

The Hierarchy of Evidence

The Hierarchy of evidence is based on summaries from the National Health and Medical Research Council (2009), the Oxford Centre for Evidence-based Medicine Levels of Evidence (2011) and Melynyk and Fineout-Overholt (2011).

- I Evidence obtained from a systematic review of all relevant randomised control trials.
- II Evidence obtained from at least one well designed randomised control trial.
- III Evidence obtained from well-designed controlled trials without randomisation.
- IV Evidence obtained from well designed cohort studies, case control studies, interrupted time series with a control group, historically controlled studies, interrupted time series without a control group or with case- series
- V Evidence obtained from systematic reviews of descriptive and qualitative studies
- VI Evidence obtained from single descriptive and qualitative studies
- VII Expert opinion from clinicians, authorities and/or reports of expert committees or based on physiology

Melynyk, B. & Fineout-Overholt, E. (2011). *Evidence-based practice in nursing & healthcare: A guide to best practice (2nd ed.)*. Philadelphia: Wolters Kluwer, Lippincott Williams & Wilkins.

National Health and Medical Research Council (2009). *NHMRC levels of evidence and grades for recommendations for developers of guidelines* (2009). Australian Government: NHMRC.
http://www.nhmrc.gov.au/files_nhmrc/file/guidelines/evidence_statement_form.pdf

OCEBM Levels of Evidence Working Group Oxford (2011). *The Oxford 2011 Levels of Evidence*. Oxford Centre for Evidence-Based Medicine. <http://www.cebm.net/index.aspx?o=1025>

Reference (include title, author, journal title, year of publication, volume and issue, pages)	Evidence level (I-VII)	Key findings, outcomes or recommendations
Genetic Health Services Victoria (2003) <i>"Newborn Screening Program"</i>	V	<ul style="list-style-type: none"> • Genetic Health Services Victoria is a partnership between the Department of Human Services (DHS), the Murdoch Children's Research Institute (MCRI), other health service providers and the community. • The information contained in this guideline is believed to reflect best practice at the time of publication. Where good evidence is not available the guideline offers current consensus based on expert opinion. • The guideline includes strategies for the effective management of neonatal newborn screening
Human Genetics Society of Australasia and The Royal College of Physicians (2000) <i>Policy Statement on the Retention, Storage and Use of Sample Cards from Newborn Screening Programs.</i>	V	<p>The policy statement has been developed by a joint subcommittee of the Human Genetics Society of Australasia and the Division of Paediatrics of the Royal Australasian College of Physicians.</p> <ul style="list-style-type: none"> • The policy provides guidance to Newborn Screening Programs on issues that relate to sample cards after screening tests are completed
Human Genetics Society of Australasia and The Royal College of Physicians (2004) <i>"Newborn blood-spot screening policy statement"</i>	V	Recommended screening policy is developed by a joint subcommittee of the Human Genetics Society of Australasia and the Division of Australasian College of Physicians
Skene, L. Baniker, A and Nisselle, P. (2004) Retention of Guthrie cards: reassuring parents. <i>Medicine Today vol 5 68-71</i>	V	<p>Doctors have an important role in reinforcing the benefits to children of newborn screening.</p> <ul style="list-style-type: none"> • Providing accurate information about the legal implications. • Article clearly outlines the purpose of newborn screening, Guthrie cards, research and informed consent.
Newborn screening sample collection guidelines. 2016. Victorian Clinical Genetic Services.	VII	Clinical guideline that details information about informed consent, refusal of consent, sample collection process and key points, storage, resources, repeat samples and troubleshooting.