

Governing Policies and Procedures for the Writing of ESC Clinical Practice Guidelines

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1. General overview

The European Society of Cardiology (ESC) distributes the most up to date evidence-based knowledge on prevention and treatment of cardiovascular diseases to physicians. Known as ESC Clinical Practice Guidelines, these documents present relevant information on a wide range of cardiovascular conditions in order to help physicians weigh the benefits and risks of particular diagnostic or therapeutic procedures. Guidelines provide the best possible advice to practicing physicians, clarify contemporary areas of consensus and disagreement, improve standards in clinical practice, and help everyday clinical decision-making. Through its Committee for Practice Guidelines (CPG), the ESC brings together groups of experts from across Europe and beyond to create the content of Guidelines according to a formal process defined in this document. Access to the Full Text version of ESC Guidelines is free and they are also available in a wide range of printed, digital, and online formats as well as a wide range of educational products derived from them in implementation of the ESC mission statement and strategic plan.

2. General

2.1 Purpose: This document formalises the governance, process and procedures for all activities associated with selecting the topics, writing and reviewing, updating, maintaining, and approving the ESC's Clinical Practice Guidelines.

2.2 Scope: This document covers:

- The composition, and functioning of the Committee for Practice Guidelines (CPG), the appointment of its Chair and members of the committee, and the overall roles and responsibilities in developing, reviewing, and approving Guidelines

- The formation, composition, and functioning of individual Guidelines Task Forces, the appointment of their Chairs and other positions, and the overall roles and responsibilities in developing, reviewing, and approving Guidelines
- The functioning of the ESC Operational Support Team and its roles and responsibilities during the development, review, and approval processes of Guidelines

2.3 Related policies and procedures: All members of the CPG and Guidelines Task Forces must comply with the requirements of the following related ESC policies and procedures:

- **Declarations of Interest:** In the interests of transparency, it is mandatory for all experts involved in Guidelines development to comply with the ESC's Declaration of Interests (DOI) policy. Under this policy, they are required to complete DOI forms on a regular basis from the time of invitation to serve on a Guidelines Task Force until its publication. All DOIs will be assessed by an ESC commission prior to work commencing and the ESC may decide to exclude any expert from a Guidelines activity. A summary of DOIs for all experts involved in guidelines is made public upon final publication and will remain public as an appendix to the published guidelines, as long as they are current. Such reports can be seen on the guidelines pages of the ESC Website. The current version of the ESC DOI policy for Guidelines and the ESC policy for DOI are attached as Appendix 1.
- **Confidentiality:** CPG and Guidelines Task Force members are required to comply with the ESC's Confidentiality policy. All information on CPG activities and the content of ESC Guidelines under development must be kept confidential until published. Specifically, recommendations cannot be disseminated in written or oral form, in full or in part, until the formal publication date. Any such dissemination will constitute a breach in confidentiality and could result in immediate dismissal from the CPG, Task Force, or review panel as well as from all ESC activities including Fellowship. Names of Task Force members other than Chair and Co-Chair as well as names of Reviewers must be kept confidential until publication and cannot be disclosed outside of the CPG, the ESC staff, and the related Task Force (see paragraphs 5 and 6). Names of Reviewers cannot be disclosed to the Task Force Chair, Task Force Co-Chair or Task Force members. The current version of the ESC General Conditions of Non-disclosure Agreement for all guidelines developers can be found [here](#).
- **Travel:** The ESC has developed a travel and meetings policy to reimburse the expenses of members participating in ESC related meetings. This policy addresses flights and ground transportation, hotel accommodation, and other expenses. The ESC's Travel policy for Guidelines meetings is clearly stated at the time of invitation and in accordance with the budget allocated by the ESC Board.

3. Copyright

The ESC retains copyright for all Guidelines unless a specific agreement with a third party society has been signed. ESC Guidelines and their derivative products are made available for personal and educational use only, and no part may be translated or reproduced in any form without written permission from the ESC or its publishers. The ESC does not allow its Guidelines and any other material based on the content to be inserted in, or distributed via, external websites, pages, portals, or servers, unless specific permission has been granted. In the case of translation by a National Cardiac Society, the translation must include the reference to the original English language version published by the ESC. Copyright of the Full Text and all derivative products in all languages remains with the ESC. The rules for the usage and translations of the ESC Guidelines can be found [here](#).

