



Policy on Levels of Evidence

The American Academy of CME (Academy) requires all faculty/authors to document the level of evidence for any patient care recommendation made during their presentation or manuscript. The Academy has adopted the following American Academy of Family Physician's Rating Scale for Levels of Evidence (Toolkit available at the following AAFP web address <http://www.aafp.org/online/en/home/publications/journals/afp/ebmtoolkit.html>).

- **Level A (randomized controlled trial/meta-analysis):** High-quality randomized controlled trial (RCT) that considers all important outcomes. High-quality meta-analysis (quantitative systematic review) using comprehensive search strategies.
- **Level B (other evidence):** A well-designed, nonrandomized clinical trial. A nonquantitative systematic review with appropriate search strategies and well-substantiated conclusions. Includes lower quality RCTs, clinical cohort studies and case-controlled studies with nonbiased selection of study participants and consistent findings. Other evidence, such as high-quality, historical, uncontrolled studies, or well-designed epidemiological studies with compelling findings, is also included.
- **Level C (consensus/expert opinion):** Consensus viewpoint or expert opinion.

Each rating is applied to a single reference in the lecture/article, not to the entire body of evidence on a topic. Each label should include the letter rating (A, B, C), followed by the specific type of study for that reference. For example, following a level B rating, include one of these descriptors: (1) nonrandomized clinical trial; (2) nonquantitative systematic review; (3) lower quality RCT; (4) clinical cohort study; (5) case-controlled study; (6) historical uncontrolled study; (7) epidemiological study.

Here are some examples of the way evidence ratings will appear on slides or in the text of an article:

- "To improve morbidity and mortality, most patients in congestive heart failure should be treated with an angiotensin-converting enzyme inhibitor. [Evidence level A, RCT]"
- "The USPSTF recommends that clinicians routinely screen asymptomatic pregnant women 25 years and younger for chlamydial infection. [Evidence level B, nonrandomized clinical trial]"
- "The American Diabetes Association recommends screening for diabetes every three years in all patients at high risk of the disease, including all adults 45 years and older. [Evidence level C, expert opinion]"