

American College of Rheumatology Clinical Consensus Statement Subcommittee Project Evaluation Rubric

Developed under the ACR Clinical Consensus Statement Development and Endorsement Framework (approved by the ACR Board of Directors August 2026)

Instructions: This rubric is to be completed for all projects submitted to or proposed by the ACR Clinical Consensus Statement Subcommittee. For each item, indicate **Yes**, **No**, **Partial**, or **N/A**, and provide the page or section reference from the submitted proposal or document where the criterion is addressed. Items marked **No** or **Partial** require written explanation in the Notes column or in the Summary Assessment section at the end of the document. The rubric should ideally be completed at two stages: **(1)** at proposal/inception review and **(2)** at final document review prior to endorsement consideration.

For Proposals

#	Criterion	Met? (Y / N / Partial / N/A)	Location in Document	Notes
1.1	The project topic focuses on a condition with high prevalence and/or a large impact on morbidity or mortality.			
1.2	Current guidance from ACR on the topic is suboptimal or does not exist.			
1.3	It is clear that the authors understand the final product will bear the ACR name and be published in an ACR journal.			
1.4	The proposal clearly outlines the team, methodology, and goal of the project.			
1.5	If submitting a proposal, a detailed project timeline is provided.			

Section 2: For Completed Projects-- Project Scope and Rationale

#	Criterion	Met? (Y / N / Partial / N/A)	Location in Document	Notes
2.1	The project topic focuses on a condition with high prevalence and/or a large impact on morbidity or mortality.			
2.2	Current guidance from ACR on the topic is suboptimal or does not exist.			
2.3	It is clear that the authors understand the final product will bear the ACR name and be published in an ACR journal.			

Section 3: Project Team Composition

#	Criterion	Met? (Y / N / Partial / N/A)	Location in Document	Notes
3.1	The proposed group leader is identified, with a description of their qualifications and role.			
3.2	The group includes members from different career stages (e.g. early-mid career and senior career) and practice settings (e.g. academic, community, under resourced).			
3.3	The group represents varied expert viewpoints that adequately reflect the breadth of perspectives in the field, including patients and/or caregiver when possible			

Section 4: Conflict of Interest Management

#	Criterion	Met? (Y / N / Partial / N/A)	Location in Document	Notes
4.1	A process for disclosure of all relationships (including but not limited to conflicts of interest) at the outset of the project and throughout the project is described.			
4.2	A list of disclosures provided for review by ACR.			
4.3	The group leader has no relevant conflict of interest, or a documented exception has been granted by the Clinical Consensus Subcommittee.			
4.4	The leader of any literature review component has no relevant conflict of interest, or a documented exception has been granted.			
4.5	No more than 49% of the total project group members have a relevant conflict of interest.			

Section 5: Evidence Review Methodology

#	Criterion	Met? (Y / N / Partial / N/A)	Location in Document	Notes
5.1	The type of literature review conducted is clearly specified (e.g., systematic review, scoping review, qualitative review, focused narrative review).			
5.2	The methodology for gathering and synthesizing evidence is described in sufficient detail to be evaluated and reproduced.			

#	Criterion	Met? (Y / N / Partial / N/A)	Location in Document	Notes
5.3	The breadth and quality of the available literature are described and explicitly used to contextualize the conclusions and recommendations.			
5.4	Where literature quality is variable, a standardized appraisal framework is applied (e.g. CEBM Levels of Evidence).			
5.5	Consensus statements derived from evidence are clearly distinguished from those derived solely from expert opinion.			
5.7	A research agenda identifying areas where evidence was sought but not found is included.			

Section 6: Consensus Methods

#	Criterion	Met? (Y / N / Partial / N/A)	Location in Document	Notes
6.1	A recognized consensus methodology is employed (e.g., Delphi, UCLA/RAND appropriateness method, nominal group technique, multicriteria decision analysis).			
6.3	The consensus building process is described in sufficient detail to allow evaluation of its rigor and reproducibility.			
6.4	The Clinical Consensus statement balances expert-based and data-driven input, rather than relying exclusively on either.			

Section 7: Final Document Quality *(Completed at Endorsement Review Stage)*

#	Criterion	Met? (Y / N / Partial / N/A)	Location in Document	Notes
7.1	The consensus statements are consistent with the stated values of the ACR and addresses a gap in current ACR guidance.			
7.2	Consensus statements are actionable and not ambiguous.			
7.3	Individual statements are contextualized by the strength and source of supporting evidence.			
7.4	The document acknowledges where individual patient preferences may appropriately modify the application of a recommendation.			
7.5	Person-first and non-stigmatizing language is used and considerations of impacts on health equity is included.			