# BRITISH FERTILITY SOCIETY
# GUIDANCE FOR THE PRODUCTION OF POLICY AND PRACTICE DOCUMENTS

## General Principles

The British Fertility Society aims to provide the membership and the wider network of practitioners with national policy and practice guidance on clinical practice and service delivery in the field of Reproductive Medicine.

National evidence-based clinical guidelines are systematically-developed recommendations which assist clinicians to facilitate decision making and provide material for patient information.

Technology in the field of Reproductive Medicine is evolving rapidly and it may not always be possible to create clinical guidance in a timely manner. In this case, scientific impact papers may be produced to address an emerging or controversial clinical issue or technique.

Recommendations for good practice may also be made on the basis of safety and efficacy where an adequate evidence base may be lacking.

There may be situations when guidance is required for a rapidly developing emergency situation, in which case the following criteria for development may need to be adapted (see below).

## Criteria for developing a guideline

1. The guideline should address an area of clinical or scientific practice that is relevant to reproductive medicine. The purpose of a guideline is to assist and not mandate clinical practice.

2. The topic for a guideline may be suggested by any BFS member and should be approved by the Chair of the P&P Committee, in consultation with the BFS Executive.

3. The Guideline Development Group (GDG) should be multidisciplinary and balanced. The role of different members and authors clearly must be defined. GDG membership need not be restricted to BFS members. **Patient representative involvement is essential**. Any conflict of interest should be declared.

4. The lead for the GDG does not need to be the Chair of the P&P Committee and, if not, should be approved by the Chair of the P&P Committee in consultation with the BFS Executive committee. The GDG chair is responsible for co-ordinating the completion of the guideline and submission of the final approved version in the correct format for publication in *Human Fertility*.

5. The scope of the guideline is important to deliver a good quality guideline in a timely manner, and should be clearly defined. The proposer should:

a. Clearly define the need for the BFS P&P guidelines
b. Identify the questions for addressing the issue.
c. Ensure that there is no existing national or international guidance on the topic. If there is an existing guideline on the same topic, the proposer should identify and

cover only the relevant gaps in the existing guideline and avoid any repetitions.

d. Include the patient population/groups to whom the guideline will apply should be defined. It would be useful also define the patient population/groups that will not be covered in the guidelines.
e. Define the target audience
f. Include the details of the GDG

6. Joint guidance may be co-produced with other bodies such as the Royal College of Obstetricians and Gynaecologists (RCOG), the Association of Reproductive & Clinical Scientists (ARCS), the Human Fertilisation and Embryology Authority (HFEA) and the National Institute for Health and Care Excellence (NICE).

**Guideline Development:**

1. Identification of questions to answer

2. Design a suitable search strategy for the literature review and conduct a systematic review of the scientific evidence addressing the identified questions - The NHS Librarian or the RCOG Librarian may be able to help with the literature searches. There is currently no separate funding available, but can be considered in exceptional circumstances.

3. Assess the risk of bias using appropriate tools according to study design and also assess the strength of evidence using the GRADE methodology

4. For some questions where high quality evidence is lacking, consider conducting a Delphi consensus with a panel of experts in the field.

5. Recommendations made with a clear indication of the strength of evidence supporting these recommendations.

6. Identify key areas for research, and auditable standards

7. Search criteria, sources of information and weighting and grading of evidence should be clearly indicated.

8. A word count should be provided. Generally, a guideline would be expected not to exceed 5,000 words.

9. The authorship order will have to be agreed by the GDG and the GDG lead will generally be either the lead or the supervising author for the publication.

10. The text and tables and figures in the guideline should be written, drawn and inserted in the format of Human Fertility. The author instructions are defined in https://authorservices- taylorandfrancis-com.libproxy.ucl.ac.uk/tf_quick_guide/

11. References should be listed according to the following guide https://www.tandf.co.uk//journals/authors/style/reference/tf_APA.pdf

12. A detailed record should be maintained by the GDG lead during the development of a guideline, including all relevant emails, correspondence and documents submitted.

## Timescales and Ratification of a Guideline

The GDG Lead, following discussions with the Chair of the P&P Committee, must submit the scope of the article within 4 weeks

The BFS P&P Chair will arrange for a discussion and for approval at the next BFS Executive Committee meeting

The GDG lead must submit the *first draft* of the guideline to the Chair of the P&P Committee within 26 weeks (6 months) of its approval by the BFS Executive Committee. The GDG lead ensures that all GDG members are in agreement with the *first draft* of the guideline. If areas of contention remain, the GDG lead should discuss these with the Chair of the P&P Committee.

