superseded by a more recent or more comprehensive guideline
- no longer relevant to clinical practice (for example, due to changes in technology or a new understanding of the natural history of the disease)
- is no longer relevant to, or a priority for, the organisation.

Consider additional criteria for retiring guidelines, including contextual changes, high compliance, accepted practice, and confidence or consensus that new evidence would not affect the guidance.

Consider formalising processes for storing and or referencing retired clinical guidelines. It is generally recommended to continue to list and or reference the guideline on the website, rather than delete all reference to the guideline. The guideline document itself may or may not be removed entirely from the website. Regardless of where the guideline is stored or referenced, there should be a clear statement in the description that it is now retired and the reason why. The need for advance communication of retirement will depend on who was involved in the decision to retire the guideline; issuing a brief announcement about retiring the guideline, including the rationale could be considered.

If the guideline document itself is to remain on the website, it may be moved to a separate “retired” section of the website. Regardless of its location, if the document continues to be publicly available, the document itself should include a clearly visible statement that it has been retired and why. Consideration should be given to a disclaimer that it is being made available for historical and or research purposes only.

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4 Appendices: Data extraction

4.1 Procedure Manual (US Preventive Services Task Force)

Guideline identification	
Organisation	US Preventive Services Task Force
Year	2021
Country	USA
URL	https://www.uspreventiveservicestaskforce.org/uspstf/sites/default/files/2023-11/procedure-manual-2023.pdf
Title of the guideline manual	Procedure Manual
Included in 2022 review?	Yes
Description of the retirement process	
Overview	<p>"Inactivating a Topic: Inactive topics are topics the Task Force has decided to inactivate for one or more of the following reasons:</p> <ol style="list-style-type: none"> 1. Topic is no longer relevant to clinical practice because of changes in technology, new understanding of disease etiology/natural history, or evolving natural history of the disease. 2. Topic is not relevant to primary care because the service is not implemented in a primary care setting or not referable by a primary care provider. 3. Topic has a low public health burden. 4. Topic is otherwise outside of the Task Force's scope. <p>Previously inactivated or referred topics are also eligible as new topic nominations, if appropriate, along with other new topic suggestions.</p> <p>If a topic is inactivated or referred to another organisation, the status on the Task Force Web site continues to be listed as "active" for a minimum of 5 years from the date of the original recommendation, unless considerations arise beforehand to change the status. After this period, the status changes to "inactive" or "referred."</p>
Trigger/Criteria	<ol style="list-style-type: none"> 1. Topic is no longer relevant to clinical practice because of changes in technology, new understanding of disease etiology/natural history, or evolving natural history of the disease. 2. Topic is not relevant to primary care because the service is not implemented in a primary care setting or not referable by a primary care provider. 3. Topic has a low public health burden. 4. Topic is otherwise outside of the Task Force's scope.
Methods for communicating	Not reported
Where and how retired guidelines are stored, labelled, and accessed	If a topic is inactivated or referred to another organisation, the status on the Task Force Web site continues to be listed as "active" for a minimum of 5 years from the date of the original recommendation, unless considerations arise beforehand to change the status. After this period, the status changes to "inactive" or "referred."

4.2 The Development of Clinical Guidelines and Guidance Statements by the Clinical Guidelines Committee of the American College of Physicians: Update of Methods

Guideline identification	
Organisation	Clinical Guidelines Committee of the American College of Physicians (ACP)
Year	2019
Country	USA
URL	https://www.acpjournals.org/doi/10.7326/M18-3290?searchresult=1
Title of publication	The Development of Clinical Guidelines and Guidance Statements by the Clinical Guidelines Committee of the American College of Physicians: Update of Methods
Included in 2022 review?	Yes
Description of the retirement process	
Overview	<p>"Expiration and Updating of ACP Clinical Recommendations: All ACP clinical guidelines and guidance statements are considered automatically withdrawn or invalid 5 years after publication or once an update has been issued. Expired documents are available in an inactive clinical guidance section on the ACP web site, as well as in the app."</p>
Trigger/Criteria	5 years after publication or once an update has been issued
Methods for communicating	Not reported
Where and how retired guidelines are stored, labelled, and accessed	Retired documents are available in an inactive clinical guidance section on the ACP website, as well as in the app

