

# ERS Task Forces for the development of clinical practice guidelines, statements and technical standards – Guidance 2021

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## **1. Introduction**

The ERS contributes to the coordination of European activities in respiratory medicine and provides funding to task forces intended to produce clinical practice guidelines (CPG), statements and technical standards. These documents are then adopted as official ERS documents on issues related to respiratory medicine.

Proposals for the development of an ERS CPG, statement or technical standard can be submitted by an ERS member or be initiated by the Executive Committee. Patient organisations working with the European Lung Foundation (ELF) may also suggest potential topics for consideration.

## 2. Types of documents

### 2.1. Clinical practice guidelines (CPG)

Clinical practice guidelines (CPG) are documents that include recommendations for clinical practice. They aim to provide physicians, healthcare practitioners and patients with information and strategies that will help them make decisions about appropriate measures of care for specific clinical circumstances. Necessary elements of the development are 1) a multidisciplinary development process with a representative guideline development group, 2) a comprehensive and systematic literature review for identification of evidence, and 3) grading of the evidence and the degree of recommendations following the GRADE methodology. Methodological guidance is available from the ERS. For further details and information on the required methodology, please refer to the section 5 “Methodology clinical practice guidelines”. Patient input options are also available. Please contact the European Lung Foundation ([info@europeanlung.org](mailto:info@europeanlung.org)) for further information.

### 2.2. Statements

Statements are comprehensive scientific reviews of a topic by a group of experts. The focus of a review may be a disease entity, a research issue, a public health topic, a diagnostic or therapeutic approach to a disease or a set of related disorders, or other issues of interest to the ERS. All statements are based on a body of reliable scientific evidence identified by systematic searches and documented by references or data supporting the conclusions. They should be descriptive of the evidence as well as the current clinical practice. They do not require grading of the evidence and they cannot contain recommendations for clinical practice. Patient input options are also available. Please contact the European Lung Foundation ([info@europeanlung.org](mailto:info@europeanlung.org)) for further information.

### 2.3. Technical standards

Technical standards are documents that review or assess technologies or present recommendations for technology standardisation. Examples are standards for performing pulmonary function tests and reviews of technologies such as mechanical ventilators or non-invasive ventilator devices. Documents that emphasise the application of these technologies to patient care (e.g., their indications) rather than the assessment of the technology itself are better characterised as clinical practice guidelines or statements. For more information, see also the frequently asked questions on our [website](#).

## 3. Submission, reviewing and selection

The application form is available on the ERS website: <https://www.ersnet.org/research/task-forces>. Applications must be submitted according to the deadlines defined below.

### 3.1. Application deadlines

From 2021 there is only one annual deadline for submission of ERS task force proposals, which is February 01. The notification of acceptance or rejection of the applications should be expected by May of the same year.

The annual deadline for submission of joint ERS/ATS proposals takes place in August. The notification of acceptance or rejection of the proposals should be expected by February of the following year.

Applications for task force joint with another society than the ATS should be submitted at the February 01 annual deadline.

### 3.2. Proposal submitted by a member of the ERS

Proposals can be made by an ERS member who is an expert in the topic of the project. Applications are submitted through the ERS online platform and reviewed by the ERS Science Council, which asks a minimum of three reviewers to comment on the application, one of whom can be the ERS corresponding Assembly Head.

### 3.3. Proposal submitted by the ERS Executive Committee

The ERS Executive Committee may, on occasion, appoint one or two chairs who will be responsible for selecting the expert members and who will submit the application. Then, as for proposals submitted by members, applications are reviewed by the ERS Science Council, which asks a minimum of three reviewers to comment on the application, one of whom could be the corresponding Assembly Head.

### 3.4. Submission process

Applications and all supporting documentation should be submitted in English and online via the [ERS Task Force application platform](#). The web browser Google Chrome is advised to be used for a smooth fill in of information and upload of all documents.

