

# NASPGHAN POLICY ON CLINICAL PRACTICE GUIDELINES AND RELATED STATEMENTS

**Overview.** Pediatric gastroenterology is a constantly evolving, dynamic field. As clinical and basic scientific evidence emerges that substantially impacts practice, the NASPGHAN Executive Council may authorize the development of new or revised clinical practice guidelines or related official, authoritative statements. All published guidelines and statements officially developed by or endorsed by NASPGHAN will conform to rigorous standards and a well-defined review and approval process. Publication will occur in the *Journal of Pediatric Gastroenterology and Nutrition* or, with prior approval, an alternate peer-reviewed journal.

This policy defines how NASPGHAN-endorsed guidelines or other official statements shall be proposed, budgeted, approved, developed, reviewed and revised. Official definitions of NASPGHAN clinical practice guidelines and related authoritative statements are provided below.

**Development of new guidelines and related official statements.** A wealth of evolving clinical knowledge in pediatric gastroenterology, hepatology and nutrition demands that NASPGHAN regularly consider subject matter that may be appropriate for the creation of clinical practice guidelines or other official statements. NASPGHAN-endorsed statements must be first proposed to the Clinical Care and Quality Committee. The initial proposal should include a brief rationale for the planned document. In determining the feasibility and desirability of a new guideline or official statement, favorable criteria may include, but not be limited to:

- *common disorders for which the standard of care is poorly defined;*
- *common problems with widespread clinical/social consequences;*
- *the availability of new diagnostic and/or new treatment modalities;*
- *controversial, complex, and/or challenging diagnostic, treatment or policy issues.*

Upon approved by the Clinical Care and Quality Committee, a budget is developed, writing committee membership is proposed, and approval by the Executive Council is sought. If Council approves, the development process shown in the flow diagram at end of this policy ensues.

**Revision of guidelines and other official NASPGHAN statements.** Clinical practice guidelines and official NASPGHAN statements must be reviewed and updated on a regular basis to ensure accuracy and timeliness of information. Accordingly, each official NASPGHAN document listed at [www.naspgghan.org](http://www.naspgghan.org) and published in the *Journal of Pediatric Gastroenterology and Nutrition* will be formally reviewed three years following publication, with the goal of submitting a revised document or retiring the guideline 5-6 years after publication. It is the duty of the Clinical Care and Quality Committee to formally review existing guidelines and other official statements three years after publication. In addition, the Committee will informally review guidelines annually to determine if there is an acceptable level of congruence with current knowledge in the field. Any document deemed to be out of date or no longer relevant to the field may be retired upon recommendation of the Clinical Care and Quality Committee and approval of Executive Council. Alternately, a document revision may be recommended.

**Writing committee size and membership:** Committee members are appointed by the NASPGHAN president and Executive Council with input from relevant NASPGHAN committees and the person(s)

proposing document development. Writing committees should be kept relatively small, in order to assure that the task of writing and reviewing is completed expeditiously. Committees may work by electronic mail, conference calls, videoconferencing and face-to-face meetings. In general, it is anticipated that no more than two face-to-face meetings will be required. For a proposed new or revised guideline or document, writing committees will typically include 8-10 members, as follows:

- 3-4 members from NASPGHAN and 3-4 members from ESPGHAN (for joint guidelines);
- 6-8 members (for NASPGHAN only guidelines);
- At least 1 member with expertise in statistics, epidemiology and evidence-based analysis.
- Consideration of involvement of one representative of the American Academy or Pediatrics.

The following will be considered in selection of committee members:

- Expertise and publication record in the field
- Clinical experience
- Conflicts of interest and how they are mitigated or resolved
- Willingness to commit to the document development process and timelines
- Academic rank, work setting
- Diversity (gender, race, ethnicity, geographic origin)
- For revision committees, at least 3 members will “carry-over” from the initial authors.