4.3 SIGN 50: a guideline developer's handbook (Scottish Intercollegiate Guidelines Network)

Guideline identification	
Organisation	Scottish Intercollegiate Guidelines Network (SIGN)
Year	2019
Country	Scotland
URL	https://www.sign.ac.uk/media/2038/sign50_2019.pdf
Title of the publication	SIGN 50: a guideline developer's handbook
Included in 2022 review?	Yes
Description of the retirement process	
Overview	<p>“Withdrawing guidelines: From time to time it is necessary to consider withdrawing guidelines which are outdated or no longer relevant. Proposals to withdraw guidelines are submitted initially to GPAG [Guideline Programme Advisory Group] and if it agrees with the proposal it is submitted to SIGN Council for final approval. Once it has been agreed to withdraw a guideline, all versions of the text and any associated material will be removed from the SIGN website. The list of published guidelines will be amended to show the guideline as withdrawn, with a note of the reason for withdrawal. Guidelines may be withdrawn for any of the following reasons:</p> <ul style="list-style-type: none"> ▪ superseded by a more recent or more comprehensive guideline ▪ evidence that the guideline is fully complied with by NHS Scotland, and has become accepted practice ▪ emergence of new treatments or preventive measures that render the guideline irrelevant ▪ the guideline is over 10 years old.” <p>In Scoping for the need to update section: three years after publication, a literature review and consultation informs the decision on whether to update a guideline, with one possible outcome being to “withdraw the guideline if the new evidence renders it unsafe or obsolete”</p>
Trigger/Criteria	<p>Guidelines may be withdrawn for any of the following reasons:</p> <ul style="list-style-type: none"> ▪ superseded by a more recent or more comprehensive guideline ▪ evidence that the guideline is fully complied with by NHS Scotland, and has become accepted practice ▪ emergence of new treatments or preventive measures that render the guideline irrelevant ▪ the guideline is over 10 years old ▪ new evidence renders it unsafe or obsolete.
Methods for communicating retirement	Proposals to withdraw guidelines are submitted initially to GPAG and if it agrees with the proposal it is submitted to SIGN Council for final approval.
Where and how retired guidelines are stored, labelled, and accessed	All versions of the text and any associated material will be removed from the SIGN website. The list of published guidelines will be amended to show the guideline as withdrawn, with a note of the reason for withdrawal.

4.4 Rapid guideline methodology (Scottish Intercollegiate Guidelines Network)

Guideline identification	
Organisation	Scottish Intercollegiate Guidelines Network
Year	2021
Country	Scotland
URL	https://www.sign.ac.uk/media/1836/20210408-rapid-guideline-manual-10.pdf
Title of the publication	Rapid guideline methodology
Included in 2022 review?	Yes
Description of the retirement process	
Overview	<p>“Withdrawing a rapid guideline: From time to time it is necessary to consider withdrawing guidelines which are outdated or no longer relevant. This is especially important for rapid guidelines developed under emergency or rapidly-changing conditions, or when there is an evolving or rapidly-emerging evidence base.”</p> <p>“Criteria for withdrawing a guideline: Guidelines may be withdrawn for any of the following reasons:</p> <ul style="list-style-type: none"> ▪ contextual changes render the guideline unnecessary ▪ superseded by a more recent or more comprehensive guideline ▪ evidence that the guideline is complied with by NHS Scotland, and has become accepted practice ▪ emergence of new treatments or preventive measures that render the guideline irrelevant”
Trigger/Criteria	Guidelines may be withdrawn for any of the following reasons:

	<ul style="list-style-type: none"> contextual changes render the guideline unnecessary superseded by a more recent or more comprehensive guideline evidence that the guideline is complied with by NHS Scotland, and has become accepted practice emergence of new treatments or preventive measures that render the guideline irrelevant.
Methods for communicating	Not reported
Where and how retired guidelines are stored, labelled, and accessed	Not reported

