



British Society for Allergy and Clinical Immunology (BSACI)

Standards of Care Committee (SOCC)

Guideline Production Manual

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Contents

1. Introduction	3
1.1 Background	3
1.2 General Principles	
2 Initiation of the guideline process	4
2.1 Identification of a guideline topic	4
2.1 The guideline proposal outline	4
2.2 Guideline time frame	4
2.3 Declaration of Interest	4
2.4 Selection of guideline lead	5
2.5 Selection of guideline writing group members (GWG)	5
3 Guideline Production process	6
3.1 Guideline outline	6
3.2 Literature/evidence	6
3.3 Reviewing evidence	7
3.4 Grading the evidence	7
3.5 Formulating recommendation	7
3.6 Drafting guideline	7
4 Consultation process for the guideline	8
5 Publication of the guideline	8
6 Patient involvement and support	8
7 Process of review/updating existing guideline	9
8 Dissemination and implementation of the guideline	9
References	10
Appendix 1. Declaration of interest	11
Appendix 2. Template for BSACI guidelines	16
Appendix 3. Literature support	17
Appendix 4. Grading the evidence and recommendations (SIGN)	18
Appendix 5. Evidence table (SIGN)	19
Appendix 6. Guideline development process algorithm	20
Appendix 7. Guideline checklist: inception to dissemination	21
Appendix 8. Guideline checklist: adherence to NICE accreditation	22
Standards of Care Committee Guideline Production Manual	2021



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Standards of Care Committee

Guideline Production Manual

1 Introduction

1.1 Background

The British Society for Allergy and Clinical Immunology (BSACI) has charitable status with its major objective to improve the management of allergies and related diseases of the immune system in the United Kingdom, through education, training, and research. The production and dissemination of evidence-based guidelines to guide decisions for optimal standards of patient care is an important part of the BSACI's objective. The BSACI also leads on national audits to assess changes in clinical care.

In 2004 BSACI set up the Standards of Care Committee to develop guidelines for use in secondary care by both adult physicians and paediatricians practising allergy. By 2017 thirteen guidelines had been published in *Clinical and Experimental Allergy*, a major international journal. The process of guideline development is informed by the AGREE instrument (Appraisal of guidelines for research and evaluation) and the SIGN (Scottish Intercollegiate Guidelines Network) 50 guideline developer's handbook and has been continually adapted and refined. The Standards of Care Committee were awarded NICE accreditation of their guideline writing processes in 2013, and this was reviewed and renewed in 2017 for 5 years.

This document describes the principles, policies and processes that should be followed in the development of BSACI guidelines. The writing of this manual has been informed by the British Thoracic Society's Guideline production manual (2020) NICE guideline manual (2012) and the NICE accreditation renewal process manual (August 2018). Issues that are not covered in this document but are thought to be important for improving this development process should be brought to the attention of the Chair of the Standards of Care Committee.

1.2. General Principles

The production of guidelines, overseeing the processes by which documents are produced by BSACI and leading on national audits are the responsibility of the BSACI Standards of Care Committee (SOCC). SOCC also ensures adherence of all documents to NICE accredited standards.

SOCC has a nominated audit lead who is responsible for pre and post audits for each guideline under production in liaison with the guideline lead and the SOCC committee. Post audits for guidelines usually take place within two years of the publication of the guideline. These audits are published in Clinical and Experimental Allergy.

SOCC committee is made up of the SOCC chair and over 20 members including allergy specialists, paediatric allergists, immunologists, GPs, nurse specialists, dietitians and is supported by Dr Maryam Shayeghi, BSACI Chief Scientific Officer. SOCC is also supported by a select advisory group who guide SOCC processes. SOCC chair and all SOCC members have to declare all conflicts of interest and will be removed from any of the guideline productions in case of any conflicts of interest. SOCC chair would be replaced by an existing SOCC member for the duration of any guidelines with any conflicts of interest.