4. Process and format

4.1 Process overview: The development of ESC Clinical Practice Guidelines is the primary responsibility of the Committee for Practice Guidelines (CPG). The CPG is led by a Chair appointed by the ESC President and approved by the ESC Board, and usually comprises around 25 members. The CPG's role is to define future topics, recommend them to the Board for approval, implement, and manage the ESC Guidelines strategy which particularly includes the selection of the specific topics for which new or updated Guidelines are required and oversight of the development of those Guidelines. The CPG nominates a suitably qualified Chair(s) to appoint and lead a Task Force of experts who then develop the selected Guidelines in accordance with the established procedures and timelines. The CPG also nominates a Review Coordinator(s) who appoints a team of Reviewers to conduct a rigorous peer review of the draft content at various stages in its development. While the names of Task Force Chairs are made public, the identity of the experts involved in Guidelines writing and review stages are not disclosed until the Guidelines are approved and published. This entire process from Task Force Chair selection to online Guidelines publication takes on average two and a half years split between the setting up of the Task Force, the writing and review phases and finally the approval and publication phases.

Following publication, the Guidelines are adapted into a range of printed, digital, and online formats and made available to physicians. In executing their roles, both the CPG and Guidelines Task Forces are assisted by the Staff of the Operational Support Team at Heart House which provides administration support and specialist facilities.

4.2 Guidelines format: Guidelines must comply with the style requirements of the European Heart Journal. Typically, the Full Text version of the Guidelines should have a maximum of 40-45 journal pages meaning approximately 40-45 000 words including tables and figures, and a maximum of 400 references. Use of tables and figures is encouraged to better illustrate key points and to keep text more concise. The document must be written in English, with simple, clear wording. Content should be edited by a medical writer familiar with ESC style Guidelines at the final stage of the writing process just before the publication phase, and all Guidelines should follow the template which contains the following items:

Short background and aim of the document

- Scope of the problem in ESC Europe with relevant epidemiological information
- Grading of recommendations and levels of evidence using the ESC grading scheme
- Treatment goals and/or other indicators of best practice
- Reference to relevant changes or discrepancies as compared to older versions of the Guidelines or other ESC documents
- Suggestions for implementing guidelines' recommendations
- Identification of gaps in evidence
- Identification of ongoing research that may change some recommendations
- References (up to 400 in Full Text versions, more if required in online versions)
- Possible additional material such as tables, figures, calculators, and graphics can be included in a web appendix

4.3 Authorship: The final document should include the names of the Task Force (TF) members as well as Reviewers on the first page together with the entities they represent. CPG members will be included as an appendix at the end of the document as will the National Cardiac Societies (NCS) Reviewers. A preamble and disclaimer common to all ESC Guidelines and a description of the methodology including selection of evidence and types of papers considered shall also be included.

4.4 Publication: Once Guidelines content has been approved for publication, it is submitted to the editor-in-chief of the EHJ and the relevant specialty journal when appropriate. The publication date will be set, and the document content will be frozen although it will be subject to proofreading by a medical writer and other experts and formatting to fit the requirements of the journal. In the case of joint Guidelines – those developed in association with another learned society – reformatting and proofreading may be necessary and

simultaneous publication in EHJ and the other selected journal is a key objective. When the collaborating society is from outside the discipline of cardiology, the Guidelines can be published in that society's official journal of expression depending on the agreement. An embargo on written or oral dissemination of Guidelines content shall be observed by all Task Force and CPG members as well as Reviewers before the date of publication as per confidentiality agreement (see above, Confidentiality section of paragraph 2.3). Visitors to the ESC website have free access to the Full Text version of the Guidelines and some derivative products. The Guidelines are classified on the website according to a single topic list based on the ESC Core Curriculum. An announcement reporting the release of new ESC Guidelines is published in the ESC Web News. A press release always accompanies the publication of the Guidelines and is available on the ESC Website.

