IPDAS Version 5.0
(Volk et al., BMJ 2026)

Qualifying Criteria
to be defined as a PDA (mandatory)

The PDA:

1. Describes the health condition
2. Explicitly states the decision to be considered
3. Identifies the target audience *(new)*
4. Lists options including if relevant, "wait and see" (e.g., making no change)
5. Describes positive features of options (benefits)
6. Describes negative features of options (harms)
7. Asks patients to think about which positive and negative features of options matter most to them OR describes what it is like to experience the consequences of options (physical, psychological, social) *(revised)*

Essential Criteria
to reduce the risk of harmful bias (must have)

The PDA:

1. Is based on best available evidence that is, where possible, directly applicable to the patients and clinicians using it *(new)*
2. Describes how potential users were involved in steps of designing, developing and/or refining a prototype *(new)*
3. Shows negative/positive features of options in a balanced manner (e.g., neutral, unbiased, non-directive, complete) *(revised)*
4. Reports where the funding came from to develop the PDA and it is clearly stated (e.g., plain language, prominent) *(revised)*
5. Provides complete citations to evidence selected
6. Provides a production or publication date
7. Provides information about the proposed update policy (or available supporting document)

Additional criteria for screening decisions. PDA:

8. Describes what the test is supposed to measure
9. Describes consequences of a positive screening finding that would not have caused problems if screening had not been done
10. Describes possible next steps based on positive and negative test results

Enhancing Criteria that may improve the quality of PDAs but are not required	
Domain	**Criteria: The PDA…**
Presenting balanced information	• Makes it possible to compare benefits and harms for features of available options side-by-side (*revised*) • Describes the natural course of the health condition if no healthcare option is chosen • Presents essential content with guidance on how and where patients can seek additional information to support decision making (*new*) Additional criteria for screening PDAs • Describes the chances of disease being found with and without screening • Provides information (including definition) about chances of: true positive test result, true negative test result, false positive test result, false negative test result
Disclosing conflicts of interest	• Reports that the PDA was developed without using money from a source that stands to gain or lose by the choices patients make (*new*) • Reports that no authors stand to gain or lose by the choices patients make after using the PDA (*revised*) • Reports that no authors' affiliations stand to gain or lose by the choices patients make after using the PDA (*revised*) • Includes authors'/developers' credentials or qualifications • Reports where the funding came from to copy and distribute the PDA and it is clearly stated (e.g., prominent, written in plain language)
Guidance and decision coaching	• Provides a step-by-step way to make a decision • Includes tools like worksheets or lists of questions to use when discussing options with a health professional
Basing information on comprehensive, critically appraised and up-to-date synthesis of scientific evidence	• Indicates which section of the PDA where each citation was used (*new*) • Reports the source of the personalized evidence, if risk estimates or risk management options are personalized to individual characteristics (*new*) • Describes how research evidence was searched for, appraised, selected, and synthesized (derived from systematic reviews or evidence-based clinical practice guidelines, where possible) • Describes the quality of the research evidence used (e.g., using the GRADE approach)
Health literacy	• Designed, formatted and written at a level to be understood by its target audience including people with lower health literacy • Uses strategies to reduce cognitive burden (e.g., plain language; glossary of key terms; bullet points; simple navigation), by providing non-text ways to help patients understand information (e.g., visual cues and illustrations, audio narration, video) (*revised*) • Uses field testing to show that the PDA was understood by patients with lower health literacy