BSACI guidelines are produced by Guideline Writing Groups selected and approved by the BSACI Standards of Care Committee through expressions of interest to BSACI membership. The work of the SOCC and Guideline groups is supported by the BSACI Chief Scientific Officer who is a staff member of BSACI Head office. The work undertaken by the SOCC, the guideline group members and expenses to attend meetings are funded by the Society. The Society does not seek external funding for producing its guidelines.

BSACI guidelines are based on the best available evidence. However, it is recognised that evidence in some areas may be sparse or of poor quality, but robust methodology must be used even in such areas. These are often the areas where guidance for good practice is most needed and the process of guideline development helps highlight areas for future research. BSACI guidelines aim to adhere to the AGREE criteria (www.agreecollaboration.org),

BSACI guidelines are designed to give guidance in the United Kingdom. Special considerations are therefore given to drugs available within the NHS. Produced guidelines should be applicable to the society in which we live and as such need to be representative of the population. Reference should be made to different groups including but not restricted to age (paediatric vs adult population), gender and ethnic origin.

If evidence is not available to make specific recommendations, then a gap analysis needs to be performed and a plan made within the BSACI as how to reduce that gap before subsequent review of that guideline. This is in order to meet the needs of the entire UK population related to atopic disease and immunodeficiency, reduce inequality and improve health outcomes.

Special considerations are also given to drugs available within the NHS.

2. Initiation of the Guideline process, (Appendix 6)

2.1 Identification of a guideline topic

The intended users of BSACI guidelines are health practitioners in primary and secondary care with a special interest in Allergy and Immunology. Suggestions for new guideline topics are made in the first instance through the BSACI [council proposal form](#) from the BSACI membership to the CSO.

2.2 The Guideline proposal outline should explicitly include:

- 2.2.1 The aim of the Guideline.
- 2.2.2 A clear description of the intended users of the Guideline.
- 2.2.3 A clear description of which areas are to be included and excluded from the guideline.
- 2.3 Guideline time frame.

Production of a full Guideline should be completed within two years from the date that the Guideline Writing Group (GWG) is convened.

2.4 Declaration of interest.

The guideline lead and GWG members are required to complete a declaration of interest (Appendix 1) and declare all conflicts of interest and sign the agreement to confidentiality (Appendix 1). At all times, the BSACI conflicts of interest policy for committees is followed. All declarations of interest forms are kept at the BSACI head office and are made available for inspection on request.

2.5 Selection of guideline lead

2.5.1 The Chief Scientific Officer (CSO) invites BSACI members for the Writing Group Lead (WGL).

2.5.2 SOCC committee select the appropriate lead from the applications. The guideline lead and members of the writing group are usually BSACI members and may be simultaneously members of the SOCC.

2.5.3 The proposed lead should have specialist expertise in the guideline topic.

2.5.4 The lead is expected to ensure quality of input from all group members, adhere to the BSACI policy for declaration of interest and manage declarations of interest and potential conflicts of interest of group members, lead draft write ups, attend SOCC meetings when the guideline is an agenda item, keep SOCC updated on the guideline progress and undertake activities to promote the guideline implementation after guideline publication. SOCC lead should declare all conflict of interest and another writing group member should take the lead position in case of any conflict of interest.

2.5.5 The lead is accountable for delivering the draft guideline to SOCC within the agreed timeframe with the GWGs.

2.6 Selection of guideline Writing Group (GWG) members

2.6.1 The CSO on behalf of the guideline lead invites BSACI membership for writing group members.

2.6.2 Guideline lead, in consultation with the SOCC chair, will select members who are recognised experts in the guideline subject. A minimum of two representatives from patient organisations (from Allergy UK and /or Anaphylaxis Campaign) will be part of the guideline writing group throughout the guideline production process (including scoping and development of recommendations). Both patient organisations have sufficiently large membership to provide lay members. In the unlikely event that a lay

member cannot be identified within the patient organisations, the BSACI SOCC will invite lay people who have fulfilled this role for previous guideline development.

2.6.3 Guideline lead should confirm that the writing group members have the commitment for the project through defined timelines. Whilst the writing group is a separate body to the SOCC, it may contain SOCC members.