4.5 Translation: NCS are invited to endorse the Guidelines and, once endorsed, are free to undertake translation of the Guidelines (in the Full Text version and/or derivative products) if judged necessary and with CPG approval. In case of translation, the National Cardiac Society takes full responsibility for the translation. The ESC National Cardiac Societies benefit from a first right to translate in their own national language and for national usage for the six first months after initial publication with no financial compensation due to the ESC. The rules for the usage and translations of the ESC Guidelines can be found [here](#).

4.6 Derivative products: Based on the Full Text version of the Guidelines, a number of derivative products will be created by the Task Forces. These include, but are not limited to, Pocket Guidelines in printed and electronic formats (ESC Pocket Guidelines App), a slide-set composed of 40 to 50 slides, a Summary Card for non-specialists, 30-40 Continuous Medical Education (CME) questions, and Essential Messages including the Gaps in Evidence. All of these must be derived from, and consistent with, the scientific content of the parent document (Guidelines Full Text). Additional educational materials may be produced such as posters and online material if required.

4.7 Validity: There is no absolute rule about the period of validity of the ESC Guidelines. In general, a minimum of two years and a maximum of five years are suggested. Published Guidelines should be reviewed on a yearly basis by a small group of the experts involved in their development. This group is made up of the TF Chair(s) and Review Coordinators, and they should review any evidence which suggests that significant changes have occurred, or new data is available that would influence the recommendations made. The review may find that Guidelines do not need updating, however if the evidence suggests otherwise then, depending on agreement with the CPG and the approval of the ESC Board and if the publication schedule allows it, a focused update or a

full revision can be developed. To maintain continuity, the CPG should attempt to include key members of the prior Task Force to write new Guidelines.

5. Committee for Practice Guidelines (CPG)

5.1 Composition and responsibilities: The CPG comprises around 25 members drawn from across the ESC and its constituent bodies. It is led by a Chair, and its composition is based around proven clinical expertise as well as management and leadership skills. The core activity of the CPG Committee is to create and update Clinical Practice Guidelines. In addition, it also monitors and approves the development of all relevant ESC Associations, Working Groups and Councils' scientific papers such as position papers or opinion led articles to ensure consistency with the Guidelines content.

Its specific responsibilities include the following:

- Ensuring strict adherence to DOI rules
- Encouraging high quality standards across all aspects of Guidelines production
- Monitoring and approving related ESC scientific publications to ensure consistency with Guidelines content
- Ensuring that Guidelines production methodology is up-to-date and relevant
- Determining the future Guidelines development schedule
- Approving cooperation with third parties for joint Guidelines partnerships
- Appointing Guidelines Task Force Chairs/Co-Chairs/members
- Appointing Review Coordinators/Peer Reviewers
- Seeking approval for budget allocation to Task Forces and determining goals and priorities
- Monitoring Guidelines work-in-progress against schedule and goals
- Endorsing Guidelines content and approving it for publication
- Overseeing the development of the Guidelines derivative products
- Developing a Dissemination plan for the Guidelines
- Motivating the National Cardiac Societies' Guidelines Coordinators
- Liaison with ESC Board, sub-specialty Groups, National and Affiliated Cardiac Societies (see 5.4)

5.2 Appointing the CPG Chair: The CPG Chair is proposed by the President Elect during the second year of his/her mandate. Formally appointed when the term of the new ESC President begins, the ESC CPG chair's nomination is approved by the Board and he/her becomes a member of the ESC Board as per the statutes. The term-of-office is two years but as the statutes can be extended once in the same position (see statutes).

5.3 Appointing CPG Committee members: The appointment of individual members to the CPG Committee is carefully undertaken through consultation between the ESC President Elect and the selected CPG Chair of his/her future Presidency. The primary task is to appoint a Committee of approximately 25 members characterised by experience and commitment. Selection of committee members begins when the selected CPG chair has validated his/her willingness to take on this position and in collaboration with the President Elect.. Consideration is given during the selection procedure of the need for broad geographic representation, continuity, and specific expertise, and to achieve representation from across ESC sub-specialty groups i.e. the Working Groups, Associations and Councils. The usual term-of-office for CPG members is two years but this can be extended by agreement to a maximum of four years. CPG members participate on a voluntary basis and are not paid for their contribution. Travel and accommodation costs are, however, reimbursed according to the relevant ESC travel and meetings policy (see section 2.3).