4.5 Estonian Handbook For Guidelines Development

Guideline identification	
Organisation	Estonian Health Insurance Fund
Year	2020
Country	Estonia
URL	https://ravijuhend.ee/uploads/userifiles/Estonian_Handbook_for_Guidelines_Development_2020_copy.pdf
Title of publication	Estonian Handbook For Guidelines Development 2020
Included in 2022 review?	Yes
Description of the retirement process	
Overview	Per 2022 HIQA report, personal communication: Retired guidelines are stored in an online repository, (www.ravijuhend.ee) managed by the Estonian Health Insurance Fund, until the new updated guideline is approved. A retired guideline is signed off from the website after a new updated guideline has been approved by the Guideline Advisory Board.
Trigger/Criteria	Per 2022 HIQA report, personal communication: New updated guideline is approved
Methods for communicating	Not reported
Where and how retired guidelines are stored, labelled, and accessed	Per 2022 HIQA report, personal communication: Retired guidelines are stored in an online repository, (www.ravijuhend.ee) managed by the Estonian Health Insurance Fund, until the new updated guideline is approved.

4.6 Developing NICE guidelines: the manual (National Institute for Health and Care Excellence)

Guideline identification	
Organisation	National Institute for Health and Care Excellence (NICE)
Year	2024
Country	UK
URL	https://www.nice.org.uk/process/pmg20/resources/developing-nice-guidelines-the-manual-pdf-72286708700869
Title of the publication	Developing NICE guidelines: the manual (PMG20)
Included in 2022 review?	Yes, but older version
Description of the retirement process	
Overview	<p>“Decision making: Proposals on the need to update a guideline are based on:</p> <ul style="list-style-type: none"> an assessment of the event and any other relevant evidence published since guideline publication (abstracts of primary or secondary evidence) information from topic expert engagement if relevant, intelligence gathering and feedback from stakeholder consultation. <p>The decision also includes an element of judgement”</p> <p>Possible decisions are to update, amend (including the option to “refresh”), or withdraw some or all of the guideline.</p> <p>“When a full update is published, the old guideline is withdrawn”</p> <p>Sections may be withdrawn if now covered by another guideline.</p> <p>Appendix L: Process and methods for guidelines developed in response to health and social care emergencies: “Surveillance decisions and outcomes are based on continual assessment of the impact of all the new evidence and intelligence that has been identified. There are 4 possible surveillance outcomes:</p> <ul style="list-style-type: none"> no update amend the recommendations rapid update of the recommendations withdraw the recommendations.

	There will be no public consultation on surveillance decisions. Instead, professional experts review the surveillance decision. NICE's guidance executive will only be asked to approve surveillance decisions if the proposal is to withdraw the recommendations."
Trigger/Criteria	<ul style="list-style-type: none"> ○ When a full update is published ○ Sections may be withdrawn if now covered by another guideline. <i>[not clear how they decide to withdraw besides in context of an update]</i>
Methods for communicating	Not reported
Where and how retired guidelines are stored, labelled, and accessed	Not reported