2.6.4 Composition of the guideline group

- Members of the writing group should consist of health-care providers with specialist knowledge and expertise in the guideline topic. GWG members may or may not be members of BSACI.
- Members should be drawn appropriately from various disciplines and specialties involved in clinical management, e.g adult and paediatric consultant, GPs, nurses, dietitians, physiotherapists, immunologists, specialist trainees.
- Minimum of two patient group representatives as well as one core SOCC member are appointed for each guideline and form part of the GWG and are involved in all aspects of the guideline production.
- GWG needs to be diverse and representative of the population in the UK, with ideally a geographical spread of members.
- GWG members need to be committed to the longevity of the guideline production and ideally able to engage with activities which will generate further evidence related to any gaps in the literature for further iterations.
- WGL confirms the members of the GWG for the guideline who will be named as authors. Named authors will need to have written at least one section or given substantial input to the final guideline. This will be agreed at the outset.

3 Guideline production process. (Appendix 6)

3.1. Guideline outline

The guideline lead and the GWG members produce the guideline outline, sections, and PICO questions for the systematic review process with pre-defined inclusion and exclusion criteria to be reviewed at one of the SOCC meetings (Appendix 2).

3.2 Literature/evidence (Appendix 3).

- Identified according to an explicit search strategy of which an abbreviated form is published in the final guideline.
 - Selected according to defined inclusion and exclusion criteria, which are published.
 - Evaluated against consistent methodological standards, for example, the systematic reference searches should be run with appropriate key words provided

by the Guideline group. The selection of keywords may be informed by a series of structured key questions using the PICO format:

Patients or population to which the question applies.

Intervention (or diagnostic test, exposure, risk factor, etc.) being considered in relation to these patients.

Comparison(s) to be made between those receiving the intervention and another group who do not receive the intervention.

Outcome(s) to be used to establish the size of any effect caused by the intervention.

- Other literature can also be collected where evidence is not driven by PICO questions, for example, epidemiology.
- The search should include systematic reviews, randomised controlled trials and observational studies.
- The search also considers the ethnic mix of the population, as well as age and gender distribution. The search strategy and the references identified are assessed by the WGL and at least two writing group members to ensure relevance and validity, and accordance with inclusion / exclusion criteria prior to the writing process by the writing group members.

3.3. Reviewing the evidence

- Once the search is complete and validated, the evidence is reviewed by the GWG to ensure its relevance and validity and allocated to each PICO question by at least 2 members of GWG. Appendix 4

- All accepted papers are critically appraised and potential risk of bias identified by GWG

3.4. Grading the evidence

For each PICO question, the evidence from accepted papers is graded and results compiled in an evidence table added in the final guideline document. (Appendix 5).

3.5. Formulating recommendation

- All the graded evidence is used to formulate recommendations in the guideline

- All recommendations are also graded to differentiate between those based on strong evidence and those based on weaker evidence.

3.6 Drafting the guideline:

Based on the evidence and recommendations, the writing group begins to compose the main text and executive summary. (Appendix 2).

3.6.1 The guideline introduction includes:

-aim(s) of the guideline

- intended users
- description of the target population
- inclusion / exclusion criteria for evidence
- search strategy methodology
- date of searches (which will also appear in the guideline appendix)
- 5-7 year renewal statement
- declaration of interests of the guideline group members and all stakeholders.

3.6.2. Specific reference needs to be made relating to any gap in the literature or recommendations related to gender, age and ethnicity and how this gap will be reduced. The composition of the writing group, (including lay membership) will be stated.

3.6.3. The writing group builds and then submits a first draft of the guideline to SOCC for review. An iterative review process is undertaken at SOCC, in consultation with the guideline lead and GWG. They are invited to attend SOCC meetings at times when the guideline is an agenda item for discussion.

4. Consultation process of the guideline

The final draft of the guideline is placed on the members' only webpages of the BSACI website (www.bsaci.org) for consultation for 4 weeks. All BSACI members are invited by email to participate in sending comments and feedback on the guideline to the SOCC. All comments are collected and individually assessed. Suggested changes are discussed by the SOCC and the chair of the guideline group. Changes are implemented where appropriate and when evidence is available.

