Intensive Care Society

Standards and Guidelines Manual

Index

Background 2

Types of Guidelines in Scope 3

Standards and Guidelines Process 3
Initiation 3
Guideline Development 4
Review 4
Final Approval and Publication 5

Production Timeline 6

Background

The Intensive Care Society has been at the forefront of the production of Guidelines for best clinical practice in Intensive Care Medicine since the Society was established. The process for creating evidence-based guidelines has evolved significantly, and this manual outlines the policy for ICS Guidelines and the procedures by which they are produced and reviewed.

In response to the growing need for a more robust and consistently applied evidence base within intensive care practice, the Society is committed to strengthening the methodological standards that underpin all ICS Guideline development.

As the Society aims for all ICS Guidelines to be submitted to the Journal of the Intensive Care Society for peer-reviewed publication and citation, the development process must therefore meet the highest standards of methodological rigour and transparency. All guidelines must conform to the Appraisal of Guidelines for Research and Evaluation (AGREE) criteria to maintain methodological integrity and clinical credibility. We recognise that the quality of evidence is not always uniformly robust across all clinical areas, particularly within nursing and allied health professions. To accommodate this, the manual outlines a balanced approach so that we can continue to give the best available advice to meet the immediate clinical need. Depending on the strength of the available evidence and the methodologies employed, the appropriate route to publication may take the form of a full guideline, a summary document, or an editorial.

ICS Guidelines are intended as an aid to clinical judgement. Guidelines cannot provide the answers to every clinical question and the ultimate decision about a particular clinical procedure or treatment will always depend on each individual patient's condition, circumstances and wishes, and the clinical judgment of the healthcare team. The Intensive Care Society accepts no responsibility for any legal consequences arising from the use, interpretation, or application of these Guidelines.

The document has been developed to set out the policies, principles and processes that should be followed in the development of ICS Guidelines. While the document aims to be as instructive as possible it cannot cover, in detail, every possible issue that may arise during the course of ICS Guideline development.

Issues that may arise during the work of a Guideline Group, that are not covered in this document, should be brought to the attention of the Chair of the Intensive Care Society Standards, and Guidelines (SGC) Committee for advice and guidance, via the Head of Policy, Standards and Research, who can be reached on guidelines@ics.ac.uk

The development of the ICS Manual for Guideline Production has been informed by a number of sources of information including the SIGN 50 Guideline Developer's Handbook[1] and the NICE Accreditation process[2], the British Thoracic Society (BTS) 2025 Standards production framework[3] and inputs from the ICS Standards and Guidelines Working Group.

Types of Guidelines in Scope

Consensus statements provide a snapshot of knowledge and best practice in a topical clinical area and include a series of practice recommendations based on practice or a snapshot of the evidence base.

Clinical guidelines are systematically developed statements to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances[5]. These guidelines are based on the best available evidence and should adhere to the Appraisal of Guidelines for Research and Evaluation (AGREE) criteria[6].

Standards are a set of specific, concise statements that act as markers of high-quality, safe and, in some instances, cost-effective patient care across a pathway or clinical area, covering treatment or prevention, and are derived from the best available evidence[7].

Types of guidelines are summarised below:

	Consensus Statement	**Clinical Guideline**	**Standard**
Purpose	Snapshot of knowledge/ best practice	Assist practitioner/ patient decisions	Markers of high-quality care
Evidence Base	Topical clinical area/ practice based evidence	Best available evidence (AGREE criteria)	Best available evidence/ Collaborative
Timeline	Typically shorter/ rapid (6-12 months)	2 years	2 years (often co-published with collaborating societies)

Standards and Guidelines Process

The development and publication of standards and guidelines strictly follow a four-stage process of initiation, guideline development, review and approval:

Initiation

The core criteria and structured approach used by the Standards and Guidelines Committee (S&GC) to assess new proposals and develop a formal recommendation for the Executive Committee is outlined in Appendix I.

Proposals are received either through an annual call for topics and gap analysis or can be submitted at any time using the standard application form.

The Divisional Chair for Standards and Guidelines (S&G) and the Chair of the Standards and Guidelines Committee (S&GC) review and sift the proposals using designated criteria.

The S&GC discusses the proposals during quarterly meetings and makes a formal recommendation for the Executive to be communicated via the Head of Policy, Standards and Research.

Executive Committee reviews the S&GC recommendation and reserves the right to reject any proposals if it does not align with the Society's strategic priorities, planned work programme, or existing strategic partnerships, including situations where it duplicates ongoing work or diverts resources from higher priority initiatives.

Guideline Development

The development of standards and guidelines must follow a robust, evidence-based methodology. A formal kick-off meeting will be held at initiation to confirm scope, methodology, and alignment with recognised quality standards, including adherence to AGREE criteria.

A systematic literature review must be undertaken to address the agreed PICO (Population, Intervention, Comparator, Outcome) question(s). Where appropriate, the evidence base should be synthesised and recommendations presented using the GRADE framework to ensure transparency and consistency in decision-making.

It is recognised that, in certain areas, particularly within AHP practice, the available evidence base may be limited; however, this can only be determined following completion of a full literature review, and where evidence is insufficient, any resulting recommendations must be presented as a consensus statement.

When developing consensus statements or guidelines, the S&GC's preferred methodology is the Delphi process; where alternative approaches are employed, all decisions and justifications must be clearly and formally documented.