The application is considered as complete when it contains:

1. The Task Force online application form duly filled
2. CV with the main relevant publications of both Chairs, justifying their expertise in the field and their role/responsibility in the Task Force proposal.
3. Lay Summary (500 words max) will be shared with patients and should be written in a such way that a non-scientist can easily understand the aims, outcomes and potential relevance to future practice.
4. The annual Declaration of Interest (DoI) signed by both Chairs via the MyERS account.

### 3.5. Approval

The reviewing of applications is managed by the ERS Guidelines Working Group, which proposes a recommendation to the Science Committee. The final decision to accept or not a proposal is made by the Executive Committee after examination of the Science Council's recommendation.

## 4. Panel of experts

### 4.1. Rules for the creation of panels of experts for task forces

The ERS recommendation concerning the panel for CPGs, statements and technical standards of experts are the following:

- Chairs should be from different countries.
- Panels should not exceed 15 members. Supplementary experts can participate as external consultants if needed.
- Panels should be multidisciplinary and encompass all the required areas of expertise for the completion of the document, thereby being representative of the various disciplines, professions and stakeholders involved in the considered topic.
- The inclusion of allied healthcare professionals is encouraged. The officers of [the ERS Assembly 9](#) "Allied Respiratory Professionals" can be approached for advice if needed (via [guidelines\\_statements@ersnet.org](mailto:guidelines_statements@ersnet.org))

- Panels should be pan-European, the predominance of one or two countries is discouraged.
- The inclusion of non-European experts is accepted but should not exceed 10-20% of the overall panel.
- Panels should be gender and age balanced. The inclusion of two early-career members is encouraged. If the chairs need suggestions of ERS early-career members who could contribute to their document, they could contact the ERS Guidelines Working Group ([guidelines\\_statements@ersnet.org](mailto:guidelines_statements@ersnet.org)) which, with the help of the ERS Early Career Member Committee (ECMC), may provide names.
- For CPGs, the chairs are encouraged to appoint, among the early-career panellists, one junior chair who will support them throughout the development of the document. The role of junior chair is described under item 4.2.
- The inclusion of 1 or 2 patient representatives with an advisory role is encouraged whenever appropriate. Note that patient representatives do not count towards the total of 15 panel members allowed by the ERS rule

For CPGs, the ERS strongly encourages to include in the panel members experienced in systematic reviews and the GRADE approach.

#### 4.2. Junior chairs

The chairs may decide to appoint among their early-career members panellists, one junior chair who will support them throughout the development of their document. The selection of a junior chair is not mandatory but encouraged for task force aiming at developing a CPG. Although the exact role and responsibilities of the junior chair is set by the task force chairs, the ERS Guidelines Working Group makes the following suggestions:

Task force development:

- Support the chairs in managing the task force team (communication with the panel, schedule of teleconference and meetings, ....).
- Be the link person between the chairs and the ERS office and have regular call (occurrence depending on needs) with ERS Office and led methodologist to assess the progress made by the TF.
- Ensure that the progress reports are submitted to the ERS office on time.
- Make sure that the guideline identifies areas for future research for every question.
- Make sure that the recommendations for future research are specific (for example study design, specific outcomes to be studied etc).
- Support the chairs in the distribution of pre-final versions of the document to the full panel for review and comment, until the manuscript is approved by all authors.

Task force dissemination:

- Begin the development of slide kits, pocket guideline, summary for clinicians and other materials for dissemination while the guideline is ongoing.
- Ensure that the dissemination material is ready as soon as possible after acceptance for publication.
- Liaise with the ERS office for submitting the dissemination material.
- Identify sister societies to whom the final document could be sent for dissemination.
- Identify ERS events during which the guideline could be promoted.
- Identify relevant non-ERS events during which the ERS guidelines could be promoted.

Other early-career members' role may be:

- To actively participate in one or more scientific group(s) of the task force (in agreement with the chairs).
- To perform the systematic review and grading of the evidence for at least one PICO question under the guidance of the ERS Methodologists (for CPGs only).