5. Publication of the guideline

All BSACI guidelines are peer-reviewed before publication in an appropriate journal (usually Clinical and Experimental Allergy). Reviewers are selected independently by the journal editor and are anonymous. Such peer review adds a further layer of scrutiny by experts in the field and are often international experts.

6. Patient involvement and support

6.1 Each GWG has a minimum of two patient representatives provided by Allergy UK and / or Anaphylaxis Campaign and are involved in all aspects of the guideline production.

6.2 Diversity from the UK is important and approaching 'expert' patients from within BSACI member's own clinical practice may be effective. There are training packages (reference) available to allow patients with no prior experience of group work with health care professionals to understand their role and allow full participation.

6.3 Specific information is sought from lay members to:

- Ensure that key questions are informed by issues that matter to patients (this is sought at the earliest stage in guideline production formulating search strategy, guideline outline and sections with PICO questions as well as review of literature, evidence selection and recommendations).
- Identify areas where patients' preferences and choices may need to be acknowledged in the guideline.
- Prepare any patient information literature which may be required identifying sources of further information.
- Ensure that the guideline is sensitively and appropriately worded.

6.4 Patient group representatives are required to complete a declaration of interest as part of GWG and declare any conflicts of interest and sign the agreement to confidentiality.

6.5 Most BSACI guidelines include patient information on the topic of the guideline.

7. Process for Review/updating of existing guidelines

Updates and revisions to existing guidelines are considered by the SOCC (and the chair of the guidelines group) as a standing agenda item at every SOCC meeting with the intention that existing guidelines are updated every 5-7 years (or sooner if the evidence base for the guideline is known to have changed). There are at least 4 SOCC meetings in a year. Updates may be triggered by substantial new management or drug developments and/or the publication of guidelines from other organisations with specific recommendations that challenge previous BSACI recommendations. In this situation, if no significant additional evidence is available, the SOCC may decide to confirm the validity of the existing guideline and review the guideline again in 1-2 years' time.

The BSACI organises an annual meeting, where clinical and scientific studies are presented and discussed. Guideline leads and stakeholders are encouraged to monitor changes of patient management with regards to their published guideline on a yearly basis and raise the need for updates with the chair of the SOCC when necessary.

8. Dissemination and Implementation of BSACI guidelines

All BSACI guidelines are made available for internet download on the BSACI website for BSACI members and on the publishing journal website (with free access) for other interested health care providers. Education and Training with specific reference to BSACI guidelines is provided at the annual BSACI conference and regionally in workshops organised by BSACI members. The guideline lead develops basic Power Point slides as aides for these workshops and these are also available on the BSACI website. The guideline algorithms are presented using a standardised template for the BSACI website and other dissemination opportunities

including conferences. The executive summary, tables and algorithms are usually included to convey the main messages from each guideline. Other dissemination aides may be produced, such as posters highlighting the main points of a guideline. These may be published as a pull out in the BSACI's quarterly Newsletter for BSACI members and, also disseminated at allergy workshops and educational training events. The BSACI supports 10-12 regional training workshops each year and a national audit programme to assess the implementation of its guidelines and to monitor changes in practice.

References

1. GRADE, <https://gdt.gradeapro.org/app/handbook/handbook.html>
2. AGREE II (Appraisal of guidelines for research and evaluation), 2013
www.agreetrust.org
3. SIGN (Scottish Intercollegiate Guidelines Network) 50: A guideline Developer's handbook (2008, revised 2011)
4. British Thoracic Society Standards of Care Committee Guideline Production Manual 2020
5. National Institute for Health and Clinical Excellence – 'The guidelines manual' Draft March 2012
6. NHS evidence accreditation (<https://www.evidence.nhs.uk/accreditation/>)

Appendix 1

Declarations of Interest of BSACI Committee Members and patient management guideline producers concerning Pharmaceutical industry & commercial sponsorship

Date

To all members of BSACI Council, Executive, sub-committees and working groups

It is important to ensure any potential conflicts of interest of those members involved in the BSACI Council and Executive Committee, sub-committees/working groups are detailed and if necessary, addressed.

