

NICE Knowledge Exchange Seminars

## Knowledge exchange seminar series – Session 1: Recruiting a guideline committee

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### ABSTRACT

A second round of knowledge exchange seminar series was organised as a part of the collaborative project between NICE International and IHOPE to develop and implement evidence-based clinical guidelines in India. The key ideas covered during this knowledge exchange included: Developing a recruitment policy to ensure consistency across guidelines. Developing a declaration of interest policy to ensure transparency in decision-making. Recruiting a variety of members (including patients or carers) with the required content expertise and experience to contribute to discussions on the guideline topic. Recruiting a chair who has experience in committee facilitation is likely to be broadly accepted by all in the committee and can guide and lead them through the guideline development process. This seminar outlined best practices in recruiting a committee, including the chair, for guideline development purposes. It is important to identify the expertise and experience needed for the committee early in the process.

**Keywords:** Evidence based guidelines, Guideline committee recruitment, Expert panel assembly

This paper is the first in the second series of this collaboration, and further, information on the other papers in the first series can be found at: <https://ihopejournalofophthalmology.com/issue/2022-1-2/>.

### INTRODUCTION

NICE International has played a global role in guideline development, while India faces challenges in integrating evidence-based healthcare. This emphasizes the importance of informed Indian guidelines, inspired by models like NICE, to enhance patient care, resource allocation, and overall health-care effectiveness. The key ideas covered during this knowledge exchange included in the study:

- Developing a recruitment policy to ensure consistency across guidelines
- Developing a declaration of interest policy to ensure transparency in decision-making
- Recruiting a variety of members (including patients or carers) with the required content expertise and experience to contribute to discussions on the guideline topic
- Recruiting a chair who has experience in committee facilitation is likely to be broadly accepted by all in the committee and can guide and lead them through the guideline development process.

For the purpose of imitating and maintaining this process, the IHOPE team sets a secretariat consisting of key team members to liaison with the stakeholders and help them coordinate

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with each other and with the remaining IHOPE team. More functions of the secretariat in this process have been shared later in the manuscript.

### **DEVELOPING A RECRUITMENT POLICY TO ENSURE CONSISTENCY ACROSS ALL GUIDELINES**

The overarching principle of evidence-based clinical guidelines is to improve the quality and consistency of care. To support this principle, clinicians and other health-care professionals should use their clinical expertise and judgment during the guideline development process. Likewise, patient or career members should contribute by sharing their personal experiences. All committee members are expected to take ownership of the guidelines.

In each contact with potential committee members during recruitment, it is important to be clear about what is expected of them, what they can expect from the Secretariat, and what they will be able to influence. Having a policy to guide recruitment for guideline committee members aims to provide an understanding of the requirements, including skills and expertise, to be on a guideline committee (the detailed job description for chair and co-chair are available in Annexure 1). This policy should aim to encourage transparency over the process as it is best practice to make it publicly available. Having a policy is considered best practice as it provides a framework for adopting an even-handed approach to committee recruitment. This is to ensure that those with diverse experiences, for example, members from rural as well as urban areas, different geographical areas, and socioeconomic areas have an opportunity to apply to be a committee member to ensure that the committee is as representative of the population as possible.

### **DEVELOPING A DECLARATION OF INTEREST POLICY TO ENSURE TRANSPARENCY IN DECISION-MAKING**

Candidates who join a guideline committee may have intellectual or financial interests in their particular area of research or practice. If these are not declared, then any conflicts of interest will have a significant impact on the credibility of the guidelines produced. Declarations of interest policy which outlines the definition of what constitutes a conflict of interest and how identified conflicts will be managed are considered best practice (The same can be accessed in Annexure 2). The policy should highlight that all declared interests are not necessarily conflicts, but all interests should be declared. Actions in cases of a conflict of interest should differ depending on the nature of the conflict. For example, a conflict of interest may result in a candidate not being recruited to the committee, or a committee

member being excluded from some committee meetings as well as not being allowed to contribute to discussions on the draft recommendations. Furthermore, it is considered best practice to document each declaration of interest, the action that was taken on the declaration, and to make this information public for transparency.

### **RECRUITING A VARIETY OF MEMBERS**

There are different ways in which committees may be organized. A standing committee may consist of a group of core members who have broad experience and expertise in the general topic area, for example, ophthalmology, who will develop several guidelines in that same topic area, for example, macular degeneration, glaucoma, or cataracts. These standing members will then be joined by topic-specific experts, for example, cataract surgeons, as needed. A topic expert committee will consist of topic specialists who have the experience and expertise in the topic areas to be covered in the guideline and the members will only be recruited to develop a single guideline. IHOPE has constituted the Glaucoma Committee, and further, details of the same have been furnished in the last section.

There are certain advantages and disadvantages for both types of committees. On the one hand, standing committee members may have been involved in several guidelines and so will already be familiar with the process of guideline development. Hence, there will be fewer people who will require training, whereas, for a topic expert committee, it will take more time to bring the new members up to speed with guideline methodology and the process to be followed. The benefit of a topic expert committee is that all the members have specialist knowledge of the topic whereas standing committee members may only have a more general knowledge of the topic area.