5.4 Liaison: The CPG maintains communication with a number of key stakeholders in order to report progress, and identify and address issues, within the boundaries of the confidentiality agreement:

- **ESC Board:** The CPG Chair is a member of the ESC Board and is responsible for appropriate communication, reporting, and liaison of CPG activities as well as for seeking approval of the recommendations of the CPG
- **ESC Associations, Working Groups and Councils:** CPG members nominated as official representatives of these ESC constituent bodies are responsible for appropriate communication, reporting, and liaison
- **National Cardiac Societies:** CPG members should organise and participate in an annual meeting with National Guidelines Coordinators of the National Cardiac Societies from the ESC countries to address the production schedule, progress against the schedule, and implementation and dissemination of the Guidelines. The National Guidelines Coordinators are appointed by their respective National Cardiac Society and are the liaison persons between their Board and the CPG
- **Affiliated Cardiac Societies:** CPG members should regularly liaise with contact points within the ESC Affiliated Cardiac Societies' Global Scientific Affairs team to keep them informed on the production schedule, progress against the schedule, and dissemination of the Guidelines and to discuss related issues of joint interest in collaboration with the Affiliated Cardiac Societies.
- **Sister societies such as ACC and AHA :** the CPG chair should regularly liaise with contact points within these organisations to ensure consistency and exchange on process and research

5.5 Meetings: The CPG is expected to meet between three and four times a year. The CPG Chair will normally circulate an agenda at least two weeks prior to the meeting and this should cover a review of strategic topics as well as a review of the current work-in-progress in developing new or updated Guidelines.

5.6 Strategy and objectives: The CPG Chair establishes the key strategy and objectives for the CPG. Individual members of the CPG may be allocated specific tasks and deadlines by the CPG Chair in order to undertake its core activities. These tasks may include taking the role of Chair or Co-Chair of Guidelines Task Forces, joining a Task Force as member, becoming a Review Coordinator, or acting as a Peer Reviewer.

5.7 Establishing the Guidelines schedule: The decision to update Guidelines – or develop new topics within the ESC Core Curriculum topic list – is proposed by the CPG and approved by the ESC Board. In making its decision, the CPG considers recommendations from Task Force Surveillance Teams (see below), from sister societies proposing Joint Guidelines, and by a review of evidence whether topics not yet covered by Guidelines can now be addressed. The CPG also considers the availability of budget as well as the current workload before work begins and Task Force Chairs are appointed. To help the CPG plan its publication schedule, it consults with ESC Associations, Councils, and Working Groups, and with the National Cardiac Societies of ESC member countries. The CPG also reviews the availability of Guidelines issued by other societies to avoid overlap and duplication. Updates of previously published Guidelines have high priority when new data has emerged in a relevant field and changes the recommendations in the Guidelines.

5.8 Managing Guidelines work-in-progress: Work-in-progress of Guidelines development projects is reported to the CPG by Task Force Chair(s), Co-Chair(s) and Review Coordinators. Reports cover progress against milestones, status, and highlight any problem areas.

5.9 Establishing a Guidelines Task Force: The decision to establish a Guidelines Task Force is made following CPG and ESC Board approval for the development of new or updated Guidelines. This step is defined in Section 6, below. At the same time, the Board allocates a budget for the project.

5.10 Monitor scientific papers, reports, and articles: It is important to note that this document covers only the development of ESC Clinical Practice Guidelines. ESC Constituent Bodies (Associations, Councils and Working Groups) are free to establish writing groups to develop, for instance, consensus documents and position papers which address topics within their specialty. These, however, need to be submitted to the CPG

prior to the development starting, as well as prior to release and publication, to ensure that there is no overlap or inconsistency with the content of existing or work-in-progress Guidelines. The CPG can request that the draft is shared with the relevant Task Force Chair or member or other expert to resolve any such issues. In this situation, the CPG Chair is responsible for approving the manuscript before submission for publication.