4.7 AWMF Guidance Manual and Rules for Guideline Development (Association of the Scientific Medical Societies)

Guideline identification	
Organisation	Association of the Scientific Medical Societies (AWMF)
Year	2023
Country	Germany
URL	https://www.awmf.org/fileadmin/user_upload/dateien/downloads_regelwerk/awmf-regelwerk-en-2023-v2.1.pdf
Title of the publication	AWMF Guidance Manual and Rules for Guideline Development Version 2.1
Included in 2022 review?	Yes, but older version
Description of the retirement process	
Overview	<p>"Deletion of non-updated guidelines from the AWMF (excerpt): "Guidelines whose validity has expired (according to the validity period specified in the guideline) and for which no update has been registered will be completely removed from the electronic publication via the AWMF information system.</p> <p>"Versioning and archiving the guidelines in the AWMF Guideline Register: The AWMF always issues a register-compliant version number. Expired guidelines will be archived by the AWMF and provided to the lead medical societies on request"</p>
Trigger/Criteria	<ul style="list-style-type: none"> ▪ Validity has expired (according to the validity period specified in the guideline) and no update has been registered ▪ The maximum period of validity is 5 years from the date of approval by the medical society(ies) and organisation(s) involved. ▪ If it is an S2k, S2e or S3 guideline [<i>S2k, S2e and S3 refers to guidelines based on either systematic analysis of scientific evidence or on a structured consensus-based agreement or both</i>]: Information on the period of validity and for updating the guideline is available (see AGREE II Criterion 14) and a contact person responsible for updating is named. The predefined update periods for "Living Guidelines" are known and do not exceed 12 months
Methods for communicating	Not reported
Where and how retired guidelines are stored, labelled, and accessed	<ul style="list-style-type: none"> ▪ Expired guidelines will be completely removed from the electronic publication via the AWMF information system ▪ The AWMF always issues a register-compliant version number. Expired guidelines will be archived by the AWMF and provided to the lead medical societies on request ▪ The AWMF archives old (i.e. not further pursued guidelines or precursor versions of recent guidelines) and provides these to the lead medical societies upon request (e.g. for inquiries within the scope of review processes).

4.8 The Development of Living, Rapid Practice Points: Summary of Methods (American College of Physicians)

Guideline identification	
Organisation	American College of Physicians (ACP)
Year	2021
Country	USA
URL	https://pmc.ncbi.nlm.nih.gov/articles/PMC8252088/
Title of publication	The Development of Living, Rapid Practice Points: Summary of Methods From the Scientific Medical Policy Committee of the American College of Physicians
Included in 2022 review?	No
Description of the retirement process	

Overview	“Retirement From Living Status: At any time, as a result of the living searching, surveillance, and updating process, the SMPC [Scientific Medical Policy Committee] may determine that a topic does not require further updates and, therefore, decide to retire the publication from living status. This may happen when the topic is no longer considered a priority for decision making, when there is confidence that the conclusions are not likely to change with the emergence of new evidence or affect the practice, or when it is unlikely that new evidence will emerge. On retirement of a topic from living status, the SMPC will publish an update alert in the journal reporting the change in status along with a brief rationale.”
Trigger/Criteria	<ul style="list-style-type: none"> ▪ Topic is no longer considered a priority for decision making ▪ There is confidence that the conclusions are not likely to change with the emergence of new evidence or affect the practice, or ▪ It is unlikely that new evidence will emerge
Methods for communicating	On retirement of a topic from living status, the SMPC will publish an update alert in “the journal” [appears to refer to Annals of Internal Medicine] reporting the change in status along with a brief rationale
Where and how retired guidelines are stored, labelled, and accessed	Not reported

4.9 Clinical Practice Guideline Manual (American Academy of Family Physicians)

Guideline identification	
Organisation	American Academy of Family Physicians (AAFP)
Year	2017
Country	USA
URL	https://www.aafp.org/family-physician/patient-care/clinical-recommendations/cpg-manual.html#xv
Title of publication	Clinical Practice Guideline Manual
Included in 2022 review?	No
Description of the retirement process	
Overview	“All guidelines developed by the AAFP are scheduled for a review five years after completion. However, literature pertaining to a guideline is monitored regularly, and if it is deemed necessary, a review can be initiated sooner. Whichever the case, when a guideline review is initiated, a preliminary search of the literature is completed and brought to the commission to determine if a new systematic review is necessary. If so, the topic will be nominated to AHRQ for a full systematic evidence update. If not, a decision whether to reaffirm the guideline for additional time not to exceed five years, or sunset the guideline. The commission’s recommendation is then approved by the Board of Directors”
Trigger/Criteria	5 years after completion
Methods for communicating	Not reported
Where and how retired guidelines are stored, labelled, and accessed	Not reported

4.10 Updating, reaffirmation and sunseting clinical practice guidelines: Methods from the Canadian Task Force on Preventive Health Care