As a result, the BSACI have decided to assemble a register of interest. These interests are divided into two categories; here we have given some examples of interest in each category:

- Personal – any fees (over £250) paid directly to you for: presenting at conferences, travel, expenses, various grants, writing literature, attending meeting/conferences, and shares.
- Non Personal – funds/fees that are made to your department for salaries, research, equipment, education.

Please refer to the BSACI Conflicts of Interest Policy Document for description of conflicts to be declared. With your signature on the form you acknowledge that you have read this document and you affirm that the information you give is a true indication of interests.

I would be grateful if you could complete the attached form and return it to the BSACI at Studio 16 Cloisters House, 8 Battersea Park Road, London SW8 4BG no later than Date (usually at the beginning of a calendar year)

Yours sincerely

BSACI Secretary

British Society for Allergy and Clinical Immunology

Declaration of Interest Form for the period of

1st January – 31st December (previous year)

Please read the BSACI policy document on Conflicts of Interest and then complete all sections on this form and return it to BSACI, Studio 16 Cloisters House, 8 Battersea Park Road, London SW8 4BG even if you have nothing to declare.

Full name: _____

Please tell us all the BSACI Committees/Groups you are a member of:

I have no conflict of interest

Personal Benefits

This section includes payment/fees (over £250) eg: for lectures, advisory committees or consultancy services, either on a regular or irregular basis from which you will personally benefit. Benefits in kind should also be registered.

Company	Reason for payment	Completed at the end of Dec (previous year) or to be continued.
		Please continue on the following pages

Company	Reason for the benefit

Personal Shares

Company Shares	Shares still held at 31 st December previous year

Non-Personal Interests

For funds/fees that are made to your department for salaries, research, equipment, education etc. Also includes benefits in kind and fees for your own work if you do not benefit personally.

Company	Reason for support	Completed at the end of December 31 st previous year or continuing?

Other potential conflicts of interest

Commercial interests of spouse/partner and membership of relevant outside agencies, organizations, including pressure groups etc.

Company	Reason for support	Completed at the end of December 31 st previous year or continuing?

Additional interests for present year

Please list activities which you are sure will take place.

Company	Reason for support

I have read the BSACI policy document on Conflicts of Interest and declare that the information I have given is a true indication of interests.

SIGNATURE:

PRINT NAME:

DATE:

Please return this by date (beginning of the year) to:

BSACI office
Studio 16, Cloisters House
8 Battersea Park Road
London
SW8 4BG

Would members of guideline development expert groups and those of the following four BSACI committees please also sign the **confidentiality agreement** (next page), unless they have done this previously: **BSACI Council, Standards of Care Committee (SOCC); BSACI Paediatric subcommittee (PAG), Primary Care Group**

Confidentiality Agreement

This agreement covers all those who have sight of documents, or are party to discussions, relating to the development of guidelines before public consultation. This includes Standards of Care Committee members, BSACI Trustees and other members of BSACI Committees, especially those involved with guideline development, and BSACI staff and associates.

1. I undertake to BSACI that I shall:
 - a. Keep all confidential information strictly confidential.
 - b. Not use any confidential information for any purpose other than participating in the deliberations of any BSACI Committee.
 - c. Not disclose any confidential information to any commercial industrial party without the prior written consent of BSACI and in the event that such disclosure is permitted I shall ensure that such party is fully aware of and agrees to be bound by these undertakings.
 - d. Not disclose the deliberations of any BSACI guideline Committee to any other person without the explicit consent of the Chair of the Committee.
2. The undertakings set out in paragraph 1 above ('the undertakings') shall not apply to the use or disclosure of information that:
 - a. At or after the time of disclosure or acquisition is in the public domain in the form supplied otherwise than through a breach of any of the undertakings, or
 - b. Was lawfully within my possession before its disclosure to me by the BSACI or the Standards of Care Committee or any other guideline committee provided that the source of such information was not bound by, or subject to, a confidentiality agreement with BSACI; or
 - c. I am required to disclosure by any court of competent jurisdiction or any government agency lawfully requesting the same, provided that BSACI is notified in advance of such disclosure; or
 - d. Is approved for release by prior written authorisation from BSACI.