5.11 Anonymity: It is an important requirement that the names of Task Force members are not disclosed publicly or to Reviewers or anyone else outside of the CPG. This helps to maintain confidentiality of Guidelines, their progress, and their recommendations, and provides a working environment free from external pressure or influence.

6. Guidelines Task Force

6.1 Composition: A Guidelines Task Force usually comprises around 20 members led by a Chair and Co-Chair. Its specific responsibility is to undertake the preparation of Guidelines content in accordance with the agreed process and on a specific topic.

6.2 Appointing the Task Force Chair/Co-Chair (see position paper of ESC): A Chair and Co-Chair are appointed by the CPG following ESC Board approval for new or updated Guidelines to be developed approximately 30 months before they are scheduled to be published. They are selected based on proven experience and leadership skills and, in the case of joint Guidelines, the Co-Chair will normally represent the collaborating society. The Task Force Chair and Co-Chair can also be CPG members however this is not a requirement. The typical term-of-office is four to five years to cover the development and approval phase as well as ongoing surveillance. These positions are voluntary and receive no remuneration. Travel and accommodation expenses associated with their role are reimbursed according to the relevant ESC travel policy.

6.3 Chair/Co-Chair responsibilities: Task Force Chair and Co-Chair are very important positions which require significant management and leadership skills as well as commitment. The primary responsibility is to deliver fully approved Guidelines content which complies with all relevant policies and procedures. Additional responsibilities include:

- Establishing and managing goals, priorities, and schedule of the TF
- Establishing the table of contents and the respective roles of their TF members
- Respecting the budget allocated to their team

- Respecting the timelines agreed upon with the CPG, liaising with the CPG and providing regular progress reports, including a formal progress report for each CPG meeting
- Appointing Task Force members in collaboration with the CPG
- Review Task Force DOIs yearly in accordance with ESC DOI policy
- Adhering to DOI rules for own yearly declarations of interest
- Ensuring all TF members have approved the final version prior to submission for publication
- Transmitting exhaustive information to ESC Guidelines department for archiving
- Producing CME questions, Pocket Guidelines, Educational Slide-Sets, Essential Messages, Summary Cards and possibly other educational products.
- Evaluating need for specific in depth systematic review on a particular question (Patient Intervention Comparison Outcome and Type) with recommendation subject to CPG approval (budget permitting)

6.4 Appointing Task Force members: Task Force members are appointed by the CPG and by the TF Chairs with some input by the ESC constituent bodies following recommendations by the CPG Chair and Task Force Chair(s) on the necessary expertise, experience, and representation. Members can also be appointed from outside the ESC if their specific knowledge is deemed important and, in the case of joint Guidelines, from sister societies and external bodies. The typical term-of-office is two to three years to cover the development and approval phase and can be extended to cover ongoing surveillance. Task force members should be appointed between 24 and 30 months prior the planned publication date of the corresponding Guidelines. As with CPG members, Task Force members are volunteers and receive no remuneration for their work. Travel and accommodation expenses associated with their role are reimbursed according to the relevant ESC policy.

6.5 Task Force responsibilities: As noted above, the primary responsibility of the Task Force is to deliver fully approved Guidelines content which complies with the template and with all relevant policies and procedures and related educational products (including CME questions, Pocket Guidelines, Educational Slide-Set, Essential Messages, and Summary cards). In general, the development of Guidelines can take over 24 months, and sometimes more from kick-off to publication. A kick-off meeting is held over two days to begin the writing process. In advance of the meeting, the Chair and Co-Chair develop an agenda and propose a table of contents for the Guidelines and a schedule to complete the writing process. The table of contents is debated and refined at the meeting, and sub-groups are formed of Task Force members with a nominated leader. These sub-groups are each allocated specific sections of the proposed content to develop by the Chair/Co-Chair. Task Force members must agree to fulfil the requirements of the role which includes:

- Participation in three to four mandatory face to face meetings over 12 to 18 months
- Participation in regular conference calls
- Periodic writing and review assignments with tight deadlines (typically prior to meetings)
- Strict confidentiality observance
- Annual DOI submission