The guideline is reviewed by the Chair of the P&P Committee, who liaises with the Chair of the GDG for clarifications within 3 weeks. If changes are thought necessary at this stage, the GDG membership is consulted, so that ownership of the guideline stays with the GDG.

The Chair of the P&P Committee then arranges for the *first draft* Guideline to be circulated to the BFS executive membership and to any designated reviewers chosen by the Chair of the P&P Committee and GDG lead, with a realistic timescale for responses. All responses are collated by the Chair of the P&P Committee and fed back to the GDG lead. This is expected to be complete by 8 weeks.

The GDG lead ensures that all comments received are discussed within the GDG and changes made as a result are agreed by the GDG membership. A *final draft* guideline is sent by the GDG lead to the Chair of the P&P Committee within 4 weeks, who arranges for this to be reviewed by the members of the BFS Executive. Substantial changes should not need to be made to the guideline at this stage, as executive members would have already had the opportunity to comment. The guideline is then circulated to the BFS membership for comments, to be received within 4 weeks. These comments are relayed to the GDG and final changes made. If there are major points of contention or if substantial changes need to be made, these should be discussed at a BFS Executive Committee meeting and a consensus position agreed. The final guideline is then approved by the BFS Executive Committee.

Following approval by the BFS Executive, the final guideline should then be circulated to the membership, posted on the BFS website alongside a summary for the membership together with a lay summary. When considered appropriate, a press release may be issued. The Guideline should also be forwarded, ensuring correct formatting and accuracy to the Editor of *Human Fertility,* https://mc.manuscriptcentral.com/thuf.

The GDG Lead may be asked to hand over the responsibilities to either another GDG member or a volunteer with specific expertise to lead the GDG if the deadlines are not met.

## Rapid Response Guideline Development

There may be situations when guidance is required for a rapidly developing emergency situation, in which case the above process may need to be adapted and fast-tracked.

In such a situation, The Chair of the Society should create a working group or a GDG after discussion with the Executive Officers and other key members of the Society who may have appropriate expertise. It may be necessary to work in conjunction with other bodies such as the Royal College of Obstetricians and Gynaecologists (RCOG), the Association of Reproductive & Clinical Scientists (ARCS) and the Human Fertilisation and Embryology Authority (HFEA).

The Chair should notify the Executive Committee that urgent guidance is being written and keep the whole Committee updated on a regular basis. The Chair should also liaise with, and seek advice from, the Chair of the BFS Trustees and the BFS President. The Chair of the BFS Trustees should in turn update the other Trustees.

The Chair should ideally lead the GDG, unless it is considered there is a more suitable person with specific expertise, in which case the Chair should remain on the GDG.

The principles of guideline construction should be adhered to as closely as possible and include:

1. A systematic review of the scientific evidence underlying a question
2. Grading of the strength of the evidence
3. Recommendations made and their grade of evidence

