

Proposal for ESPID Committee for Guidelines

This Committee will take responsibility for all matters in relation to clinical guidelines on behalf of the Society. It will report to the Board like the other ESPID subcommittees.

In the past, there has been no formal process for developing guidelines or providing 'ESPID endorsement' of guidelines, which has therefore been somewhat *ad hoc*.

Guidelines are typically about management (diagnosis, treatment, prevention) of a disease (e.g. KD, meningitis, TB, congenital CMV, osteomyelitis) but could also be more specific (and *potentially more controversial*), e.g. use of a commercial diagnostic test like QFT, use of a new non-scheduled vaccine or drug.

Creation of a Guidelines Committee will ensure that:

- (i) the view of all ESPID members and stakeholders are represented and there is opportunity for all members to contribute, feedback and comment;
- (ii) there is consistency, equity, fairness and transparency in decisions on endorsement;
- (iii) the highest standards are maintained;
- (iv) conflicts of interest are managed;
- (v) there is a formal process for resolving disputes on controversial recommendations.

The Guidelines Committee will take responsibility for:

1. Overseeing the development of new guidelines:

- Identifying topics for new guidelines or considering suggestions from membership
- Inviting expressions of interest for membership of writing/authorship group
- Selecting lead author and co-authors with appropriate expertise
- Setting and monitoring timelines and milestones for writing guideline
- Reviewing outline and drafts
- Overseeing a review process including call to membership for comments and suggestions
- Co-ordinating amendment of guideline with authors in response to membership's contributions
- Adjudicating any disputes over content
- Recommending approval of final version to the Board.

Potential types of new guidelines:

a. ESPID-member initiated guideline

ESPID member asks in advance to write a guideline intended to be published as an ESPID-endorsed guideline.

b. ESPID-initiated guideline

Board or other ESPID member suggests a guideline that is needed. ESPID co-ordinates its creation and nominates or invites author(s) or seeks expressions of interest.

c. Request for input to another organisation's guideline

Guideline being developed and led by another organisation.

2. Making recommendations to the Board for the endorsement of existing guidelines:

- Considering appropriateness of ESPID endorsement
- Deciding whether endorsement requires involvement of whole membership
- Co-ordinating call to membership for comments and suggestions
- Co-ordinating response
- Deciding on recommendation to Board.

Potential types of existing guidelines:

a. ESPID member-initiated guideline

Guidelines already written by ESPID member(s) – now requesting ESPID approval to be ‘rubber-stamped’ as ESPID-endorsed.

[i.e. when too late for ESPID input]

b. Guideline by another society (e.g. ECCMID)

Request for ESPID to add their endorsement (again ‘rubber-stamp’) to guideline already completed by another society or body.

[we have had an example of this where majority of members were ESPID members].

c. Guideline by commercial organisation

Guidelines from commercial bodies, e.g. use of diagnostic assay, vaccines.

[potentially challenging area]

Initial tasks for the Committee will include:

- Terms of reference
- Membership
 - Initially NC plus 2-3 others including Young ESPID representative
 - Later expand to 5-7 via expression of interest to members
- Audit of existing ESPID-associated guidelines (including need for updating)
- Deciding on criteria for different possible levels of endorsement
 - recommended vs recognised vs approved
- Consideration of whether endorsement only applies to prospectively agreed guidelines
- Consider intersect or overlap with purple pages
- Relationship with professional guidelines
- Guideline vs systematic review - brevity/usefulness/practicality
- Creation of guidance on level of evidence required
 - Extensive systematic review with levels of evidence for all recommendations
 - Systematic review with recommendations
 - Expert opinion (as insufficient evidence base)
 - Consensus opinion
- Strategy for dealing with inconsistency with NICE or other professional body recommendations
- Strategy for dealing with disagreement on recommendations by ESPID member(s).