Policies & Procedures

Document Definitions and Production Process

Date: July 2023

Due for review: Open, as required.

General foreword

This document presents Policies & Procedures by the British Society of Audiology (BSA). These Policies & Procedures represents, to the best knowledge of the BSA, the consensus on good practice, given the stated methodology and scope of the document at the time of publication. Although care has been taken in preparing the information supplied by the BSA, the BSA does not and cannot guarantee the interpretation and application of it. The BSA cannot be held responsible for any errors or omissions, and the BSA accepts no liability whatsoever for any loss or damage howsoever arising.

This document combines and supersedes the previously-published BSA documents 'Policies and Procedures Manual for the Development of Practice Guidance', 'Policies and Procedures. Procedures for Processing Documents' and was incorporated as the Professional Guidance Group Terms of Reference as of the date on the front cover.

This document will be reviewed by the date given on the front cover. However, should any individual or organisation feel that the content requires immediate update, review or revision, they should contact the BSA using the email bsa@thebsa.org.uk. Please add 'BSA document revision request' in the title. You will be asked to complete a short form with your reasons and this will be passed to the Professional Guidance Group for assessment. Comments on this document are welcomed and should be sent to:

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Contents

1. Aims

The British Society of Audiology (BSA) exists as a learned body and its primary functions are to encourage high-quality research and to publish evidence-based guidance and other advisory documents on the best professional practice in audiology. Guidance documents that use the BSA's name or logo, published in the name of the BSA or with BSA as joint participants shall be subject to the procedures described here. ("Guidance documents" specifically refers to Recommended Procedures, Practice Guidance, Position Statements and Minimum Training Guidelines.) Documents published by the BSA establish the credibility and reputation of the BSA. It is therefore crucial for all authors and contributors to understand that documents must maintain this reputation and will be thoroughly reviewed. Guidance documents bearing the name of the BSA can only be published with the agreement of the BSA Council following the processes defined in this document. The principal aim of these procedures is to ensure the consistency and quality of all guidance documents produced and published by the BSA, to meet the needs of users and to promote the highest standards of professional practice in audiology.

2. Document Types

The type of document shall be clearly indicated in the title. All documents must provide clear guidance and recommendations based on evidence or professional consensus. Please see Section 6 for details of evidence and referencing, and Section 7 for a definition of professional consensus.

2.1 Recommended Procedure

A Recommended Procedure (RP) provides a clear process for conducting a single, specific procedure in audiology, or a single procedure with associated procedures conducted at the same time. The RP should define when a procedure should be conducted (i.e. the indications for testing), when it should not be conducted (i.e. contraindications) or where caution should be exercised, under what conditions (including the environment and equipment specifications) and, where relevant, who may conduct the test (i.e. level of qualification, knowledge, training and experience) and, where appropriate, how results should be interpreted and the level of qualification required to do so. The RP may also provide appropriate modifications to procedures where these exist in specific situations. Recommendations should be clear and evidence-based with appropriate referencing. Where research-based evidence is lacking or uncertain, the RP should state explicitly where recommendations are based on professional consensus. There should be a clear distinction between correct and incorrect procedures where evidence supports it, and a discussion defining the range of acceptable practice where doubt may exist.

2.2 Practice Guidance

Practice Guidance (PG) provides a broader perspective of an area of practice, not specific to a single procedure, usually where there is a greater need for guidance. PG documents should provide clear guidance to clinicians based on evidence or professional consensus, and it should be explicitly stated whether recommendations are based on research evidence or consensus. It is important to state that the PG document is not a literature review, but a clinical document that offers a concise summary of evidence in order to define good practice in areas where some uncertainty, contradictory evidence or variation in practice has been identified. A discussion of contradictory evidence or variation in practice should not be provided without associated conclusions or recommendations.

2.3 Position Statement

A Position Statement (PS) is used to define the consensus position of the BSA on matters that may be current, topical or controversial. The PS should be a brief statement and explicit in stating whether the position is based on consistent evidence or on professional consensus. The PS usually defines an interim position of the BSA where other guidance documents do not exist. It is likely that a PS may undergo a shortened form of the process described in this document, but only with the agreement of the BSA Council.

2.4 Minimum Training Guideline

Minimum Training Guidelines (MTG) provide guidance on training that enables assessment of courses for BSA accreditation. It is likely that MTG may undergo a shortened form of the process described in this document, but only with the agreement of the BSA Council.

2.5 Policies & Procedures

These are documents which relate solely to internal processes and administrative procedures within the BSA, and which BSA groups are expected to follow (this excludes Society governance and management documents). Those documents that direct the actions and behaviours of BSA groups shall be circulated to the BSA Groups for internal review by BSA administrators under the guidance of the BSA Council. The production of these documents is at the discretion of the BSA Council and need not follow the procedure stated in this document.

2.6 Others

"Guidance documents" include all Recommended Procedures, Practice Guidance, Position Statements and Minimum Training Guidelines. Any document produced solely by the BSA or in partnership with other

organisations that meets these definitions shall follow the process in this document. Where there is any doubt as to whether documents meet these definitions, the authors should discuss it with the PGG for submission to the BSA Council, who shall be responsible for a decision.