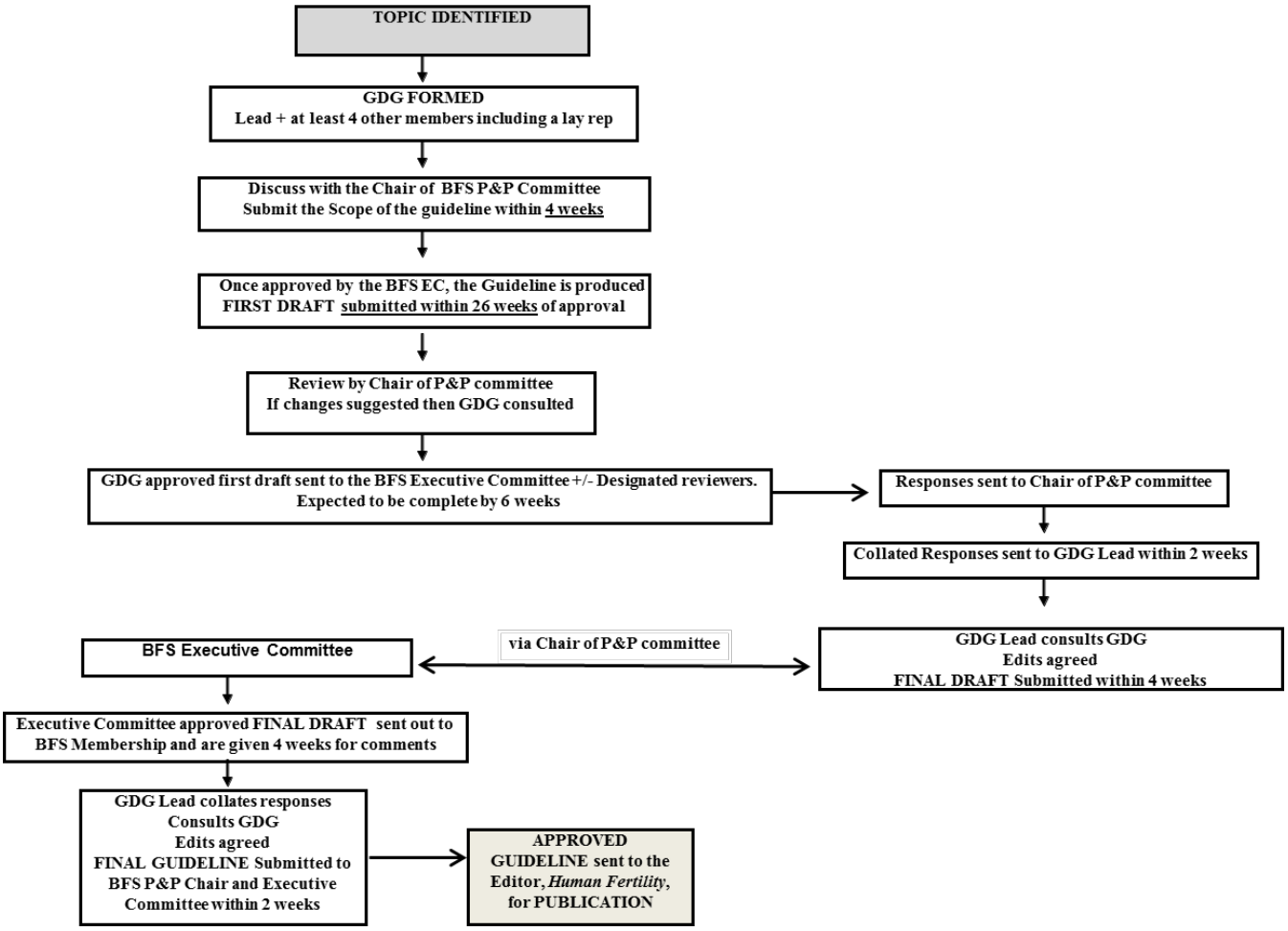
The search criteria, source of information, weighting and grading of evidence should be clearly documented. It is recognized that in urgent and evolving situations, the evidence base may be poor and it may not be appropriate or possible to formally grade evidence and recommendations. It may be necessary to provide guidance based upon the expert consensus of the GDG.

A detailed record should be maintained by the GDG lead during the development of a guideline, including all relevant emails, correspondence and documents submitted.

### Guideline review

Guidelines should be reviewed after a period of three years. Extraordinary or urgent guidelines should be reviewed after six months or sooner if thought appropriate by the Chair.

## Summary:


TOPIC IDENTIFIED
GDG FORMED
Lead + at least 4 other members including a lay rep
Discuss with the Chair of BFS P&P Committee
Submit the Scope of the guideline within 4 weeks
Once approved by the BFS EC, the Guideline is produced
FIRST DRAFT submitted within 26 weeks of approval
Review by Chair of P&P committee
If changes suggested then GDG consulted
GDG approved first draft sent to the BFS Executive Committee +/- Designated reviewers.
Expected to be complete by 6 weeks
Responses sent to Chair of P&P committee
Collated Responses sent to GDG Lead within 2 weeks
BFS Executive Committee
via Chair of P&P committee
GDG Lead consults GDG
Edits agreed
FINAL DRAFT Submitted within 4 weeks
Executive Committee approved FINAL DRAFT sent out to
BFS Membership and are given 4 weeks for comments
GDG Lead collates responses
Consults GDG
Edits agreed
FINAL GUIDELINE Submitted to
BFS P&P Chair and Executive
Committee within 2 weeks
APPROVED
GUIDELINE sent to the
Editor, Human Fertility,
for PUBLICATION

| **Review History** | | |
|---|---|---|
| **Adopted** | **20th October 2020** | |
| **Date of review** | **Details of update** | **Next review due** |
| 12.10.2021 | Criteria for developing a guideline and Guideline development have been updated to include clear instructions to aurthors<br><br>Timescales have been added<br><br>Summary flow-chart updated | 12.10.2024 |
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