

BSG Guideline Development Process

Table of Contents

BSG Process for Guideline Development	1
Key summary points.....	2
Roles and responsibilities.....	2
Proposing Guideline.....	2
Proportional methodology.....	2
Application to develop a guideline.....	3
Constitution of the GDG.....	3
Patient representation	3
Methodology requirements	4
Conflict of Interest (COI) management	4
Joint guideline production with external stakeholders	4
Timescale	4
Submission of the finished guideline for endorsement.....	4
Flowchart for Guideline development process	5
Ownership and retention of searches	6
BSG funding	6
Format of guidelines	6
Use of artificial intelligence.....	9
Disclaimer	9
Publication	10
Dissemination and promotion.....	10
Appeals/Dispute Resolution process.....	11
Planned future developments.....	11
Appendix.....	11
Appendix A - BSG Guideline Development Group Declaration of Interests Form and Policy	13
Appendix B - BSG Guideline Proposal Form	19
Appendix C - Guidelines Advisory Sub-Committee (GAS) Terms of Reference	23
Appendix D - Application for BSG Guideline Endorsement - checklist.....	25

Key summary points

- GDGs should be limited to 20 people. The group should contain 4 nation representation, 2 patient/public representatives, contain representation from all relevant stakeholders and be balanced in gender and diverse.
- All potential sources of bias and conflict of interest need to be declared by all members of the GDG prior to the guideline development being approved and updated, if it changes during the guideline development process.
- Conflicts do not necessarily preclude involvement on a GDG, but they must be declared, and where appropriate, plans made to mitigate bias. It is expected that the GDG lead is free from any conflicts. COI and the management steps must be included in the published guideline.
- Guidelines must be developed using the most up to date GRADE methodology.
- The format of the guidelines should be based on the current journal requirements to which the guideline is to be submitted.
- The Agree II checklist should be applied, and to maintain consistency in presentation of BSG guidelines this should be structured as detailed within this document.
- The BSG disclaimer must be included in the final document.
- Guidelines remain confidential until they have received BSG endorsement and should not be shared outside the GDG and BSG.
- BSG guidelines are to be submitted to one of the BMJ journals for publication where they will be published as open access at no cost to the authors.
- Once endorsed the first presentation of the guideline should be at a BSG meeting.
- All offshoot work from the BSG guideline development process needs to be submitted to the BSG for approval and, once approved should be submitted to a BMJ journal for publication.

Roles and responsibilities

Guidelines are commissioned by the BSG Clinical Services (CS) Committee. Within the CS Committee sits the Guideline Advisory Sub (GAS) Committee (see GAS terms of reference) which is chaired by the BSG Guidelines Lead. The role of the GAS committee is to share complex decision-making relating to guideline development, ensure consistency and quality across outputs, make decisions about BSG funding allocation and to guide guideline development process, ensuring methodological rigor and transparency. It aims to continually improve BSG processes in guideline development. The GAS remit is to select and prioritise guideline topics, approve GDG lead and membership, oversee methodology, timelines, conflict of interest management and to avoid the production of conflicting recommendations. The GAS committee meets three times per year. It is at these meetings when applications to develop guidelines will be reviewed, decisions on budget allocation made, topics prioritized and decisions made on endorsement of finished guidelines.

Proposing guidelines

Guidelines are generally proposed by a BSG section or the CS committee. Guideline development is prioritised by the GAS committee based on expected impact on patient outcomes, service delivery, training and resource utilisation.

Proportional methodology

The BSG's preferred output is a **BSG Guideline**, produced with methodological rigour. **BSG Clinical Practice Update** format may be used to produce structured guidance on a focused topic where the evidence is too limited to support a full guideline, or where the subject is service-focused. This can be

used when evidence is limited, low-quality, or absent, but practice still needs direction, the topic concerns the design or organisation of a service, topic can be covered in eight key questions or fewer and where full AGREE II compliance is not achievable.

BSG Rapid Position Statement is a brief, rapidly produced statement of the Society's position in response to an urgent or emerging situation. This addresses an urgent or emerging issue needs a fast response and there is no time for a Clinical Practice Update or Guideline or where an interim position is needed pending fuller work.

The appropriate route should be agreed with the Guidelines Committee or CS lead at the outset of any project. The GAS committee may choose, at endorsement request, to alter the category if the document is felt to fit better into a different category.