Guideline identification	
Organisation	Canadian Task Force on Preventive Health Care
Year	2024
Country	Canada
URL	https://canadiantaskforce.ca/methods/updates-reaffirmation-and-sunsetting-clinical-practice-guidelines-methods-from-the-canadian-task-force-on-preventive-health-care/
Title of publication	Updating, reaffirmation and sunseting clinical practice guidelines: Methods from the Canadian Task Force on Preventive Health Care
Included in 2022 review?	No
Description of the retirement process	
Overview	<p>At five-year review: “During the topic selection process, the results of the ongoing surveillance, rapid review, upcoming evidence, and expert opinions are collated and summarised. The synthesized information is reviewed by the task force after which we vote on whether the topic will follow the update, reaffirmation or sunseting track”</p> <p>“We describe here a methodologically robust and efficient process developed by the task force to determine if existing guidelines, deemed to have no meaningful new evidence requiring a full update, could be reaffirmed or sunset”</p>

	<p>“Sunsetting: We modelled the task force sunsetting methods to be consistent with the above reaffirmation approach. As with reaffirmation, sunsetting will not be limited by whether the guideline was for or against an intervention. Evidence from the 5-year review will be used as a basis for determining if a guideline should be sunsetted. Unlike reaffirmed guidelines, those that are sunsetted will not continue to be monitored via ongoing surveillance. Sunsetted guidelines may be re-examined as new topics if re-submitted and selected. The considerations for sunsetting were developed based on the USPSTF, UKNSC and NICE methods and task force feedback. These include an assessment of:</p> <ol style="list-style-type: none"> 1. Is the guideline no longer relevant to primary care in Canada? 2. Has the guideline topic (e.g., concept, current landscape) evolved and no longer fits with TF mandate? 3. Does feedback from clinical experts or working group chairs or members indicates that the topic is no longer necessary or useful? 4. Does feedback from clinical experts or working group chairs or members indicate any new or predicted changes to healthcare models, patient management, regulatory changes, equity, feasibility, patient values and preferences, acceptability or costs? 5. Is the guideline no longer of sufficient priority to be maintained via ongoing surveillance? 6. Do other current Canadian guidelines align with task force guidelines (i.e., sunsetting would not cause confusion or result in the use of inappropriate guidance)?” <p>“The task force determined that the targeted search updates outlined in the NICE methods best fit with our needs by balancing comprehensiveness with efficiency. In comparison, the UKNSC and USPSTF methods for reaffirmation (full SR with meta-analysis and internal and external validity assessment of the evidence) would require time and resources similar to a full update. For guidelines in the reaffirmation or sunsetting track, the results of the 5-year review are collated and summarised and presented to the full task force along with the previous evidence base and rationale. This evidence is then compared against the respective considerations for reaffirmation or sunsetting and voted on by the full task force. Those that fail to meet the criteria will be re-examined as potential update or sunset/reaffirmation topics.”</p>
Trigger/Criteria	<ol style="list-style-type: none"> 1. Is the guideline no longer relevant to primary care in Canada? 2. Has the guideline topic (e.g., concept, current landscape) evolved and no longer fits with TF mandate? 3. Does feedback from clinical experts or working group chairs or members indicates that the topic is no longer necessary or useful? 4. Does feedback from clinical experts or working group chairs or members indicate any new or predicted changes to healthcare models, patient management, regulatory changes, equity, feasibility, patient values and preferences, acceptability or costs? 5. Is the guideline no longer of sufficient priority to be maintained via ongoing surveillance? 6. Do other current Canadian guidelines align with task force guidelines (i.e., sunsetting would not cause confusion or result in the use of inappropriate guidance)?
Methods for communicating	Not reported
Where and how retired guidelines are stored, labelled, and accessed	Not reported