## 5. Methodology for clinical practice guidelines (CPG)

Applicants aiming to produce clinical practice guidelines are asked to include in their application a detailed description of the methodology they intend to use, particularly regarding formulation of questions, systematic review of the literature, grading of evidence and of recommendations. The ERS requires that all guidelines are evidence-based and follow strict methodology. For this purpose, it is strongly suggested that the GRADE approach is used.

To ensure a high level of methodological rigor, it is required that task forces aiming to produce clinical practice guidelines include members experienced in guideline development (mainly in conducting systematic reviews and preferably also in using the GRADE approach and the evidence to decision framework. These persons (up to 4) should be clearly indicated on the application form, and their knowledge should be demonstrated by either reference to relevant publications or work/research experience. They do not necessarily need to have a scientific background in the area of the task force and can be working in the field of evidence-based medicine. Additional funds to cover any external methodological support (for example for literature searches) can be included in the application form, under the appropriate section. These funds cannot cover the work of the task force panellists.

The ERS also has in-house methodologists who can assist in the process of producing guidelines. To ensure that the method described in the application fits the ERS requirements, the ERS Guidelines Working Group strongly encourages the applicants to contact the ERS in-house methodologists for advice before submission of the proposal. The ERS methodologists can be contacted via [guidelines\\_statements@ersnet.org](mailto:guidelines_statements@ersnet.org). Should the application be accepted, one of the ERS methodologists will be assigned as lead methodologist and he/she will be available for consultation throughout the project. The ERS methodologist will not conduct literature searches, statistical analyses or grade the evidence, but will oversee the entire process of guideline development. Staff support and related additional funds for methodology can, however, be included in the application form, under the appropriate section.

Table: Summary of what support the ERS in-house methodologist can and cannot provide:

Yes	No
Initial consultation on the right methodology for the project and the steps required	Literature searches
Help with formulating questions in the PICO format	Data extraction, data management, statistical analyses
Regular contact and support to the task force member responsible for the methodology throughout the duration of the project	Compiling evidence tables (support could be provided to ensure consistency between guidelines)
Provide teaching sessions for task force members, in order to assist them with applying the GRADE approach	Grading of the evidence (support could be provided to ensure consistency and quality)

## 6. Development

### 6.1. Duration

ERS task forces aiming to develop a CPG, statement or technical standard have a limited duration of two years.

### 6.2. Start of the project

Applicants whose proposals are approved will receive a notification by email that will describe the terms and conditions of their project funding. The project is initiated directly after receipt of the acceptance letter by the chairs, unless another starting date is clearly stated in the letter

### 6.3. Kick-off teleconferences

Upon approval of the application by the ERS Science Council and Executive Committee, a kick-off teleconference will be organised with the chairs, the ERS Guidelines Director, and the ERS methodologist(s) and staff.

### 6.4. Progress updates

The ERS requires that progress updates are provided to the ERS Office as follows:

<b>Time after approval</b>	<b>Update requested</b>
6 months	Update by email stating that the Task Force has properly been initiated and that the first meeting/teleconference(s) took place or are scheduled
1 year	A comprehensive report on the work achieved and a timeline including the remaining steps until completion of the project
18 months	A brief update on the 1-year report to be provided by email
2 years	Final deadline to complete your Task Force

At the beginning of the project, the ERS will provide the chairs with a suggested timeline with milestones for the development of their task force (example available [here](#)). If the expected deliverables are not provided by the end of the first year, the ERS Science Council and Executive Committee reserve the right to terminate the project.

For CPGs, an intermediate teleconference will take place after completion of the 1-year report in order to discuss the progress of the task force with the ERS Guidelines Director and methodologists.

## 7. Meetings

Face-to-face meetings can be scheduled at the ERS International Congress only. The organisation of external meetings (i.e. not held in conjunction with an ERS Congress) is not allowed. Exception can be considered for task forces developing CPG which may hold one face-to-face meeting for discussing the final recommendations towards the end of the project and only if the timing is not coinciding with the ERS Congress. Justification should be provided.

The ERS Office can provide facilities for hosting virtual meetings whenever needed. To benefit from these teleconferencing or videoconferencing facilities, the chairs should inform the Office of the date and time of the virtual meeting at least one week in advance.