Application to develop a guideline

All members of the GDG need to complete and sign the declaration of interest form (Appendix A). The GDG lead should complete and sign the Guideline development form (Appendix B). The fully completed forms should then be submitted to the BSG guideline team (CS Support Officer, Imoore@bsg.org.uk) at least 10 working days prior to the next planned GAS meeting to allow the proposal to be disseminated for review by the committee prior to that meeting. Incomplete submissions will not be discussed. All forms can be obtained by emailing the CS Support Officer, (Imoore@bsg.org.uk), or via the BSG website.

Constitution of the GDG

It is expected that most GDGs will be limited to 20 people in the absence of exceptional circumstances. Within the group there should be 4 nation representation, 2 patient/public representatives, registrar representation. It should contain representation from all relevant stakeholders (for example, but not limited to, primary care, nursing, allied health professionals, associated specialist representation) and be balanced in gender and diverse, (in line with the BSG's ED&I policy), except in exceptional circumstances, for example in the case of a super specialist guideline for which there are only a very limited number of available experts making this impossible.

Patient representation

Patient and public involvement is essential in the guideline development process because it ensures that recommendations are grounded not only in clinical evidence, but also in the lived experiences, priorities, values, and practical realities of the people affected by them. Meaningful involvement improves the relevance, acceptability, transparency, and credibility of guidelines, helping to identify outcomes that matter most to patients, barriers to implementation, and unintended consequences. The Guideline lead should negotiate with the patient representatives where in the process they are comfortable offering contribution. Particular areas they may provide benefit include helping to define key clinical questions, prioritise outcomes, review draft recommendations, and advise on communication and dissemination strategies and patient summaries of the work. For some conditions there are well represented national patient organisations and it is recommended that these organisations be asked to nominate one or both patient representatives on the GDG. Patients should be free from COIs relative to the disease being worked on. The Charity GUTS UK has offered to help identify patient representation when needed for the BSG GDGs.

Methodology requirements

Guidelines must be developed using the most up to date GRADE methodology, followed by the Agree II checklist AGREE II (Appraisal of Guidelines for Research and Evaluation) to judge how well the guideline has been developed and reported. This will measure the methodological rigour and transparency of a finished guideline, sets out what a good development process should include, and indicates what information a guideline should report so that readers can assess it (www.agreetrust.org).

It is mandatory for an independent methodologist with expertise in GRADE methodology to be present on the GDG and the GDG lead should have received training in methodology or have recent experience using this methodology for guideline development. The BSG will support training of members of the GDG, where the GAS committee feel it is appropriate. The BSG will appoint an inhouse methodologist. Where an alternative methodologist is required, the cost should be commensurate with that of the BSG methodologist and the reasons for the alternative option approved by the BSG board.

Conflict of Interest (COI) management

All potential sources of bias and conflict of interest need to be declared by all members of the GDG prior to the guideline development being approved and updated, if it changes during the guideline development process (Appendix A). Conflicts do not necessarily preclude involvement on a GDG, but they must be declared, and where appropriate, clear plans made to mitigate bias. These conflicts and the mitigation plans will be reviewed by the GAS committee prior to approval of the GDG and guideline development process. The conflicts/bias and the methods for mitigation must be declared in the final publication. It is expected that the GDG lead is free from any conflicts.

Joint guideline production with external stakeholders

In the situation where a guideline is to be produced jointly with an external stakeholder, then there may be conflicting processes for guideline production. Any conflicts in process should be identified and documented on the application to undertake the guideline as well as proposals for how conflicting process will be handled for approval by the GAS committee. If this has not been undertaken, it will be assumed that there will be no deviation from standard BSG process. Where the BSG is involved the Conflict of interests policy must be adhered to and submission to a BMJ journal is expected, unless there has been prior approval to deviate from this.

Timescale

The target timescale from approval to submission is two years at most. It is expected that where the BSG is funding methodological support, that this support is limited to one year. The specific timeline and expected milestones are required for the approval by the GAS committee and milestone updates will be needed from the GDG lead for review at GAS committee meetings. In the case of significant delays to milestones the GAS committee may impose changes to the GDG or planned process to help overcome issues faced.