6.6 Writing the Guidelines: In preparing content, the Task Force should refer to the Guidelines template which indicates the preferred format and rules to be followed. Each Task Force member provides one or several sections of the guidelines content as per the assignments given by the Task Force Chair(s). When all of the sections are complete, the Chair and Co-Chair consolidate the total content and decide if it is ready to be compiled into a Master document. If they identify issues which need to be addressed first, those sections are returned to the sub-groups for action. Once the sub-groups have responded and the issues closed, the Master document is shared between Task Force members who undertake a review of content. This will be repeated up to three times until the content is considered final and appropriate to enter the Peer Review phase. At this stage, a medical writer will edit the content for readability and consistency, and to check references and abbreviations. Please see the process flowchart at Appendix 2.

6.7 Evidence: A structured literature search aiming to identify the best evidence available is crucial for the development of ESC Guidelines. Each recommendation in the Guidelines should be supported by credible and referenced evidence which has been fully assessed. A formal literature review must also be performed by the Task Force and only peer-reviewed published literature should be considered. The citation of abstracts, sub-analyses, or unpublished clinical trials needs to be avoided. Integral to ESC Guidelines are the grading tables used to indicate the level of confidence in both the recommendations made and the evidence which supports those recommendations. These tables, including their colour coding, are a fundamental part of the Guidelines template and their accuracy is critical.

6.8 Appointing Review Coordinators: The CPG appoints two or more Review Coordinators for each Guidelines development project. Review Coordinators are chosen because of specific expertise in the field covered by the Guidelines as well as proven management and leadership skills. In this position, they are responsible for establishing the review panel and for the conduct of the peer review phase. Appendix 3 covers the specific actions during the Guidelines peer review phase.

6.9 Appointing Reviewers: The CPG Chair and Review Coordinators liaise with the ESC constituent bodies and National Cardiac Societies to appoint a panel of approximately 30 Reviewers who will be responsible for carrying out a thorough peer review of the draft Guidelines. Reviewers appointed by the National Cardiac Societies review the class I and III recommendations. In other words, the “do and don’t do” recommendations. ESC constituent bodies are asked to nominate Reviewers for consideration with others directly nominated by the Review Coordinators themselves. The aim is to achieve a panel of approximately 30 Reviewers with the optimum blend of knowledge and experience from across the ESC member countries and beyond. Reviewers from external organisations and other geographic regions can be asked to join the panel to add particular specialist skills. The directly nominated Reviewers are then split according to expertise and skills into Focused and Global Reviewers. Focused Reviewers are chosen specifically for expertise in precise fields covered by the Guidelines, while the others represent general cardiology practice and will review the entire document.

6.10 Anonymity: It is an important requirement that the names of Reviewers are not disclosed to Task Force members, other Reviewers or anyone else outside of the CPG. This helps to maintain confidentiality of Guidelines, their progress, and the recommendations, and provides Reviewers with a working environment free from external pressure or influence.

6.11 Review Phase: The aim of the peer review process is to expose new Guidelines to an independent external panel prior to publication. It is expected that Guidelines will undergo at least two, and possibly three, rounds of peer review in which comments and suggestions are collected from a large pool of experts. The initial Review Phase can start when:

- Master document approved by Task Force members has been provided by the Task Force Chair(s)
- Master document has been edited by a medical writer for readability and consistency, and to check references and abbreviations
- Review Coordinators and CPG Chair have given approval to enter the Review Phase

Reviewers receive the full manuscript and are asked to append relevant comments and observations on a supplied form, depending on their specific role as Global or Focused Reviewer. Timelines are established for the review. Comments should be presented as general comments and the specific comments as ‘major’ and ‘minor’ to aid analysis and response. At this stage, review comments should not cover grammar, style, or semantics as the document will have been reviewed by a native English-speaking medical writer before peer review phase and will be reviewed again just before publication phase. All forms are electronically returned to the ESC Operational Support team for compilation so the Review Coordinators can analyse and streamline the

comments and prepare a message to the Task Force Chair(s) with a clear indication of how the Task Force should reshape the Master document. The Review Coordinators forward their instructions to ESC Operational Support team who, after having removed all indications of names in the compilation of comments, sends feedback to the Task Force Chair(s).