4.11 Enhancing the Trustworthiness of the Endocrine Society’s Clinical Practice Guidelines

Guideline identification	
Organisation	The Endocrine Society
Year	2022
Country	International
URL	https://academic.oup.com/icem/article/107/8/2129/6605643
Title of publication	Enhancing the Trustworthiness of the Endocrine Society’s Clinical Practice Guidelines
Included in 2022 review?	No
Description of the retirement process	
Overview	<p>Guideline Updating: “The CGC has historically been reluctant to retire one of its guidelines until a formal update has been published. In 2020, however, the CGC adopted a newly standardized process by which all active guidelines are formally assessed by the CGC and a GDP representative—often the GDP’s chair—on an annual basis. This annual review focuses on the potential emergence of new evidence that could materially alter the net benefit of recommended interventions vis-à-vis all available alternatives. (Importantly, the CGC determined that elapsed time alone should not be a firm criterion for retiring and/or updating a guideline.) In light of such assessments, the CGC will make annual decisions regarding whether to affirm or retire each of its guidelines. In 2021, the Society’s BOD approved a CGC</p>

	recommendation to retire 4 guidelines without immediate replacement because, in the CGC's judgment, the guidelines were outdated and/or supplanted by other guidelines"
Trigger/Criteria	<ul style="list-style-type: none"> Formal update has been published Outdated and/or supplanted by other guidelines
Methods for communicating	Not reported
Where and how retired guidelines are stored, labelled, and accessed	Not reported

4.12 ASH Clinical Practice Guidelines: Strategies to stay up-to-date (American Society of Hematology)

Guideline identification	
Organisation	American Society of Hematology (ASH)
Year	2023
Country	USA
URL	https://ashpublications.org/bloodadvances/article/7/21/6707/497979/ASH-Clinical-Practice-Guidelines-strategies-to
Title of publication	ASH Clinical Practice Guidelines: strategies to stay up-to-date
Included in 2022 review?	No
Description of the retirement process	
Overview	<p>"Informed by a review of approaches by other international guideline developers and piloted in 2021, enlists a small working group of experts and a librarian to review new evidence and decide when a revision is required (Figure 1). The librarian initially refreshes the original literature search, limited to new systematic reviews and randomized controlled trials (RCTs). Literature searches are also conducted to find studies of relevant new interventions. The expert working group, composed of members of the original guideline panel, subsequently reviews the search results and advises the ASH Committee on Quality on whether the guidelines should be revised, retired, or continue to be monitored.</p> <p>For all guidelines, the monitoring process begins 2 years after the initial publication and is repeated annually until there is a decision to revise or retire. Revisions may be broad or focused and urgent or not. Retirement would be warranted when a guideline is no longer valid or clinically relevant."</p>
Trigger/Criteria	When a guideline is no longer valid or clinically relevant
Methods for communicating	Not reported
Where and how retired guidelines are stored, labelled, and accessed	Not reported

4.13 Guidelines for Guidelines Handbook (National Health and Medical Research Council)

Guideline identification	
Organisation	National Health and Medical Research Council (NHMRC)
Year	<i>Forthcoming</i> (2025, updating section draft currently in public consultation)
Country	Australia
URL	www.nhmrc.gov.au/guidelinesforguidelines
Title of publication	Guidelines for Guidelines Handbook
Included in 2022 review?	No
Description of the retirement process	
Overview	<p>Full guideline update: "Where many recommendations are out of date, making the entire guideline invalid, there would need to be a full update. This will require the previous guideline to be withdrawn and formally rescinded"</p> <p>NHMRC publications policy: "NHMRC's publication policy is that all documents be reviewed after 5 years, from the date of publication. After this time, they can be reviewed and re-issued (starting another five-year cycle). If this does not occur, NHMRC approval is withdrawn (NHMRC Council's 148th session report June 2003). Publications more than 10 years old are advised to be rescinded, unless there are good reasons for individual documents to be retained.</p> <p>A rescindment notice is displayed inside the front cover of an NHMRC Council approved publication that is older than five years. The text used is outlined in the box below."</p>
Trigger/Criteria	NHMRC's publication policy is that all documents be reviewed after 5 years, from the date of publication. After this time, they can be reviewed and re-issued (starting another five-year cycle). If