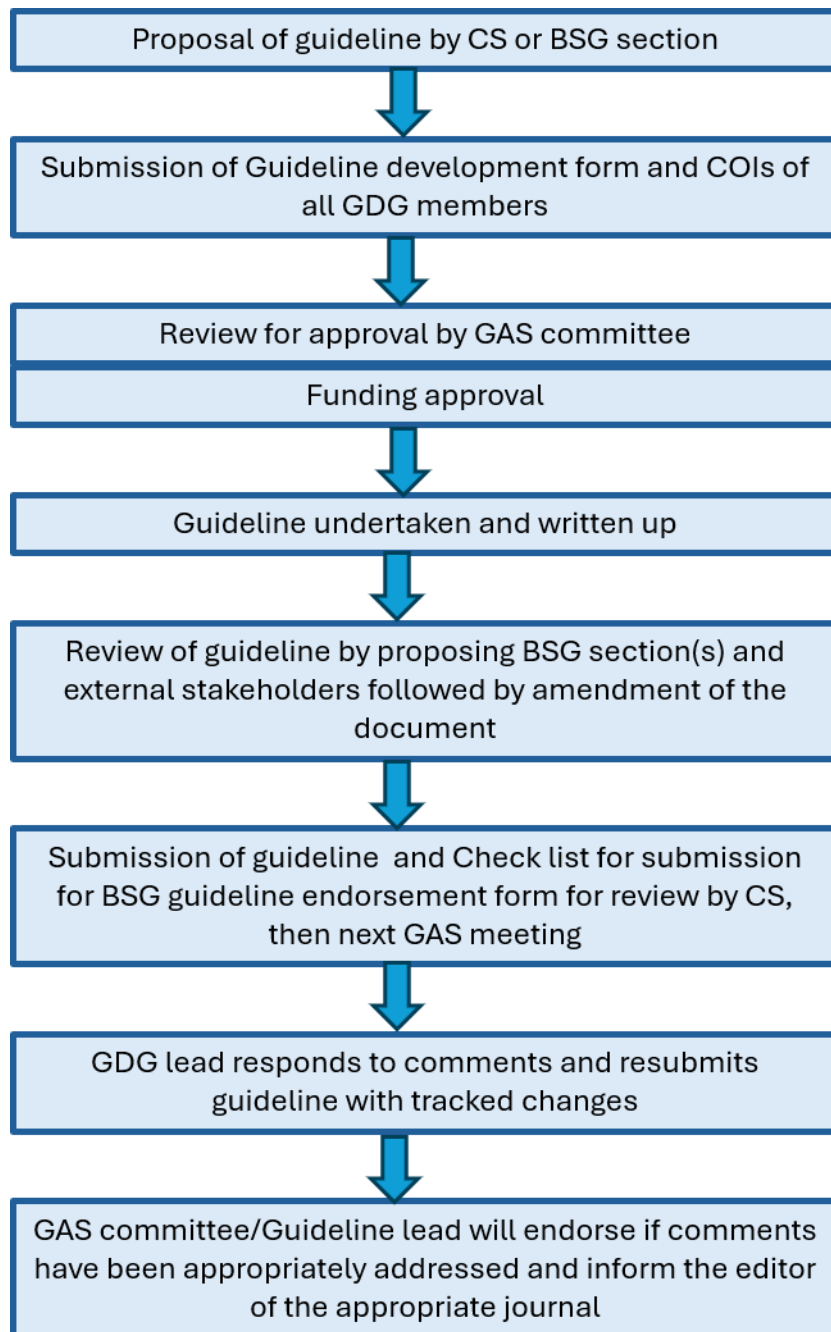
Submission of the finished guideline for endorsement

The finished guideline should first be approved by the sponsoring section and any other external stakeholders. Once these groups are satisfied with the guideline, it should be submitted to the Guideline team with the "Check list for submission for BSG guideline endorsement form" (Appendix E). This will then be sent to the CS for initial review and then be reviewed by the GAS committee at



their next meeting. The comments from these review processes will be sent back to the GDG lead for response. The response to each comment and the guideline with tracked changes should then be sent back to the Guideline Lead for endorsement at the next GAS meeting.

Flowchart for Guideline Development Process



Ownership and retention of searches

Maintaining a complete and accurate record of all searches undertaken during guideline development is fundamental to ensuring transparency, reproducibility, and methodological rigour. Comprehensive documentation of search strategies, databases searched, search terms used, date ranges, inclusion and exclusion criteria, and any updates or amendments allows the evidence-gathering process to be clearly understood, critically appraised, and replicated if required. This transparency strengthens the credibility and trustworthiness of the guideline by demonstrating that recommendations are based on a systematic and unbiased assessment of the available evidence. Detailed record-keeping also facilitates peer review, future guideline updates, and audit processes, while helping to minimise the risk of selective reporting or omission of relevant evidence and it is the responsibility of the guideline lead to keep these records. It is the responsibility of the GDG lead to keep this record until the guideline is superseded by the next iteration, to be made available on request, and to pass this to the BSG guideline team to curate.