### 7.1. Organisation of meetings at an ERS Congress

Upon request from the chairs, the ERS will provide a free meeting room located within the congress centre. Basic catering may be provided if budget is available. Financial support for travel and accommodation is not provided for meetings held at an ERS Congress.

### 7.2. Meetings at the ERS Headquarters (HQ) – ONLY for CPGs recommendation meetings

The ERS can provide meeting room facilities for up to 15 people in its HQ located in Lausanne, Switzerland. The ERS HQ is easily and quickly reachable from Geneva airport by train, which makes it an ideal meeting location. For meetings held at the ERS HQ, the ERS office can provide logistical support which includes:

- Sending of invitation to the participants
- Travel arrangements through the ERS official travel agency, according to the ERS Travel Policy
- Organising the participants' accommodation
- Organising the catering

### 7.3. Meetings at another location chosen by the chairs – ONLY to CPGs recommendation meetings

Recommendation meetings may also be held at a location chosen by the chairs, in which case no assistance will be provided by the ERS office with regards to meetings logistics, except for flights, which have to be booked through the ERS official travel agency. The chairs will have to negotiate contracts and payments with the venue and hotel directly. Travel expense reimbursements must be requested to the ERS by each member using the ERS online reimbursement system. The ERS [travel policy for task forces](#) applies.

## 8. Funding

Budget for the development of the document is not to be considered an ERS grant, but funding that the ERS has earmarked for a two-year period to cover the routine expenses for the development of the document. Funding cannot be used for another project than the specific TF approved by the Science Council. The chairs are responsible for ensuring the approved budget is not over-spent. The ERS can rightfully refuse to reimburse travel, accommodation or catering costs if this would be the case.

Funding to develop an official ERS CPG, statement or technical standard can be requested for:

- Methodological support (if not provided by a member of the task force)
- Administrative support (if not provided by a member of the task force)
- Meetings' organisation
- Other (to be justified by the chairs in the application)

Funding for teleconferences and videoconferences is usually not provided, as the ERS can arrange those for free and provide login details at no cost. The ERS Office would however need to be informed of the schedule of the teleconferences at one week before it takes place. Should the chairs prefer using another teleconferencing system which would require financial support for the ERS, a funding request can be made in the budget section "other". Explanation about why this particular teleconferencing system is needed should be given.

### 8.1. Funding for meetings' organisation (see item 7 "Meetings" for more information)

With the exception of catering, the ERS' funds cannot be used for meetings held at an ERS or other society's Congresses or events. For meetings at an ERS congress, a room will be provided free of charge. No travel, accommodation or registration financial support will be provided.

For meetings not organised as part of an ERS Congress (as such, this can apply ONLY to recommendations meeting of CPG) funding provided by the ERS would serve to cover travel, accommodation and catering expenses according to the [ERS travel policy for task forces](#). Project chairs and members are required to comply with the rules outlined in the ERS travel policy. Industry-sponsored dinners are not acceptable. No entertainment should be covered by ERS funds. Reimbursement of personal expenses via the ERS online reimbursement form must be accompanied by the relevant receipts. Only requests complying with the ERS travel policy on expenses in use at the time of the meeting will be accepted and reimbursed.

### 8.2. Funding for methodological support

The level of methodological support offered depends on the type of document developed:

- *Clinical Practice Guidelines*: unless the panel is experienced enough in guidelines development following the GRADE approach, the ERS recommends that the chairs requests funding for methodological support as follows:
  - Medical librarian: up to 3'000€. Chairs are encouraged to suggest a librarian from their own institute to conduct the literature searches and provide a relevant offer. If needed, the ERS may also suggest a medical librarian.
  - Methodological support for conducting the systematic review (including statistical analyses and grading of the evidence) related to 1 or 2 PICO questions could also be requested. The maximum amount provided by the ERS to this aim is 10'000€.
- *Statements and technical standards*: hiring a medical librarian to conduct the systematic searches is also encouraged. The maximum amount that the ERS can allocate for external support from a librarian is 3'000€. Chairs are encouraged to suggest a librarian from their own institute and provide a relevant offer for the searches. If needed, the ERS may also suggest a medical librarian.