	this does not occur, NHMRC approval is withdrawn. Publications more than 10 years old are advised to be rescinded, unless there are good reasons for individual documents to be retained.
Methods for communicating	Not reported
Where and how retired guidelines are stored, labelled, and accessed	<p>A rescindment notice is displayed inside the front cover of an NHMRC Council approved publication that is older than five years. The text used is outlined in the box below.</p> <p><i>Box 1: NHMRC rescindment notice</i></p> <p>This publication was rescinded by the National Health and Medical Research Council.</p> <p>The National Health and Medical Research Council has made this publication available on its Internet Archives site as a service to the public for historical and research purposes ONLY.</p> <p>Rescinded publications are publications that no longer represent the Council's position on the matters contained therein. This means that the Council no longer endorses, supports or approves these rescinded publications.</p> <p>The National Health and Medical Research Council gives no assurance as to the accuracy or relevance of any of the information contained in this rescinded publication.</p> <p>The National Health and Medical Research Council assumes no legal liability or responsibility for errors or omissions contained within this rescinded publication for any loss or damage incurred as a result of reliance on this publication.</p> <p>Every user of this rescinded publication acknowledges that the information contained in it may not be accurate, complete or of relevance to the user's purposes. The user undertakes the responsibility for assessing the accuracy, completeness and relevance of the contents of this rescinded publication, including seeking independent verification of information sought to be relied upon for the user's purposes.</p> <p>Every user of this rescinded publication is responsible for ensuring that each printed version contains this disclaimer notice, including the date it was rescinded, and the date of downloading the archived Internet version.</p> <p>Rescinded guidelines are stored at https://www.nhmrc.gov.au/about-us/resources/rescinded-guidelines-and-advice</p>

4.14 Clinical Practice Guideline Methodology Guide (American Society for Radiation Oncology)

Guideline identification	
Organisation	American Society for Radiation Oncology (ASTRO)
Year	2019
Country	USA
URL	https://www.astro.org/ASTRO/media/ASTRO/Patient%20Care%20and%20Research/PDFs/ASTRO_GuidelineMethodology.pdf
Title of publication	ASTRO Clinical Practice Guideline Methodology Guide
Included in 2022 review?	No
Description of the retirement process	
Overview	<p>"For topics selected for an update or replacement or that are approaching 5 years post-publication, an environmental scan of completed or in progress external guidelines and upcoming major trials is performed. A rapid literature review of evidence published since the last version of the guideline is also conducted. Based on the results, the GLSC [Guidelines Subcommittee] makes a decision to:</p> <ol style="list-style-type: none"> 1. Take no action and re-review the guideline during the next annual topic identification and prioritization process (or at the discretion of the GLSC), 2. Proceed with an update of the guideline (revising a portion of the original document) or replacement of the guideline with a completely new version, 3. Reaffirm the guideline, 4. Sunset the guideline due to outdated evidence or technology. <p>If the GLSC decides to reaffirm or sunset the guideline, the original task force members and ASTRO's Board of Directors are notified and a short article is published explaining the status of the guideline, which is linked to the original document."</p>
Trigger/Criteria	Outdated evidence or technology
Methods for communicating	The original task force members and ASTRO's Board of Directors are notified and a short article is published explaining the status of the guideline, which is linked to the original document.
Where and how retired guidelines are stored, labelled, and accessed	A short article is published explaining the status of the guideline, which is linked to the original document.

4.15 Clinical Practice Guideline Methodology (American Academy of Orthopaedic Surgeons)

Guideline identification	
Organisation	American Academy of Orthopaedic Surgeons (AAOS)
Year	2023
Country	USA
URL	https://www.aaos.org/globalassets/quality-and-practice-resources/methodology/cpg-methodology-september-2023.pdf
Title of publication	AAOS Clinical Practice Guideline Methodology
Included in 2022 review?	No
Description of the retirement process	
Overview	“Revision Plans: CPGs represent a cross-sectional view of current treatment and may become outdated as new evidence becomes available. They will be revised in accordance with new evidence, changing practice, rapidly emerging treatment options, and new technology. Additionally, they will be updated or withdrawn in five years.”
Trigger/Criteria	Five years since publication
Methods for communicating	Not reported
Where and how retired guidelines are stored, labelled, and accessed	Not reported