BSG funding

Funding for guideline development is not unlimited and the GAS committee will review requests to ensure appropriate support and fair sharing of limited resource at the time of approval to proceed with the guideline. The BSG will fund in-house methodologist support, as well as methodological training for members of the GDG and platforms to support guideline development when needed. In person meetings are becoming less necessary with the advent of methodological platforms, but an in person meeting of the GDG may also be funded if appropriately justified. BSG guideline production should not be supported by external funding sources, particularly commercial funding which would confer bias to the guideline production. In rare situations where specific specialist methodological skills are required, which are not provided by the in-house methodologist, the GAS committee, supported by the BSG board, will review the reasons for the need presented by the GDG lead, ensure the cost is commensurate with the internal cost and may give approval.

Format of guidelines

The format of the guidelines should be based on the current journal requirements to which the guideline is to be submitted.

To follow Agree II tool, and to maintain consistency in presentation of BSG guidelines this should include:

Title page	• Full guideline title • “BSG Guideline” designation • Short title • Authors • Affiliations • Corresponding author • Word count • Number of tables/figures • Funding statement • Conflict of interest statement • Collaborative group attribution
Abstract	Recommended headings: • Objective

	• Design • Results • Conclusion Include: • methodology used • evidence appraisal system • consensus method • number of recommendations
“Significance of this Guideline” Box	Suggested headings: • What is already known? • What are the new recommendations? • How might this impact clinical practice?
Introduction	Should include: • clinical background • burden of disease • variation in practice • rationale for guideline • intended impact
Scope and Purpose	Overall Objectives • aims of guideline • intended outcomes Target population • inclusion criteria • exclusion criteria • adult/paediatric • care setting Target Users • clinicians • allied professionals • commissioners • trainees • patients Scope Boundaries • topics covered • topics excluded
Guideline Development Methodology	Guideline Development Group Composition • multidisciplinary membership • patient/public involvement • methodology support • stakeholder representation Include: • names • roles • expertise Funding and Editorial Independence • funding sources • sponsor role • independence safeguards Conflict of Interest Management • declaration process

	• review process • management strategy • recusal procedures Clinical Questions • Mandatory PICO framework • Include table: Question, population, intervention, Comparator, outcome. Literature Search Strategy • databases searched • dates searched • search terms • inclusion/exclusion criteria • language restrictions • update searches Evidence Appraisal • GRADE methodology • risk-of-bias tools • certainty assessment process Consensus Methodology • Delphi process • nominal group process • voting thresholds • disagreement resolution • quorum requirements Recommendation Formulation • evidence-to-decision process • balancing benefits/harms • patient values • resource implications External Review • peer review process • stakeholder consultation • public consultation (if applicable) Updating Procedure • review interval • trigger criteria for update
Recommendations	• topic heading • short narrative synthesis • recommended statement- clearly identifiable, concise, actionable, boxed or bolded • evidence quality and strength • rationale/implementation notes (practical interpretation, caveats, implementation consideration) • mandatory Evidence-to-Decision Frameworks
Applicability and Implementation	• barriers to implementation • resource implications • training needs • service implications • equity and health inequality considerations
Audit and Quality Indicators	• measurable standards • suggested KPIs

	• audit metrics
Research Recommendations	• evidence gaps • future research priorities • unresolved controversies
Discussion	• strengths of guideline • limitations • evidence weaknesses • applicability constraints
Conclusion	Brief and practical
References	Prefer: • systematic review references • key RCTs • major prior guidelines
Tables and Figures	Strongly recommended: • recommendation summary table • evidence grading table • management algorithms • diagnostic pathways • consensus flow diagrams
Supplementary Material	Appendix 1 — Full Search Strategies Appendix 2 — Evidence Profiles Appendix 3 — Voting Results • voting percentages • rounds of voting • unresolved disagreements Appendix 4 — Full Conflict of Interest Declarations Appendix 5 — GDG Membership and Roles Appendix 6 — AGREE II Reporting Checklist Appendix 7 — RIGHT Reporting Checklist Appendix 8 — Patient/Public Involvement Details • recruitment • participation • influence on recommendations Appendix 9 • patient summary document with plain-language recommendations

Use of artificial intelligence

Artificial intelligence (AI) use in guideline development should be described according to its function and level of involvement. Assistive language or administrative use should be distinguished from substantive use in study selection, data extraction, appraisal, evidence synthesis, GRADE judgements or drafting of recommendations. Substantive AI outputs should be subject to human verification and appropriate traceability and confidentiality safeguards with AI use declared.