### 8.3. Administrative support

If needed, funding can be required for administrative support. Justifications have to be provided.

### 8.4. Other

The applicants have the opportunity to ask for funding intending to cover other costs such as technical needs. Justifications have to be provided.

## **9. Conflicts of interest and confidentiality**

### 9.1. Conflict of interest management

The ERS requests that the task force chairs disclose their potential conflicts of interest at the time of the application. The ERS conflict of interest form for task forces is available via this [link](#). The forms, fully completed and signed by both chairs, should be submitted along with the task force application.

Upon approval of the project, the task force chairs must collect and forward to the ERS office, within four weeks, the conflict of interest forms from ALL panellists. The chairs are responsible

for ensuring throughout the development of their document that all panellists are aware of the potential conflicts of interest of the other members.

Furthermore, the ERS requests that task force chairs and other members proactively report any conflict of interest they may have should their situation change during the development of the task force.

#### 9.2. Confidentiality agreement

The ERS requests that all information related to the content and development of a CPG, statement or technical standard is kept strictly confidential until completion of the reviewing of the final document. Chairs and panellists are required to not to disclose any information on the project to any third party not directly involved.

All panellists will be asked to complete and sign a Confidentiality Agreement within four weeks after approval of the project and send it to the ERS Office. It is the chairs' responsibility to provide their members with the form to be completed and ensure that all members fill it in.

The confidentiality agreement does no longer apply as soon as the chairs are notified that the document is ready to be submitted by the ERS Office to the ERS Science Council and Executive Committee for endorsement.

### **10. CPGs, statements and technical standards joint with other organisation(s)**

#### 10.1. Contribution and agreement

Mention should be made by the applicants of the desirability (if any) of establishing collaboration with other organisations or societies. The expected contribution (e.g. funding, methodological support, resources) and requirements (e.g. single or dual publication) of the other organisation(s) should be specified in the application form. If collaboration with another organisation is approved, a written agreement will be signed by all parties. This will include details of how the expenses will be shared and how and where the final document will be published.

#### 10.2. Panel of experts

It is anticipated that panel of experts for joint task forces is made up of representatives of all organisations involved. The chairs are responsible for liaising with the other society(ies) concerning the appointment of their own representatives. If available at the time of the submission, the names of the other society(ies)'s representatives should be included in the table of panel of experts in the online application form along with the name of the society that the member represents. If the names of the other society(ies)'s experts are not available at the time of the submission, indication should be made in the table of the panel of experts that the appointment will be made at a later stage.

As for ERS-only projects, panels of experts for joint task force should not exceed 15 members (combined for all societies involved).

#### 10.3. Publication

As a rule, the ERS aims to publish the CPGs, statements and technical standards in any of the ERS publications and dual publication in other journals is discouraged. Under exceptional circumstances, dual publication may be considered provided that:

- the request is clearly specified in the initial proposal submitted to the Science Council for approval
- all societies equally contribute to the project
- the target audience of the two journals is different enough to justify the dual publication
- the documents published in both journals are identical, including the order of the authors in the author list

Any request for dual publication after approval of the project by the Science Council or during document development will not be accepted. Instead, the ERS encourages the simultaneous publication of an editorial in the other societies' journals.

If a joint publication is agreed, the requirements of both journals must be fulfilled, with specific consideration given to (but not limited to) policies regarding the disclosures of potential conflicts of interest, and the transfer (or otherwise) of authors' copyrights. All parties' requirements regarding publication schedules should also be considered when proposing jointly published documents.

## **11. Final documents endorsement, publication and dissemination**

### 11.1. Document format

ERS CPGs, statements or technical standards are intended to be published in one of the ERS journals, usually the European Respiratory Journal (ERJ) but possibly ERJ Open Research or European Respiratory Review (ERR). The final allocation to a journal and decision to publish the document or not, is the sole responsibility of the respective Editor(s). In principle, the European Respiratory Journal accepts a maximum of 8000 words per task force official document free of charge. Additional material can be published as online supplement.

