



Policy on Levels of Evidence

American Academy of CME (Academy) requires all faculty/authors to document the evidence for patient care recommendations made in an activity.

The Academy has adopted the following American Academy of Family Physician's Rating Scale for Levels of Evidence for this purpose (Toolkit available at <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.

For specialized audiences, it may be more beneficial to learners to use a level of evidence rating system that they are more familiar with. In such cases, use of a similar level of evidence rating system is acceptable.

Each rating is applied to a single patient care recommendation in the lecture or manuscript, and not to the entire body of evidence on a topic.