SignedDate.....

Print name.....

Appendix 2 – Template for BSACI guidelines (headings)

Not all headings may be appropriate, highlighted in bold are the usual ones.

Title: ‘BSACI guidelines for the management of’

Authors

Keywords

Summary (about 300 words)

Introduction

Aim of the guideline, intended users, description of the target population, inclusion/exclusion criteria for evidence, search strategy methodology, date of searches, 5-year renewal statement and the composition of the writing group including lay membership will be stated. There will be a statement to say that there is no conflict of interest within the guideline group and the committee and DOIs will be available on request. The search strategy will be added to guideline document as an appendix.

Executive Summary (usually bullet points)

Definition

Background and epidemiology

Aetiology

Clinical Classification or Clinical patterns

Mechanisms or risk factors

Prognosis

Diagnosis (including examinations, investigations) – with algorithms

Treatment in Adults – with algorithms/flow charts

Treatment in Children – with algorithms/flow charts

Treatment in pregnancy and breastfeeding

Economic considerations for implementation of guidelines

Co-morbid associations

Prevention

Future Research

Acknowledgements

Case studies if appropriate

References

Appendix 3 - Support for literature acquisition to guideline group

1) Literature searches

The BSACI research officer carries out a systematic review guided by the PICO questions. The main databases used are provided by the Royal College of Medicine including Embase and Medline and Cochrane databases. Additional databases used are, PubMed (ncbi), NHS Evidence and the clinical trials registry.

2) Review of the literature

At least 2 members of the writing group screen the abstracts in the first instance for relevance and validity. The accepted papers are further critically appraised by the GWG and the risks of bias identified. The list of references is generated for which full papers are required.

. Copies of papers may be obtained from:

- Journals/books held as personal copies by guideline group members.
- Individual member's institutional library (or electronic library) subscriptions.
- Request to the corresponding author of the published material

GWG members are encouraged to make full use of their NHS/university library resources to obtain full copies of the accepted papers. BSACI research officer can assist with ordering copies of journal articles that are otherwise difficult to obtain.

Evidence table, appendix 5 is compiled and added to the guideline.

Recommendations are made based on the evidence to use by GWG in guideline draft. These recommendations are graded on the basis of the strength of the evidence.

3) Managing data

The BSACI research officer assists in compiling a database of references that are relevant to the guideline. She/he holds the central copy of Endnote and assists with the in-manuscript citation formation.

Appendix 4 – Grading the Evidence and the Recommendation (SIGN)

Level of evidence	Definition
1++	High quality meta-analyses, systematic reviews of RCTs, or RCTs with a very low risk of bias
1+	Well-conducted meta-analyses, systematic reviews, or RCTs with a low risk of bias
1-	Meta-analyses, systematic reviews, or RCTs with a high risk of bias
2++	High quality systematic reviews of case control or cohort or studies High quality case control or cohort studies with a very low risk of confounding or bias and a high probability that the relationship is causal
2+	Well-conducted case control or cohort studies with a low risk of confounding or bias and a moderate probability that the relationship is causal
2-	Case control or cohort studies with a high risk of confounding or bias and a significant risk that the relationship is not causal
3	Non-analytic studies, e.g. case reports, case series
4	Expert opinion