#### **Definitions of official NASPGHAN documents.**

1. A **Clinical Practice Guideline** is an evidence-based decision-making tool for managing a common or important condition. Clinical Practice Guidelines may be proposed by a NASPGHAN committee, subject to the conditions outlined herein. Alternately, guidelines may be solicited by the Executive Council. NASPGHAN Clinical Practice Guidelines are developed using a methodology that meets the criteria of the Agency for Healthcare Research and Quality for posting on [www.guideline.gov](http://www.guideline.gov) in the National Guideline Clearinghouse. Guideline development includes a thorough systematic literature review, synthesis of the evidence, data analysis, formalized consensus development, recommendations and algorithms for clinical management, and internal and external critique (*J Pediatr Gastroenterol Nutr* 2002;35:242-3). The final draft requires commentary by the entire NASPGHAN membership prior to official approval for publication. Once authorized for publication in the *Journal of Pediatric Gastroenterology and Nutrition* by the Executive Council, the Clinical Practice Guideline is submitted to the Journal by the President of NASPGHAN and is not subject to further peer or editorial review.
2. A **Clinical Report** is a guidance document for the clinician providing care. A Clinical Report presents an extensive review of state-of-the-art of care for an important clinical topic. Because a Clinical Report is not prepared with the rigorous methodology applied to development of a Clinical Practice Guideline, there are no or few formal recommendations in a Clinical Report, although generally accepted best practices can be described. A Clinical Report may be proposed by a NASPGHAN committee. Otherwise, the report is solicited by, reviewed by and subject to approval by the Executive Council. The final document requires review and critique by either a committee other than the authoring committee or by three members of the Executive Council, then final approval by the Executive Council. Once

authorized for publication in the *Journal of Pediatric Gastroenterology and Nutrition* by the Executive Council, the Clinical Report is submitted to the Journal by the President of NASPGHAN.

3. A **Technical Report** is a scientific evidence-based report. A Technical Report describes the scientific evidence on a specific topic. It does not include recommendations for clinical practice. A Technical Report may be proposed by a NASPGHAN committee. Otherwise, the report is solicited by, reviewed by and subject to approval by the NASPGHAN Executive Council. The final document requires review and critique by either a committee other than the authoring committee or by three members of the Executive Council, then final approval by the Executive Council. Once authorized for publication in the *Journal of Pediatric Gastroenterology and Nutrition* by the Executive Council, the Technical Report is submitted to the Journal by the President of NASPGHAN.
4. A **Committee Report or Task Force Report** is a report from a NASPGHAN Committee or Task Force regarding an issue of importance to the field of pediatric gastroenterology that is not related to clinical care (e.g. a research agenda or workforce survey). These documents may be proposed by a NASPGHAN committee. Alternately, the report is solicited by, reviewed by and subject to approval by the Executive Council. Once authorized for publication in the *Journal of Pediatric Gastroenterology and Nutrition* by the Executive Council, the Report is submitted to the Journal by the President of NASPGHAN and is not subject to peer or editorial review.
5. A **Policy Statement** is an organizational principle to guide and define the child health care system and/or improve the health of children. Policy statements contain recommendations based on interpretation of fact, values and opinions. Some may require background from a technical report that contains a literature review and data analyses. Policy Statements may be proposed by a NASPGHAN committee or solicited by the Executive Council. All policy statements are reviewed and approved by the Executive Council before being published. Once authorized for publication in the *Journal of Pediatric Gastroenterology and Nutrition* by the Executive Council, the Policy Statement is submitted to the Journal by the President of NASPGHAN and is not subject to peer or editorial review.

**Timeline for Authorship and Review.** The flow chart below presents a idealized timeline for proposal, initial approval, initiation, preparation, review and final approval of official NASPGHAN documents. Although the “lifespan” of a published guideline or other such statement should not exceed 5 years, the actual time period required to complete the cycle from document inception to publication to revision may approximate 6-7 years.

*“The mission of the North American Society for Pediatric Gastroenterology, Hepatology and Nutrition is to advance understanding of normal development, physiology and pathophysiology of diseases of the gastrointestinal tract and liver in children, improve quality of care by fostering the dissemination of this knowledge through scientific meetings, professional and public education, and policy development, and serve as an effective voice for members and the profession.”*

# FLOW DIAGRAM FOR CLINICAL PRACTICE GUIDELINES AND RELATED STATEMENTS