All guidelines should adhere to ICS templates. This will ensure that the document's structure, length, and presentation meet publication requirements from the outset, while also ensuring that the Standards & Guidelines Committee (S&GC) is kept informed of any decisions taken during the development process.

Throughout the development cycle, the writing group is required to provide quarterly progress updates to the S&GC and to proactively flag any risks or delays.

We also request the writing group to liaise with the Editor of the Journal of the Intensive Care Society (JICS) to confirm the intended publication format (full guideline, summary version, or editorial) in the early stages of drafting. Authors are requested to coordinate this meeting by writing to Head of Policy, Standards and Research guidelines@ics.ac.uk

Review

The approval and publication process ensures that all standards and guidelines undergo rigorous internal review, stakeholder consultation, and formal governance sign-off prior to dissemination and publication.

The first full draft of the guideline, including a lay summary (typically two pages), is submitted to the Standards & Guidelines Committee (S&GC) for initial review and feedback.

Following S&GC input, a consultation-ready version of the draft is circulated to key stakeholders for a two-week consultation period, ensuring accessibility and meaningful patient and public input.

Stakeholders for first draft of guidelines or standards include: Council, Specialist Advisors and Directors of Research (DoRs); Professional Advisory Groups (PAGs); Chair(s) of the Patients, Relatives and Public Engagement group; Equality, Diversity and Inclusion (EDI) Working Group; and National Rehabilitation Collaborative (where applicable).

The lay summary is shared separately with the Chair(s) of the Patients, Relatives and Public Engagement group and members of the Patients, Relatives and Public Advisory Group.

Following consultation, the authors review and incorporate feedback, producing:

- A revised guideline document.
- A detailed amendment log (in spreadsheet format), summarising all changes and providing justification.
- The revised document and amendment log are submitted to the S&GC for final review, with all changes formally recorded. The S&GC confirms whether the document is suitable for progression to final approval.
- The document is then circulated to endorsing organisations and partners for review, where applicable.
- Where additional changes are required following endorsement review, these must be clearly documented and reported to the S&GC Divisional Chair.
- All coordination should happen through the Guidelines Officer guidelines@ics.ac.uk

Final Approval and Publication

The final document is proofread for accuracy, consistency, and formatting prior to submission for approval.

The guideline is then submitted to the Executive Committee for final approval. Guidelines are submitted to the *Journal of the Intensive Care Society (JICS)* only after final approval by the S&GC and Executive.

If upon peer review, articles require major revision, working groups are expected to liaise with S&GC prior to resubmission through guidelines@ics.ac.uk

Following approval, the final document proceeds to design and typesetting, and artwork, website content, and any associated press releases are developed.

All final publication materials, including design outputs and communications, must be approved by the Executive Board prior to release.

Production Timeline

The below schedule summarises the production timeline for standards and guidelines with appropriate governance check points.

Months	Stage	Objectives	Key Outputs	Governance Checkpoints
1–3	Scoping & Initiation	Define scope, develop PICO questions, confirm methodology and writing group. Liaise with JICS to confirm publication format.	Scope document; PICO questions; confirmed authorship; agreed publication format.	S&GC approval of scope, methodology and group composition. Kick-off meeting held (AGREE alignment).
4–6	Evidence Review (Phase 1)	Conduct literature search and screening.	Search strategy; screened studies; initial dataset.	Quarterly S&GC update. Risks and delays flagged.
7–9	Evidence Review (Phase 2)	Complete appraisal and begin synthesis.	Evidence tables; appraisal outputs; interim synthesis.	Quarterly S&GC update. Methodology confirmed.
10–12	Evidence Synthesis	Finalise synthesis and align evidence to recommendations.	Final evidence synthesis; draft recommendation framework.	S&GC review and approval to proceed to drafting.
13–15	Drafting (Initial)	Develop full draft guideline and lay summary.	First full draft guideline and lay summary.	S&GC initial review of draft. Feedback provided.
16–18	Internal Review	Refine document and prepare for consultation.	Consultation-ready draft.	S&GC sign-off for consultation readiness.
19–20	Consultation	Conduct stakeholder consultation (Council, PAGs, DoRs, EDI, PRPE, etc.) and PPI consultation on lay summary.	Consultation feedback and responses.	Formal consultation completed (2-week period) and fully
20–21	Revision & S&GC Approval	Revise document and produce amendment log.	Revised draft; amendment log with rationale.	S&GC final review and sign-off of guideline.
21–22	Endorsement & Finalisation	Circulate to endorsing organisations; incorporate final changes; proofread.	Endorsed and proofread final document.	Divisional Chair oversight of post-endorsement changes.
22–23	Executive Approval	Submit final document for organisational approval.	Fully approved guideline.	Exec final approval (2-week process).
23–24	Publication & Dissemination	Submit to JICS, complete design, and publish supporting materials.	Submitted manuscript; designed guideline; website content; press release.	Pre-approval (if required) by Divisional Chair & Exec for JICS submission. Final approval of design and communications by Exec.

Intensive Care Society I Floor 2 I Bream's Buildings I London I EC4A 1DT
T: +44 (0)20 7280 4350 E: info@ics.ac.uk W: www.ics.ac.uk

Registered as a Company limited by Guarantee
Registered No: 2940178 (England) Registered Office as above
Registered as a Charity in England and Wales No: 1039236 and in Scotland No: SC040052