



The Intensive Connection

ESICM Policy on Endorsement of Guidelines/Consensus/Reports (version 2021)

Introduction

The ESICM aims to support and promote the advancement of knowledge in intensive care medicine and the highest standards of multidisciplinary care of critically ill patients and their families through education, research and professional development. This includes the development and endorsement of high quality recommendations, reports and guidelines relevant to the practice of intensive care medicine.

This document outlines the ESICM's position and process on the development and endorsement of such documents.

The following core principles apply:

- Recommendations are based on the best quality of evidence available.
- Committees will include knowledgeable, diversified, multi-professional colleagues reflecting the Society's membership composition with attention to diversity and work within the established structures of the ESICM.
- Transparent and robust development process including management of conflicts-of-interest.
- Updates are considered when new impactful science becomes available.
- Potential collaboration with other organisations and professional societies is encouraged.

Standard Operating Procedures (SOPs) for Manuscript Endorsement Process

The topic is relevant for ICU practice, research or organisation of intensive care. Proposals are prioritised according to those most relevant to ICM practice.

In endorsing the document, the ESICM considers it to be valuable for its members and patients they care for. It recognises that such documents can take several forms along with a varying degree of legislative support.

Broadly speaking these documents include:

- (Consensus) Statements
- Reports
- Guidelines

Source of proposal

Such documents can be submitted for endorsement from within and outside the ESICM, by ESICM bodies or individual members.

Proposal submission

If ESICM endorsement is being considered, the group is required to engage the ESICM at the earliest opportunity using a standardised proposal form which is to be submitted to the Research Committee. If the proposal is approved, it is expected that the work be carried out within the established structures

and processes of the ESICM, which includes appropriate representation and regular updates of progress.

In case of collaboration with other parties or work outside the ESICM, nomination or approval by the Executive Committee is necessary and a written contract of the structure and responsibilities is required.

Evaluation of proposal

The proposal/document is evaluated using a transparent list of criteria (appendix) by members of the Research and Executive Committee.

This evaluation **does not replace the peer-review process and is independent** from that that is undertaken by the Society's journals (Intensive Care Medicine/Intensive Care Medicine Experimental) or any other journal.

Following the evaluation and peer-review process, changes and improvements to the document would be undertaken by the authors.

The decision to endorse the document will be based on the final document produced.

The final decision to endorse the document lies with the ESICM Executive Committee.

Dissemination/publication

In endorsing the document, the Society would strongly encourage the authors to submit it for consideration for publication in Intensive Care Medicine/Intensive Care Medicine Experimental.

Any manuscript endorsed by the Society must contain the following statement: "This manuscript has been endorsed by the European Society of Intensive Care Medicine".

In addition, the role of each author for the manuscript's preparation must be clearly indicated, accordingly to the ICMJE criteria. Some documents designate authorship by a group name (or ESICM), without the names of individuals. When submitting a manuscript authored by a group, the corresponding author should specify the group name, and clearly identify the group members who can take credit and responsibility for the work as authors. The byline of the article identifies who is directly responsible for the manuscript, and MEDLINE lists as authors whichever names appear on the byline. If the byline includes a group name, MEDLINE will list the names of individual group members who are authors or who are collaborators, sometimes called non-author contributors, if there is a note associated with the byline clearly stating that the individual names are elsewhere in the paper and whether those names are authors or collaborators.

Authors who have an official role in the Society must disclose it.

Appendix 1: Evaluation of guidelines/manuscript for ESICM endorsement

Relevance to ICM/ESICM priority

Widely applicable and relevant to ICM community and patients (as opposed to a niche area of interest)

Strategic priority of ESICM

Composition of development group

Composition of the group:

- Track record of research/publication in the field
 - > 5 publications on the topic
 - H index > 20

Diversity: Consideration given to -

- M/F ratio
- Appropriate representation of various countries
- Representation of LMIC and International colleagues
- Representation of young Intensivists (NEXT)
- Representation of Nursing & Allied Health Professionals (N&AHP)

Conflict of interest management

Code of conduct

Assessment of methodology

- Formulation of relevant PICO questions
- Search strategy outlined
- Determining inclusion/exclusion criteria (if relevant)

Existing evidence/guidelines

From the application it is not clear how the topics (or PICOs) will be selected – if focuses mainly on the review of the literature.

Availability of new evidence

Taking into consideration trials currently in progress

Proposed Timeline

Feasible, realistic and deliverable

Financial plan

Clear accounting of expected finances

Industry involvement

Appendix 2: Proposal assessment proforma

		1 Strongly Agree	2 Agree	3 Neutral	4 Disagree	5 Strongly Disagree
Group composition						
	Leads(s) have established track record of research/publication					
	Members have established track record of research/publication					
	Methodological expertise					
	Diversity addressed					
	Proportionate representation from countries					
	Representation from LMIC					
	Representation from NEXT group					
	Representation from N&AHP group					
	Additional support outlined (e.g. administrative, statistical)					
Topic proposal						
	Is the objective clearly stated?					
	Is the topic relevant?					
	Is the design of the study clearly stated?					
	Is the study setting clearly described?					
	Is the pertinent literature cited and critically appraised?					
Methodology						
<i>Methods and analysis</i>	Formulation of relevant PICO questions					
	Search strategy outlined					
	Clear inclusion criteria					
	Clear exclusion criteria					
	Is it clearly reported how consensus was achieved for each domain/items (e.g., Focus-group, Delphi)					
	Do the authors report on assessment of “validity”					
Proposed Timeline						
	Clear, feasible, realistic and deliverable					
Financial plan						
	Clear accounting of expected finances					
	Industry involvement outlined (if relevant)					