Enhancing Criteria that may improve the quality of PDAs but are not required	
Domain	**Criteria: The PDA…**
	• Developed in accordance with health literacy guidelines, for example by meeting recommended thresholds of the Patient Education Materials Assessment Tool (PEMAT; >70%) and a grade reading level of 8 or lower (*revised*) • Reports how co-design was used in its development (*new*)
Communicating probabilities	• Presents information about outcomes of options (positive and negative) including the chances they [may] happen, if reliable estimates are available • Presents probabilities using both positive and negative frames (e.g., showing both survival and death rates) • Presents probabilities using numbers rather than words in general. Care should be taken if numbers and words are combined (*revised*) • Presents probabilities using event rates in a defined group of patients for a specified time • Compares probabilities of options using common denominator formats (e.g., probabilities or common denominator (frequencies)) • Uses the same scales in the diagrams comparing options • Describes the uncertainty around the probabilities (e.g., by giving a range or by using phrases such as 'our best guess is') (*changed* from essential to enhancing) • Uses the same time frame for all options and outcomes, if time-based risk formats are used • Uses visual displays (e.g., icon arrays, stacked bar graphs) that show both the numerator and the denominator (i.e., the part-to-whole relationship) (*revised*) • Uses risk formats that were tested with end users in the population to whom the risk applies (*new*)
Clarifying values	• Uses an explicit values clarification method to help patients clarify what it is important to them in deciding upon options (*new*)
Development of Patient Decision Aids	• Includes information about the expertise of the authors/developers (e.g., patients/caregivers, patient advocates, nurses, physicians) • Reports that potential users (e.g., patients, health care professionals, caregivers) were involved in steps to help understand user goals, motivations, needs, and expectations specific to the decision • Involved potential users in steps intended to evaluate prototypes of the PDA • Describes how evaluation showed that undecided patients found the information was presented in a balanced way • Describes how evaluation showed that it was acceptable to potential users • Reports that potential users were observed using the PDA (*new*) • Uses iterative cycles of feedback from potential users of the PDA (e.g., patients/public, healthcare professionals) in the development (new)

Enhancing Criteria that may improve the quality of PDAs but are not required	
Domain	**Criteria: The PDA…**
	• Reports explicit changes between iterative cycles (*new*) • Includes relevant experts on the development team (e.g., potential users, clinical content/subject matter experts, patients/members of the public who have faced the decision or could reasonably be expected to face the decision in the future, experts in plain language, accessibility, design, engineering, digital security, decision scientists, biostatisticians, epidemiologists, implementation scientists) (*new*) • Reports that members of equity-deserving populations were meaningfully involved in development of PDA, when relevant (*new*) • Describes how the PDA was culturally adapted from existing PDAs, where appropriate (*new*) • Follows a theoretical framework or conceptual model together with IPDAS criteria for development (*new*)
Evaluating Effectiveness	There is evidence that the PDA helps patients: • recognize that a decision needs to be made • know about the available options • know about different features of options • understand that values affect the decision • be clear about which features of options matter most to them • discuss values with their health professionals • become involved in decision making in ways they prefer • improves the match between the features that matter most to the informed patient and the option that is chosen • If any evaluation of the PDA was conducted, reports the findings with attention to SUNDAE guidelines (Standards for UNiversal reporting of patient Decision Aid Evaluation) (*new*) • Describes how evidence of PDA effectiveness was gathered using instruments that have strong psychometric properties (i.e., the evaluation tool is valid and reliable) (*new*)

PDA=patient decision aid; IPDAS = International Patient Decision Aid Standards; Italicized text after each criterion indicates if it was revised, or new. Other criteria remain unchanged from previous version.

References:

Updated International Patient Decision Aid Standards (IPDAS version 5.0): modified Delphi, evidence informed consensus process | The BMJ**.** Volk B, Lewis KB, Smith M, Carley M, Barry MJ, Bekker HL, Harter M, Hoffmann T, McCaffery K, Pignone M, Dahl Steffensen K, Sepucha K, Thompson R, Trevena L, van der Weijden T, Witteman HO, Stacey D. BMJ 2026; 393:e088116. https://dx.doi.org/10.1136/bmj-2025-088116

IPDAS 5.0 Policy Brief https://decisionaid.ohri.ca/ipdas/PolicyBrief_IPDAS_5.0.pdf