Disclaimer

The Guideline must include the disclaimer below:

“BSG guidelines represent a consensus of best practice based on the available evidence at the time of preparation. They may not apply in all situations and should be interpreted in the light of specific

clinical situations and resource availability. Further controlled clinical studies may be needed to clarify aspects of these statements, and revision may be necessary as new data appear. Clinical consideration may justify a course of action at variance to these recommendations, but we suggest that reasons for this are documented in the medical record. BSG guidelines are intended to be an educational device to provide information that may assist in providing care to patients. They are not rules and should not be construed as establishing a legal standard of care or as encouraging, advocating, requiring, or discouraging any particular treatment.”

Publication

BSG guidelines are to be published in one of the BMJ group journals and will be published open access (which the authors do not need to fund). Gut is the usual destination of guidelines, though acceptance is not guaranteed. If the guideline has been rejected by two BMJ journals, the GDG lead may apply to the Guideline lead/GAS committee to submit elsewhere. All spin off publications from the guideline development process need to be approved after review by the Guideline lead and deputy, CS lead, BSG President and President Elect. These also must be submitted to a BMJ journal.

The editors of the relevant journals are on the GAS committee and the GAS committee will give GDG leads guidance at the outset, which journal is likely to be appropriate for publication of the final document.

If a separate guideline methodology is planned, this should be submitted as early as possible after approval for the guideline is given by the GAS committee to allow time for this to be cited prior to publication of the main guideline. The methodology papers would normally be submitted to BMJ Open Gastroenterology.

Dissemination and promotion

The guideline is confidential prior to BSG endorsement and must not be presented or shared externally prior to this. It is to be first presented at a BSG event.

The GDG lead should keep the BSG guideline team informed about the progress of publication to allow the BSG to promote the guideline at the appropriate time, aiming for simultaneous release.

Dissemination strategy should be considered before the guideline is developed and form part of the application for approval of the guideline. Potential strategies include, but are not limited to:

Primary journal publication	Publication of the full document
BSG webpage	Publication of the full document
Additional BSG web resources to consider	• 2–4 page executive summary • recommendation tables • key practice changes • “Top 10 recommendations”
Visual dissemination tools to be made available on the BSG website	• diagnostic algorithms • treatment pathways • infographic summaries • one-page quick-reference tools
Social media strategy	• visual abstracts • infographic recommendations • short educational threads
Conference integration	• BSG initially

Webinar	• rationale • controversial areas • practical implementation • Q&A
Trainee education	• trainee teaching • revision resources • curriculum mapping
Implementation support tools	• implementation toolkit • service specification suggestions • audit templates • pathway examples
Local Dissemination strategy	• regional BSG meetings • local presentations • trust-level dissemination leads • integration into governance meetings
Implementation Monitoring	• awareness • uptake • audit performance • variation in implementation

Associated publications to BMJ journals with the above dissemination strategies should be considered at the outset.

Appeals/Dispute Resolution process

Any appeal or dispute should initially be raised with the Guideline Lead who will then ask the GAS committee to respond. Should the outcome of this remain the subject of dispute the matter will be discussed with the BSG executive for a final decision. The BSG may use external experts to inform decisions in these cases.

Planned future developments

- Open applications to the membership to apply to contribute to guidelines and to take the GDG lead role.
- Development of in-house methodology training
- Appointment of in-house librarian to support guideline development and data storage
- Detailed definition of methodology requirements for BSG Clinical Practice Update to be added to this document after approval at GAS/Council

Appendix

- A. Declaration of interest form and BSG Declaration of interests policy
- B. Guideline proposal form
- C. GAS terms of reference
- D. BSG guideline endorsement request form

Appendix A

BSG Guideline Development Group Declaration of Interests Form

The following should apply to all relevant interests from the past 36 months and any known future commitments.

Personal details

Name	
Current role and institution(s)	
Guideline title	
Role in guideline development	

Financial Interests

For each declaration please document organisation/company, nature of relationship, dates and relevance to the guideline topic as well as the approximate financial interest.

Consultancy/Advisory Roles

Please detail any associations with commercial organisations, strategic consultancy or advisory boards etc with relevance to this topic. Please report the approximate financial interest associated with this.

--

Speaker Fees/Honoraria

Have you received honoraria, speaking fees, or sponsored educational payments related to this topic?

--

Research Funding

Have you received research funding from commercial entities related to this guideline topic?

