

Executive Committee

The guideline executive committee consists of the Chair, Co-Chairs, or Vice-Chairs along with the lead methodologist, Guidelines Oversight Committee (GOC) Domain Liaison, and project manager. This group is encouraged to hold biweekly or monthly conference calls to keep the project on track and promote communication and oversight.

Chair/Co-Chairs/Vice-Chairs

The Chair or Co-Chairs are recommended by the Domain Liaison and appointed by the GOC Chair following review for conflicts of interest by the Professional Standards Committee (PSC).

Responsibilities of the Chair include the following:

- Nominate panel members.
- Work with the Domain Liaison to ensure participation of all panel members conforms to any PSC-defined management terms.
- Attend and lead panel conference calls and other meetings as needed.
- Work with the Executive Committee to direct the work of the panelists to see the development through to submission and publication, managing the development process according to CHEST standards.
- Engage in defining and supporting post-publication dissemination and implementation activities.

Guidelines Oversight Committee Domain Liaison

CHEST GOC members oversee specific domains within the scope of CHEST's guidelines (eg Airways Disorders, Thoracic Oncology, Pulmonary Vascular, etc). Each member serves as a Domain Liaison, or the point of contact between the GOC and specific guideline panels. In addition to assisting in communication, the Domain Liaisons also manage conflicts of interest, support the methodologist and advise on methodological issues, and serve as a panel member.

Panel Members

The Chair or Executive Committee nominates panel members. Nominees are invited to submit a professional bio, CV, and conflict of interest form. The initial literature review conducted for the proposal development helps identify content experts with extensive experience in the clinical area who may be invited for consideration. Nominations for panel members should be sought from leadership, NetWorks, and the GOC. Experts include but are not limited to physicians, nurses, or other clinicians; researchers; and/or persons with specific skills and experience necessary for that topic (eg, attorneys, ethicists, healthcare economists).

Selection criteria include clinical expertise and the following additional criteria:

- Strong methodologic expertise
- Reliability
- Ability to work collaboratively
- Anticipated productivity
- Gender, minority, years in the field, and geographic diversity
- Writing ability

Depending on the scope of the final document, the panel could be structured with topic editors/chairs and authors. Representatives from other organizations could also be members of the guideline panel.

Panelists are expected to:

1. Participate in all scheduled panel meetings and conference calls, and adhere to the timeline for the guideline development.
2. Review and understand the CHEST evidence-based guideline development process. Detailed information can be found here: <http://www.chestnet.org/Guidelines>.
3. Participate in the dissemination and implementation of the guideline, including development of the clinical resource and other tools and products related to the guideline, as requested.

Consumer/Patient Representatives

In keeping with IOM standards, populations expected to be affected by the guideline should be included on the panel if practicable. Qualifications for inclusion on a CHEST guidelines panel include:

- Preferably a graduate of Consumers United for Evidence-based Healthcare (CUE) Training Program
- Not member of an advocacy group related to the topic. No service on local, state, or national board of voluntary health organization (advocacy concern).
- No conflicts of interest (COIs), defined for consumers as:
 - Stock holdings in related pharmaceutical or instrumentation companies
 - Board of Directors or advisory boards in related companies
 - Employment by related companies
- Appropriate education level and English literacy to understand statistical methods, diagnostic testing, and treatment rationale