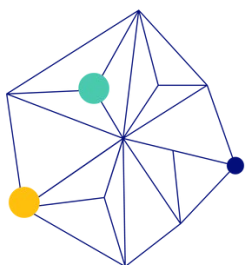
4.16 National Clinical Guidelines Handbook for Qatar

Guideline identification	
Organisation	Healthcare Quality Department, Ministry of Public Health, Qatar
Year	2023
Country	Qatar
URL	https://www.moph.gov.qa/_layouts/download.aspx?SourceUrl=/Admin/Lists/PublicationsAttachments/Attachments/269/NCG%20Handbook%20for%20Qatar%202023-2028.pdf
Title of publication	National Clinical Guidelines Handbook for Qatar
Included in 2022 review?	No
Description of the retirement process	
Overview	<p>“Guideline Retirement: For any guideline that is being considered for retirement, the Retirement Scoring System is implemented. The Decision Factors listed in the table are rated on a scale of 1-5, based on available information.</p> <ol style="list-style-type: none"> 1. The corresponding Weighting Formula in the table below is then applied to each Rating Score. 2. The Resulting Score is thus calculated for each Decision Factor and summated to provide a Total Weighted Score. <p>Using this Retirement Scoring System will ensure the resulting Total Weighted Score for any given guideline will always fall within the range of 144 – 400. Guidelines that fall at the end of the scale are considered for retirement”.</p>
Trigger/Criteria	<p>Weighted factors include:</p> <ul style="list-style-type: none"> - The political/strategic priority of the guideline topic - The degree of compliance of clinicians with the guideline - The relative prevalence of the guideline topic in Qatar - The relative incidence of the guideline topic in Qatar
Methods for communicating	Not reported
Where and how retired guidelines are stored, labelled, and accessed	Not reported

4.17 List of identified handbooks without guidance on retiring guidelines

Guideline identification	
Organisation	Guidelines International Network
Year	2012
Country	International
URL	https://www.acpjournals.org/doi/full/10.7326/0003-4819-156-7-201204030-00009
Title of the publication	Guidelines International Network: Toward International Standards for Clinical Practice Guidelines
Guideline identification	
Organisation	GIN-McMaster

Year	2018
Country	International
URL	https://heigra.mcmaster.ca/guideline-development/checklist-extension-for-rapid-guidelines
Title of the publication	Principles for the extension of the GIN-McMaster Guideline Development Checklist for Rapid Guidelines
Guideline identification	
Author	Morgan, R.L., Florez, I., Falavigna, M. et al.
Year	2018
Country	International
URL	https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-018-0330-0
Title of the publication	Development of rapid guidelines: 3. GIN-McMaster Guideline Development Checklist extension for rapid recommendations
Guideline identification	
Organisation	GIN-McMaster
Year	2014
Country	International
URL	https://cebgrade.mcmaster.ca/guidelinechecklistprintable.pdf
Title of the publication	GIN-McMaster Guideline Development Checklist
Guideline identification	
Organisation	Swiss Centre for International Health
Year	2011
Country	Switzerland
URL	https://www.swisstph.ch/fileadmin/user_upload/WHOHSG_Handbook_v04.pdf
Title of the publication	Handbook for Supporting the Development of Health System Guidance
Guideline identification	
Organisation	Guidelines International Network
Year	2019
Country	International
URL	https://www.iclinepi.com/cms/10.1016/j.iclinepi.2020.06.018/attachment/92a57f7f-a189-478d-aceb-b561ad1c6ffa/mmc2.pdf
Title of the publication	The UpPriority Tool: a prioritisation tool for updating clinical questions within a guideline
Guideline identification	
Organisation	World Health Organization
Year	2014
Country	International
URL	https://www.who.int/publications/i/item/9789241548960
Title of the publication	WHO handbook for guideline development, 2nd Edition
Guideline identification	
Organisation	Institute of Medicine
Year	2011
Country	USA
URL	https://www.ncbi.nlm.nih.gov/books/NBK209539/
Title of the publication	Clinical practice guidelines we can trust



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