Was funding paid directly to you or your institution?

--

Travel support/Hospitality

Have you received sponsored travel, accommodation, or hospitality relevant to this guideline topic?

Equity/Ownership Interests

Do you hold stocks, shares, stock options, patents, or ownership interests relevant to this guideline topic?

Intellectual Property

Do you hold patents, copyrights, licensing agreements, or proprietary technologies related to this guideline topic?

Industry Relationships of Close Family Members

Are you aware of relevant financial relationships held by close family members that could reasonably be perceived as influencing your judgement?

Non-Financial Interests

Academic interests Please summarise any key studies you have authored which are likely to be included in the guideline. Document if you have publicly advocated for a specific intervention or position relevant to the guideline. Document if you have chaired related guideline groups previously.	
Organisational Roles Document any leadership roles in professional societies, charities, advocacy organisations, or commercial entities relevant to this topic.	
Personal or Clinical interests Do you have strongly held clinical positions or institutional responsibilities that may influence interpretation of evidence?	
Declaration of Competing Recommendations	

Are you directly involved in competing guidelines, consensus statements, or commercial educational programmes related to this topic?	
Open Declaration Are there any other relationships, activities, or circumstances that could reasonably be perceived as influencing your contribution to this guideline?	

Certification

I understand that declared interests may result in restrictions on participation in discussions, drafting, voting, or authorship of specific recommendations.

I confirm that this declaration is accurate and complete and I commit to update this form promptly should there be any change during the guideline writing process.

Signature.....

Date.....

BSG Declaration and Management of Interests Policy

This policy sets out the standards for declaration, assessment and management of interests for all members of BSG Guideline Development Groups (GDGs). It is designed to align with AGREE II, GRADE, and contemporary international guideline governance standards.

Principles

All GDG members, including Chairs, methodologists, patient/public representatives and external advisers, must declare interests that could reasonably be perceived as influencing judgement.

- Declaration does not automatically preclude participation.
- Interests are reviewed by the Guideline Advisory Subcommittee (GAS).
- Management actions are proportionate to the level of risk.
- Declarations must be completed before appointment, reviewed annually, updated whenever circumstances change and confirmed at the start of each GDG meeting.
- The declaration period should normally cover the previous 36 months together with any known future commitments.

Categories of Interests

1. Personal Financial Interests

- Consultancy or advisory board roles
- Speaker fees or honoraria
- Expert witness work
- Paid educational activities
- Employment by commercial organisations
- Directorships
- Shareholdings, stock options or equity
- Royalties or licensing income
- Patents generating income
- Sponsored travel or hospitality beyond reasonable reimbursement
- Personal payments linked to procedures, products or treatments relevant to the guideline

2. Institutional (Non-personal) Financial Interests

- Industry-funded departmental research grants
- Sponsored fellowships or staff
- Equipment or software provided without charge
- Educational grants
- Institutional consultancy agreements
- Funding likely to be affected by guideline recommendations

3. Research Interests

- Principal or Chief Investigator roles
- Co-investigator on relevant studies
- Leadership of ongoing clinical trial
- Commercial or competitive grant funding
- Planned future research affected by the guideline

4. Intellectual Interests

- Authoring key evidence included in the review
- Editorials or opinion pieces advocating interventions
- Previous guideline authorship
- Public advocacy of specific treatment strategies
- Strong academic commitment to a particular intervention or technology

5. Professional and Organisational Interests

- Leadership roles in professional societies
- Charity or patient organisation leadership
- Journal editorial positions
- Membership of competing guideline groups
- Regulatory or commissioning roles

6. Personal Non-financial Interests

- Public advocacy
- Strongly expressed professional opinions
- Personal experiences relevant to the topic
- Close professional relationships that may influence judgement

7. Family or Close Personal Interests

- Relevant employment
- Commercial financial interests
- Leadership positions held by close family members

8. Other Interests

Any circumstance that could reasonably be perceived as influencing impartiality. When in doubt, declare it.

Assessment of Interests

GAS should assess each declaration according to:

- Relevance to the guideline topic
- Magnitude of the interest
- Timing of the interest
- Likelihood of influencing recommendations
- Public perception of bias

Assessment decisions should be documented.

Management Options

The GDG lead should review all declared interests and propose a management plan. Possible management actions include:

- Record declaration only
- Participation in discussion but not voting
- Recusal from specific discussions
- Exclusion from drafting particular recommendations
- Restriction from chairing discussions
- Exclusion from the GDG

The Chair (or Co-Chairs) should normally have no significant relevant financial conflicts of interest. Any exceptions should require explicit justification and GAS approval.