Irrespective of the type of committee appointed, committee members are required to participate in any induction training provided on guideline methodology or process, have regular timely contact with the Secretariat, allocate time to attend regular meetings, and participate constructively in discussions and decision-making. As this is best practice, it is expected that IHOPE and the Secretariat will be clear on these expectations when recruiting its committees.

### **RECRUITING A COMMITTEE CHAIR AND CO-CHAIR**

A guideline committee chair/co-chair is recruited for their skills in chairing groups, expertise, and knowledge of the guideline development process. Their role is to facilitate the committee discussions when developing recommendations. The chair/co-chair may be either a specialist or non-specialist in the guideline topic area under consideration. As the committee

members will have varied backgrounds with different expertise and experience, it is essential that the chair/co-chair has the relevant skills to foster mutual respect and understanding. This provides all members with the opportunity to contribute, feel listened to, and engage in the process.

The chair and the co-chair will also be involved in planning the committee meetings, working with the secretariat to outline the content and objectives. With this in mind, both of them should be familiar with the principles of the guideline development process and manage the committee discussions accordingly.

### **CASE-STUDY OF IHOPE GLAUCOMA GUIDELINES COMMITTEE**

The IHOPE Secretariat chose to use a topic expert committee approach for its glaucoma guideline and details of the recruiting process are outlined below:

The Secretariat agreed to recruit the Glaucoma Guideline Committee as a topic expert committee. The recruitment process included shoulder tapping and selecting the co-chair and chair based on their substantial work in the field. They, further, identified and recruited the committee members based on a representation of diverse geographical locations, and different types of health-care provision such as private practice, government institutions, and non-government institutions. The Secretariat endeavored to choose people from diverse professional backgrounds, for example, lay members, allied health professionals, hospital administrators, and not just ophthalmologists.

### **CONCLUSION**

The knowledge exchange seminar outlined best practices in recruiting a committee, including the chair, for guideline

development purposes. It is important to identify the expertise and experience needed for the committee early in the process. Otherwise, the committee may lack the relevant expertise and experience for the guideline. Not having the right members on the committee will lead to difficulty in producing a guideline that health-care professionals can use and implement. Having a policy for committee recruitment will add transparency to the process of setting up a committee. Having a policy covering declarations of interest and action to manage any conflicts of interest will legitimize the guideline development process.

### **Declaration of patient consent**

Patient's consent not required as there are no patients in this study.

### **Financial support and sponsorship**

Nil.

### **Conflicts of interest**

There are no conflicts of interest.

### **Use of artificial intelligence (AI)-assisted technology for manuscript preparation**

The author(s) confirms that there was no use of artificial intelligence (AI)-assisted technology for assisting in the writing or editing of the manuscript and no images were manipulated using AI.

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## Annexure 1: Job description for chair and co-chair of the glaucoma committee.

### CONFIDENTIALITY AGREEMENT

#### Glaucoma guidelines committee

IHOPE requires Clinical Guidelines committee (CGC) convened to develop the clinical guidelines for Glaucoma and confirm their commitment to, and comply with the following principles of confidentiality in order to ensure that information/data made available to them for discussion within the committee do not become more widely available during the course of the Guidelines development:

- Not disclosing any data or any other documentation given to them for discussion within the sessions of the CGC to unauthorised individuals.
- Ensuring that all documents relating to the operation of the CGC are held securely and are not accessible to others.
- Ensuring that all documents containing data/information related to the Guidelines development process, in their possession, are destroyed when no longer required, except for those documents which have to be returned to IHOPE for filing in their records.

#### Confidentiality Declaration

I confirm that as a member of the Guidelines committee for Glaucoma I will abide by the principles of confidentiality outlined above.

Name
Position
Signature
Date

Please sign and date two copies of this confidentiality agreement and return one completed, signed copy to:

IHOPE Project Lead

IHOPE

L V Prasad Eye Institute, Hyderabad Eye Research Foundation,

L V Prasad Marg, Road No.1, Banjara Hills, Hyderabad, Telangana, India. Pin:500034

Email: teamihope2020@gmail.com

## Annexure 2: Declarations of interest policy.

### JOB DESCRIPTION

#### Standard treatment guidelines development committee chairperson

Main responsibilities of the Chair of the Standard Treatment Guidelines Development committee include the below.

- Be familiar with the committee's objectives.
- Form committee with members from private and public institutions from all over the country.
- Oversee the activity of the committee Include lay persons/ patient experts in the committee.
- Appointing/Replacing committee members.
- Define the role of each committee member and how they contribute to the development of the Guidelines.
- Follow guidelines of IHOPE secretariat on recruitment of members.
- Consider inputs from health economists from IHOPE secretariat.
- Have committee meetings regularly to submit the guidelines in stipulated time.
- Attend online meetings organised by the IHOPE Secretariat when required. Advance notice will be given by IHOPE for these meetings.