The Task Force Chair(s) subsequently share it with sub-group leaders and the other Task Force members. All comments are considered, however formal responses are only made to those in the 'major' category which can be accepted as either valid or not necessary to consider further. When not taken into consideration, reasons have to be provided why. Incorporating the intent of valid comments leads to a new version of the Master document which is distributed to Reviewers for a further detailed review of changes if considered necessary. It is the expectation of the ESC that this second review round will resolve any remaining discrepancies between Reviewers and the Task Force writing team, however it is recognised that in exceptional circumstances a third review round may be necessary before consensus is achieved.

6.12 Approval Phase: A medical writer will undertake a final edit on the Guidelines document to prepare the manuscript for publication in accordance with EHJ requirements. The final draft of the Guidelines is then reviewed by the Task Force. Agreement of the draft by at least 80% of Task Force members is required before Guidelines are submitted to the CPG for publication approval.

6.13: Ongoing surveillance: Once the Guidelines document is approved and published, the role of Task Force Chair, Co-Chair and Review Coordinators shifts to that of ongoing surveillance. In this scenario, they will maintain contact and carry out a periodic review of the landscape to identify any threats to the validity of the Guidelines; for instance through new developments, new treatments, or new knowledge. Should such information be identified, they will recommend action to the CPG which may include undertaking a focused update or developing a new version of the Guidelines.

6.14: Consistency surveillance:

The CPG Task Force on overlaps, constituted by members of the CPG, is in charge of cross-checking guidelines with similar topics for scientific consistency.

7. ESC Department for Practice Guidelines

7.1 Role: The ESC Department for Practice Guidelines provides the CPG and Task Forces with operational support and specialist resources to achieve their objectives. This includes administrative, financial, publications,

project management, coordination, external and internal liaison. Specifically, the Department acts as the 'gatekeeper' of the overall Guidelines process and ensures that quality assurance is applied from start to finish including the development of derivative products.

7.2 Composition: The Department for Practice Guidelines is part of the Scientific Affairs Division, and comprises a number of ESC staff members.

7.3 Responsibilities: The primary responsibility of the Department for Practice Guidelines is to support the development and publication, of ESC Guidelines. In doing so, it will ensure that the CPG and Task Forces have access to the appropriate templates, that the approved process and methodologies are followed, that meetings and conference calls are properly organised and promulgated, that project management and budget control is exercised, and that queries are handled. In addition, the Department will:

- Monitor all process steps for quality, compliance, and adherence, and alert CPG Chair or ESC leadership in cases of breach
- Act as the CPG secretariat
- Develop a four-year work plan for the publication of Guidelines in association with the CPG Chair
- Participate in elaborating the dissemination programme of new Guidelines through National Cardiac Societies
- Respect an annual budget proposal with expenditure forecasts, and monitor budget adherence
- Manage the activities of the National Guidelines Coordinators team
- Liaise with ESC Constituent Bodies and Committees for all Guidelines matters
- Manage the travel and meetings organisation, respect of confidentiality, and submitting of DOI declarations processes in accordance with ESC policies
- Coordinate the drafting of contracts for partnership proposals with sister societies as needed
- Archive documents so as to find them when and if necessary
- Coordinate activities with ESC press, communications, and media department
- Coordinate the Guidelines elements of ESC congresses and events as directed by the ESC leadership
- Follow-up, encourage and monitor endorsement, official recognition of ESC Guidelines in its NCS

As well as overseeing these activities, the Head of the Guidelines Department acts as the CPG secretary and helps ensure that decisions taken reflect the agreed ESC strategy. Additionally, the Head of the Guidelines Department supports the CPG Chair in monitoring and controlling budget expenditure and by liaising with other

ESC departments. The Head of the Guidelines Department reports to the Scientific Affairs Director who is also responsible for the ESC's Education, Publications, and EORP departments. The Scientific Affairs Director can therefore take a strategic overview to ensure that links between Guidelines, Education, Surveys and Registries and Publications are maintained.