The GAS committee will review all declarations and proposals for mitigation and may require additional amendments prior to agreement to proceed

Transparency

A summary of all declared interests together with management decisions should be published with the final guideline.

Inaccuracy of declarations

AI may be used to screen for conflicts of interest to present to the GAS committee to compare to the declarations given.

If any declaration is subsequently demonstrated to be inaccurate, or if a new conflict is subsequently not declared, this may result in the removal from the GDG and future GDGs and BSG refusal to endorse the document which has been affected.

Appendix B

BSG Guideline Proposal Form

The BSG requires guidelines be developed using full AGREE II methodology. For areas lacking sufficient evidence to allow this, it is recommended that expert consensus be undertaken instead.

Guideline title

BSG proposing section(s)

GDG members

Name	Role	Methodology experience or training	Representation	Nation represented	Email
	Proposed Chair				
	Proposed methodologist				

Proposed authors on this guideline

If this differs from the GDG

Background

- Why is this needed now?
- Is there any overlap with existing national/international guidelines? Why is this preferable over endorsement of other guidelines?
- Expected impact on patient outcomes, service delivery, training, resource utilisation.
- Please provide a short evidence summary to articulate the unmet need clearly.

Scope and Purpose (Agree II domain 1)

Overall Objectives	
Defined PICO questions	
Target population	

Target users	
Care setting	
Key questions to be asked	

Stakeholder involvement (Agree II domain 2)

Relevant stakeholder	Name	Notes
Patient/public representative 1		
Patient/public representative 2		
Trainee		
4 nations		
Methodologist		

Define how the patient/public representatives will be involved in the process and how patient priorities will be incorporated.

Please define any external stakeholders. Is any cross-specialty collaboration planned? Which societies/organisations will review or input into this? In what order will endorsement be sought?

For collaborative guideline development. Please define which Society is leading, other endorsement processes that are required and publication plans. (Note BSG guidelines must be published in BMJ group journals).

Please provide a diversity and inclusion statement for this GDG and explanation of multi-disciplinary balance.

Rigour of Development (Agree II domain 3)

Will systematic reviews be performed?	
Consensus method	
Threshold for agreement	
How dissent will be managed	
Planned evidence to decision framework and recommendation grading approach	
Proposed date this guideline will need subsequent review and criteria for early update	

Plans for maintaining a record of all searches undertaken including documentation of search strategies, databases searched, search terms used, date ranges, inclusion and exclusion criteria, and any updates or amendments allows the evidence-gathering process to be clearly understood, critically appraised, and replicated if required	
How will the searches be handles following completion of the guideline to allow the BSG to maintain ownership of this data	

Clarity of Presentation (Agree II domain 4)

Planned recommendation format:	
Will recommendations be clearly identifiable?	
Will recommendations be graded?	
Will tables/figures be used to summarise recommendations?	
Will executive summary be included?	
Will audit standards be included?	
Will measurable outcomes be included?	

Applicability (Agree II Domain 5)

Anticipated barriers to implementation	
Workforce/training implications	
Proposed audit and quality metrics	

Conflict of interest management (Agree II Domain 6)

Please confirm full declaration of interest statements from all GDG members have been included with this application.	
Please detail all proposed funding sources for this work.	
Please document specific COIs and management strategy for each one.	
Please confirm that there is no involvement from industry.	

Timeline and Performance deadlines

Proposed timeline with milestones every 6 months. Please include proposed start and completion dates and any required additional steps such as methodological training, meeting requirements etc.

--

Budget/resource requirements

Proposed requirement for support from the BSG	Details	Proposed costings
Methodologist (should be commensurate with the cost of BSG in-house methodologist)		
Methodological training required		
Software/systems requirement		
GRG group in person meetings		
Additional/Misc.		
	Total	

Outputs and Dissemination

Intended publication journal.	
Conference launch plans (must not be presented before endorsement and first presentation must be at a BSG meeting).	
Educational outputs planned e.g. webinars	
Are any digital tools planned? Where will they be hosted?	
Is a separate methodology publication planned? If so, please specify journal and include this within the timeline (submission expected shortly after agreement to proceed with guideline development).	

Mandatory attachments

COIs for all GDG members

Quotes for support for which funding is being sought.