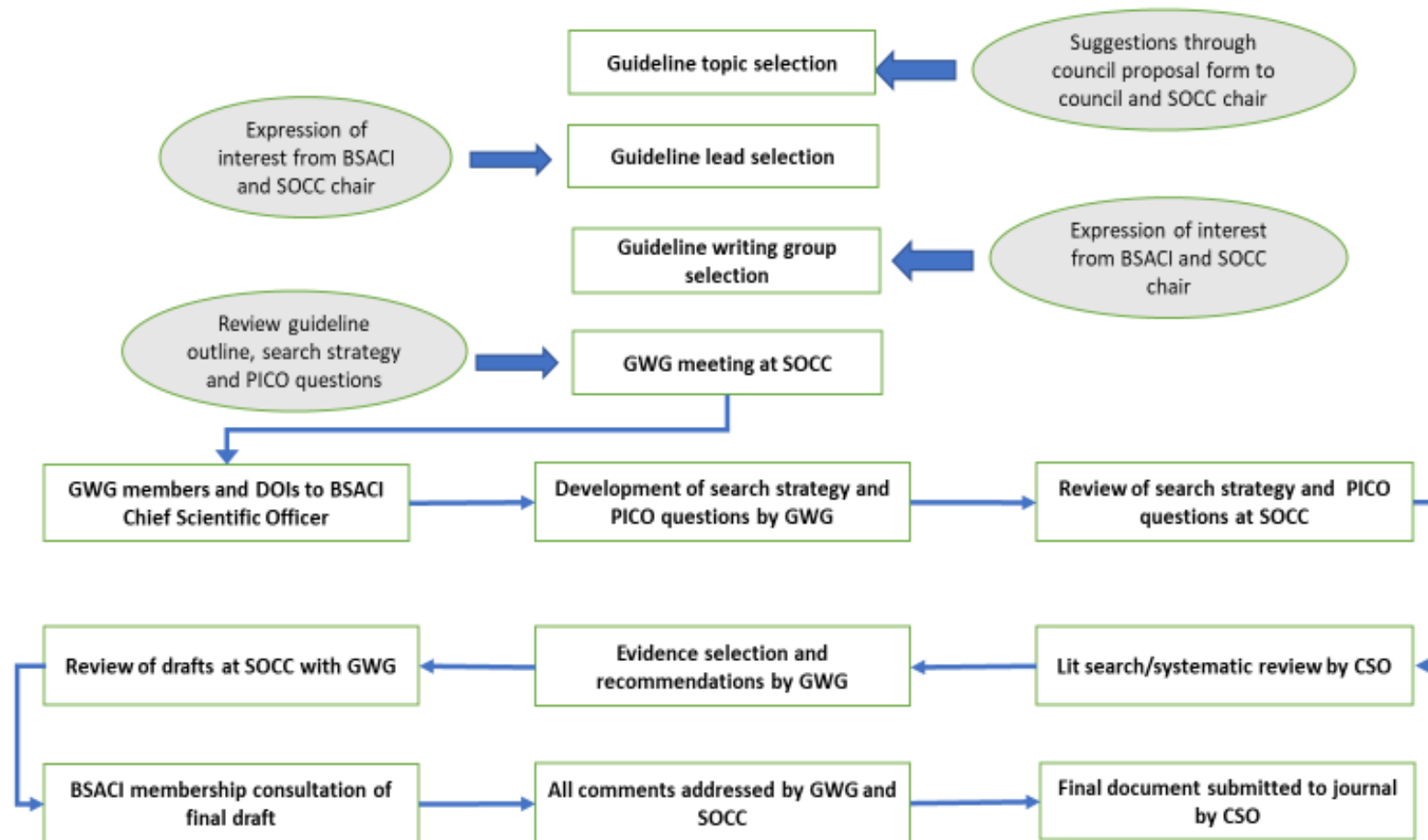
Grade of recommendation	Type of Evidence
A	At least one meta-analysis, systematic review, or RCT rated as 1++, and directly applicable to the target population; <i>or</i> A body of evidence consisting principally of studies rated as 1+, directly applicable to the target
B	A body of evidence including studies rated as 2++, directly applicable to the target population, and demonstrating overall consistency of results; <i>or</i> Extrapolated evidence from studies rated as 1++ or 1+
C	A body of evidence including studies rated as 2+, directly applicable to the target population and demonstrating overall consistency of results; <i>or</i> Extrapolated evidence from studies rated as 2++
D	Evidence level 3 or 4; <i>or</i> Extrapolated evidence from studies rated as 2+
E (is not contained in SIGN)	Recommended best practice based on the clinical experience of the guideline development group