More detailed information regarding the preparation of manuscripts for publication in the European Respiratory Journal can be found at <http://erj.ersjournals.com/authors/instructions>.

### 11.2. Endorsement

The endorsement process may vary if the project is involving other societies or not:

#### 1) For ERS CPGs, statements and technical standards to be published in the ERJ:

Upon completion, the final document must be submitted to the ERS Office for a preliminary check performed by the ERS Guidelines Director, one of the ERS methodologists and 1-2 ERS Officers expert in the field of the document. This step takes place before submission to the journal. Once the preliminary check is complete, the chairs are asked to submit their manuscript to ERJ (or to the other journal selected for the task force) for peer-review. The full process is handled through the online submission platform of the journal. When the reviewed document is accepted for publication, the Guidelines Director presents it to the Science Council and Executive Committee for endorsement. Following endorsement by the Executive Committee, the manuscript is published as an official ERS document.

#### 2) For joint CPGs, statements and technical standards to be published in a non-ERS journal

Upon completion, the final document must be submitted to the ERS Office for a preliminary check performed by the ERS Guidelines Director, one of the ERS methodologists and 1-2 ERS Officers expert in the field of the document. Once the preliminary check is complete, a formal peer-review process, involving at least 3 external

reviewers is handled. The document is subsequently presented for endorsement to the ERS Science Council and Executive Committee.

Once the document is endorsed by all societies involved, the manuscript is submitted for publication to the journal agreed by the societies at the beginning of the project. A second reviewing might be performed by the journal before publication. If appropriate, the society leading the development and publishing the final document is free to suggest to the ERS Office another review process which will be submitted to the ERS Guidelines Director for approval.

**Task Force documents are not automatically accepted for publication and eventual publication is purely an editorial decision following external peer-review.**

### 11.3. Dissemination at an ERS Congress

The ERS would like to give the opportunity to chairs to present the outcome of their task force during the ERS Congress. For CPG, one full session can be organised. Statements and technical standards are presented in one talk scheduled in a session identified by the ERS International Congress Programme Committee (ICPC).

In order to be presented at the upcoming congress, final documents should be submitted to the ERS Office and Guidelines Director for preliminary check by March of the same year.

### 11.4. Other dissemination and implementation tools (for CPGs only)

In order to support the document's dissemination and implementation, the ERS requires upon completion of the manuscript, the production of derivative products such as:

- Slide kit
- Summary (either a general summary or a summary for clinicians)
- Pocket Guidelines based as much as possible on decision algorithms

The chairs are encouraged to consider other dissemination tools and activities as well (e.g. presentation at international or national event) throughout the production of their document and to contact the ERS office about the different options to develop them. These additional tools are expected to be finalised upon publication of the document. They can be used by the ERS on the ERS website and by-products with unrestricted rights.

For CPGs, statements and technical standards, the final document needs to contain a list of evidence gaps that need to be addressed by future research, with precise suggestions regarding the type(s) of studies that are needed.

## **12. Public and patient involvement**

The Science Council recognises that patient input into task forces is desirable when appropriate and may help to:

- underpin guidelines and statements with patient experience,
- highlight areas where the patient's perspective differs from that of health professionals,
- ensure that guidelines and statements address key issues of concern to patients or that may be overlooked by healthcare professionals,
- provide input from a number of European countries to increase the transferability of guidelines and statements to different settings,

- to gain access to hard to reach patient populations, or
- optimise patient engagement and compliance with the resulting guideline or statement.

ELF welcomes contact from any task force group keen to investigate ways that patient input could enhance their work. They have expert experience of patient input and an established network of patient organisations across Europe, with access to patients, carers and advocacy groups, who are keen to support task force activities.

Options include a patient-focused literature review, patient consultation (including surveys and focus groups), the development of a patient version of the outcome document as well as participation of patient representatives in guideline panels.