Signature

I confirm on behalf of the GDG that:

- 1) I have read the current BSG guideline development and will adhere to the process within it and read and adopt new iterations of this process document should they be produced during the development of this guideline
- 2) I confirm that this guideline will remain confidential pending BSG approval on completion.
- 3) I confirm that it will be submitted for publication to a BMJ group journal.
- 4) All outputs stemming from this guideline development will be passed to the BSG guideline development team for approval and once approved will be submitted to a BMJ journal for publication.
- 5) COIs for all members of the GDG have been submitted and appropriate plans made to minimize the impact of potential bias and the BSG will be informed of any changes to this which occur during the guideline development process
- 6) Once endorsed the first presentation of this guideline will be at a BSG meeting.

GDG Lead Signature

Date

Appendix C

Guidelines Advisory Sub-Committee (GAS)

Terms of Reference

Role

- Share complex decision-making
- Ensure consistency and quality across outputs
- Reduce reliance on individual guideline leads
- Allocation decisions for limited resources
- Development of Guideline processes

Remit

- Topic selection and prioritization and maintenance of a guideline matrix
- GDG lead and membership approval
- Funding allocation
- Oversight of methodology and timelines
- Avoidance of conflicting recommendations
- Final consistency review

Structure and membership

- Chair: BSG Guideline Lead
- Deputy Guideline Lead
- Section representation - Section guideline lead or section chair
- Clinical Services (CS) Committee Chair
- Methodological expert(s) and librarian if available
- Representative from BSG council
- BSG President or BSG President elect
- BSG Treasurer
- BMJ Editorial representation (meetings only)
- Co-opted members with guideline expertise for 1-2years for insurance of continuity and representation in the constitution of the committee

Operating model

- Three scheduled 2 hr meetings per year (1 in person, 2 virtual)
 - Guideline approvals would only be given at these meetings
 - Applications only considered with completion of guideline proposal, all COIs and funding application with justification
 - Advance publication planning
 - Decision on budget allocation

- Future topic selection
- Rare ad-hoc email contact for significant issues arising between formal meetings

Conflict of interests

- It is expected that the Guideline Lead will remain free of conflict of interest relevant to all BSG guideline development processes. They will therefore be expected to relinquish BSG GDG roles or other roles that might impact their impartial leadership of the process during their tenure.
- Conflict of interests will be declared at the beginning of GAS meetings by all in attendance and those with conflicts will not remain present for discussions on topics relevant to that conflict.

Decision making

The GAS committee will be chaired by the Guideline lead. When clear democratic consensus cannot be achieved, external review may be sought.

Appendix D

Application for BSG Guideline endorsement- checklist

Please complete this form and return with the completed guideline to the BSG guideline team. The guideline will then be circulated for review by the CS committee and the comments returned to you to be addressed. Please respond to these comments and include a document with tracked changes. This will then be reviewed at the next meeting of the GAS committee and endorsement given, if it is felt appropriate.

Guideline title

BSG section(s)

BSG section	Indicate to confirm they have reviewed and endorsed
	Yes/No
	Yes/No

COI

Please confirm on behalf of the GDG that all relevant COIs for the time period of guideline development have been provided to the BSG	Yes/No
Please confirm that the COIs and their management have been discussed in the presented document	Yes/No

BSG disclaimer

Please confirm that the BSG disclaimer statement has been included in the document	Yes/No
--	--------

Representation

Please confirm 4 nation representation on the guideline	Yes/No
Please confirm 2 patient/public representatives on the guideline group and inclusion as authors	Yes/No
Please confirm trainee involvement on the guideline	Yes/No

Publication and dissemination

Please list the proposed BMJ journal to which this will be submitted	
Please suggest external reviewers	

Please detail any planned associated publications and destination.	
Please detail any planned dissemination activities.	
Please confirm that the BSG will be informed when this is accepted for publication so that the guideline can be promoted.	Yes/No

BSG processes

Please confirm that this will remain confidential until the point of BSG endorsement	Yes/No
Please confirm the guideline will initially be presented at a BSG event.	Yes/No

Rigour of Development

Please confirm that Agree II methodology proposed in the guideline proposal has been followed and detail any departures from this.	Yes/No
--	--------

Clarity of Presentation

Please indicate if executive summary has been included.	Yes/No
Please indicate if the proposed journal structure has been used.	Yes/No

Budget/resource requirements

Please summarise BSG budget used for development of this guideline.		
---	--	--

Next update

Please document planned revision date for this guideline.	dd/mm/yyyy
---	------------

Mandatory attachments

The guideline document with all figures, tables and supplementary material.

Signature

.....

GDG Lead Signature

.....

Date