Appendix 5: BSACI evidence table for intervention studies (amended from the original SIGN evidence table format)

Question (Purpose of the guideline):

Bibliographic citation	Study type	Ev lev	Number of patients	Patient characteristics	Intervention	Comparison	Length of follow up	Outcome measures	Effect size	Source of funding	Has the study provided answers to the original question? Weakness/limitation	ci- ted Y/N

Appendix 6: Guideline Development Process



Appendix 7: Checklist for prospective guidelines – from inception to dissemination

This checklist provides a prompt to the SOCC committee and guideline/document writing group leads (WGLs) to ensure that all processes of guideline/document production comply with the BSACI guideline manual.

Guideline initiation

Action	Documentation required	Reference
New guideline/document proposal submitted	Approval by council/SOCC chair	GPM 2.1
Call to BSACI members for Writing Group Lead	Expression of interest to membership by CSO	GPM 2.5
Appointment of WGL	Committee minutes	GPM 2.5
Call to BSACI members for writing group members	Expression of interest sent by WGL via CSO	GPM 2.6
Confirmation of composition of writing group	Committee minutes	GPM 2.6
Invitation to representatives from lay organisations	WGL as part of writing group	GPM 2.6
Agree commitment/responsibilities with WGL	Email record	GPM 2.5
Agree timelines between SOCC and WGL	SOCC minutes	GPM 2.3/2.5

Writing Group Composition check (GPM 3).

Membership groups/considerations	Yes	No	N/A
Adult allergy			
Paediatric allergy			
Primary care			
Nursing			
Dietetics			
Physiotherapy			
Immunology			
Dermatology			
Patient representatives			
Specialist trainees			
Equality and diversity			
Geographical distribution			

Writing group lead responsibilities			
Ensure quality of input from all WG leads			
Adhere to policy of Declaration of Interest (DoI)			
Manage Dols and potential conflicts of interest of WG members			
Lead draft guideline/document write-ups			
Attend SOCC meeting where required/requested			
Keep SOCC updated on guideline/document progress			
Undertake activities to promote guideline/document after publication			
Pre-/post-publication audits			
Template slides for distribution for teaching			
Allergy Update pull-out			
Allergy Update report			

Appendix 8: Checklist for prospective guidelines/documents – adhering to NICE accreditation standards

Criteria	Check
Domain 1: Scope and purpose	
Detail overall objective of guidance/document	
Detail clinical/healthcare/social questions covered by guideline/document	
Detail population and/or target audience to whom guideline/document applies	
Ensure clear recommendations for specific healthcare/clinical/social circumstances	
Domain 2: Stakeholder involvement	
Inclusion of all relevant stakeholder groups (e.g. patient groups) in guideline/document development	
Seeks patient views/preferences in developing guidance	
Inclusion of representatives of intended users in developing guidance (WG membership)	
Domain 3: Rigour of development	
Systematic methods to search for evidence and details of search strategy	
State inclusion and exclusion criteria of evidence review	
States strengths and limitations of evidence	
Acknowledges any areas of evidence weakness	
Describes methods used to arrive at recommendations e.g. consensus	
Consider health care benefits/side-effects/risks in formulating recommendations	
Describes process of external peer review	
Describes process of updating/maintaining/improving guidance quality	
Domain 4: Clarity and presentation	
Ensure recommendations are specific/unambiguous/clearly identifiable	
Different management options clearly presented	
Dates of publication/proposed review stated	
Content of guidance suitable for target audience	
Domain 5: Applicability	
Publish support tools to aid implementing guidance	
Discuss potential organisational/financial barriers to implementing guidance	
Audit	
Editorial independence	
Independent of any funding body	
Transparent about funding mechanisms	
Record any potential conflict of interest	
Consider any potential bias in conclusions/recommendations	