It is preferable that any other document containing the BSA logo or reference to the BSA's participation should undergo some form of review within the BSA. Other documents may include, for example, training materials, emergency statements or patient information leaflets. These other documents are not covered by the process in this document and may be produced at the discretion of the BSA Council.

3. Process

3.1 Background

The aim of this process is to provide a transparent mechanism for the careful consideration and review of documents. Documents should be reviewed by both clinical and academic members, and by acknowledged experts in the field. The review procedure should ensure that documents are written in language that is clear to non-specialists and are presented in a manner that brings credit to the BSA. Authors shall use the format given in the "BSA Document Template" (available from the PGG, BSA Teams area and the BSA website) and should not expect reviewers to be responsible for document formatting and tidying. The process should not cause unacceptable delay to publishing documents and all participants are expected to work collaboratively. It must be recognised that authors, contributors and reviewers all act voluntarily to support the BSA whilst having full-time commitments in other roles. Timelines should therefore reasonably reflect the voluntary nature of all participants in the process. An overview of the process is given in figure 1. Note that some steps of the process may not be necessary for some documents, and this is discussed in Section 3.5. New guideline documents will be expected to go through every stage of the process, whereas document revisions should proceed at a much faster rate.

Figure 1: process for BSA documents (continued overleaf).

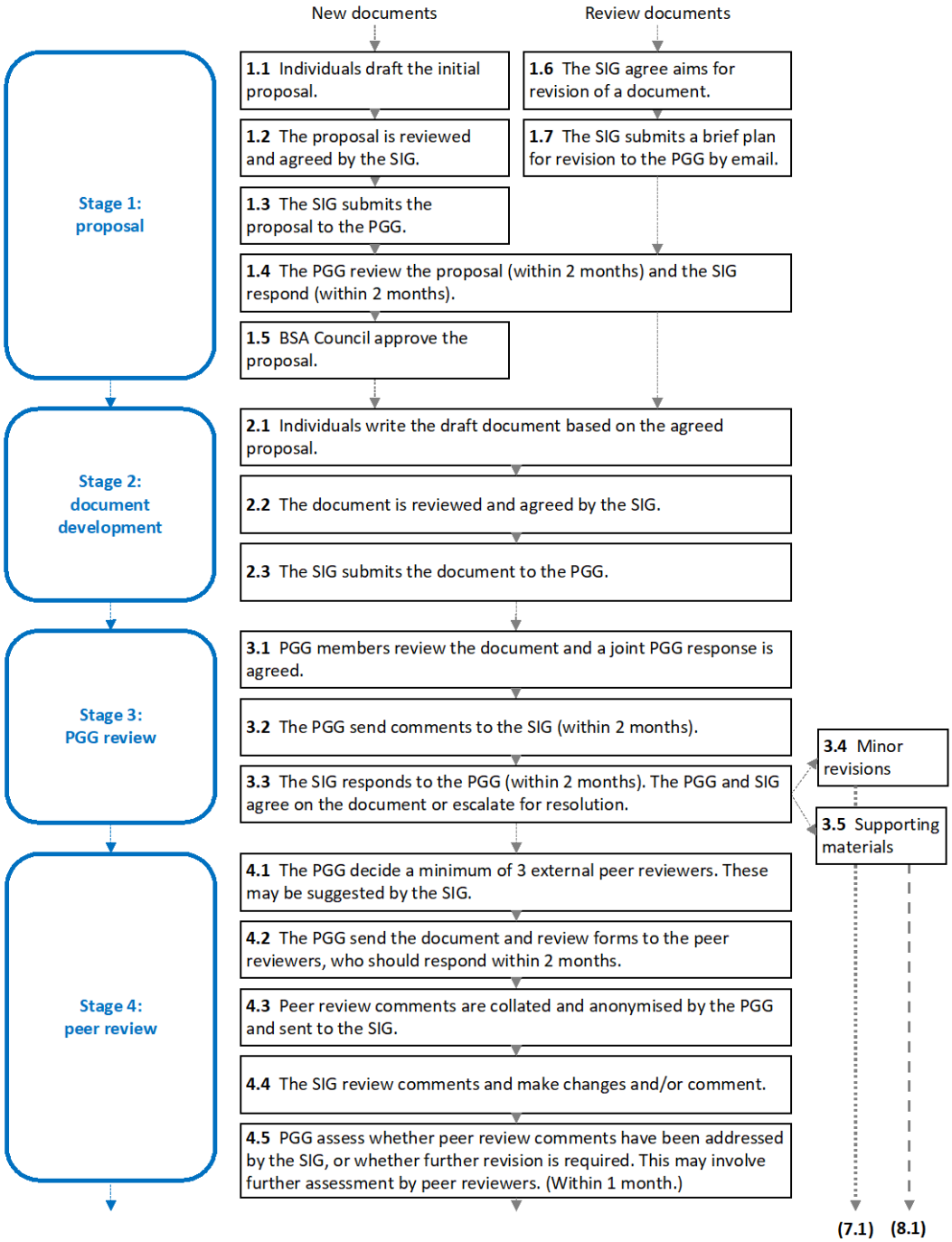
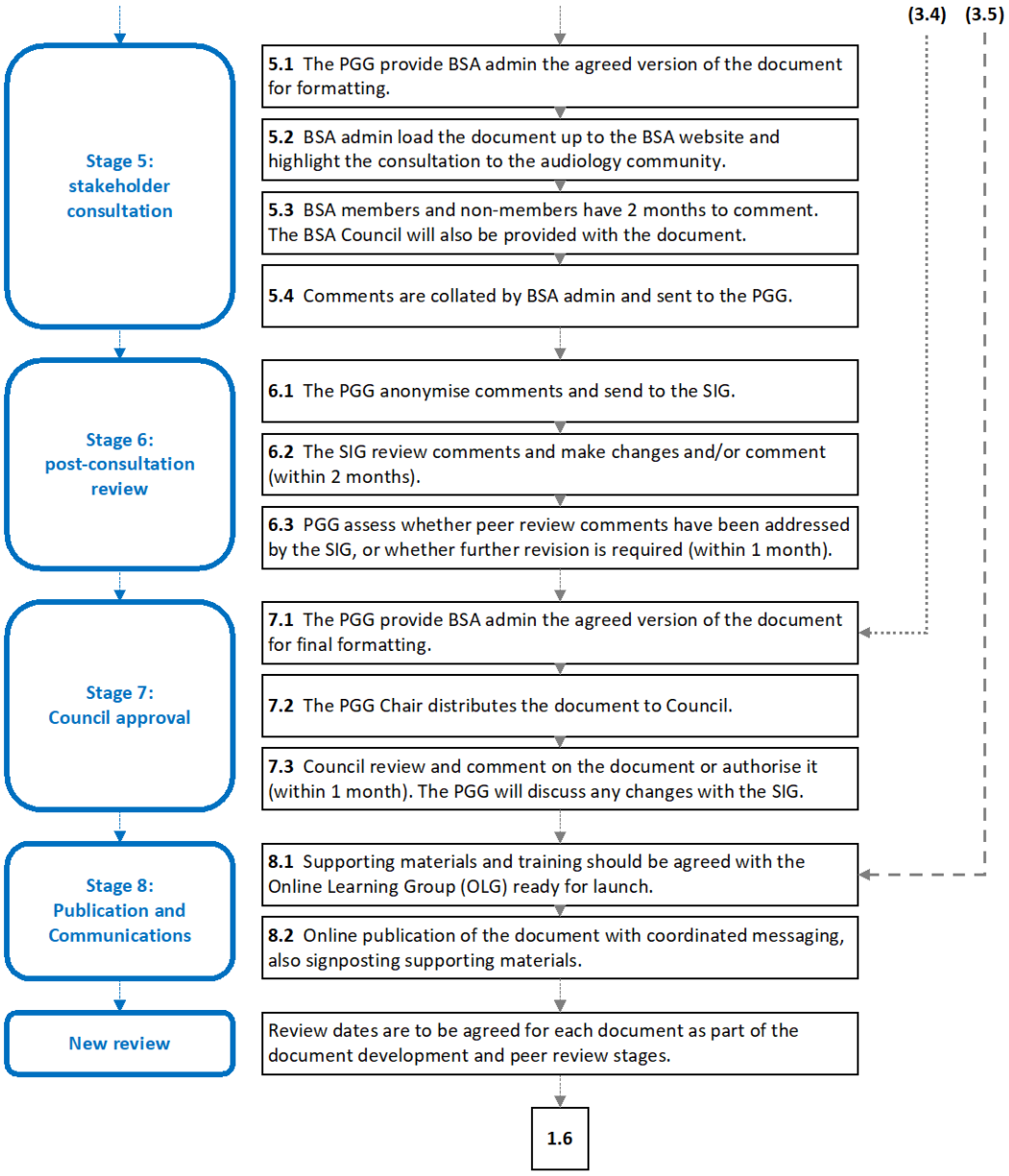


Figure 1 (continued).



3.2 Process Stages

The following section breaks the process of producing documents into discrete stages. It should be recognised that the whole process should be regarded within a framework of **collaborative working** and **open communication**. At any stage, it is helpful for a SIG and the PGG to maintain open communication in order that issues can be discussed and resolved **during** each step of the process, rather than in explicit steps, particularly in agreeing the direction and progress of documents. In this way, review stages can be conducted as quickly as possible. The timelines given are intended as **maximum** response times and every effort should be made by all parties to respond as quickly and reasonably as possible, or to notify others where there may be delays.

For a new document following all stages of this process, the maximum processing time from submission of draft guidance to the PGG, to final approval by the BSA Council is 13 months. However, it should be recognised that many documents will not generate significant review comments and both the PGG and SIGs can respond in a much shorter timeframes, especially where open discussions are maintained throughout the stages.

Stage 1 – proposal

General information:

- This is a critical stage of the document production process and must not be overlooked for new guidelines. The aim of the proposal stage is to provide a short but clear definition of a new document prior to any significant resource and time being allocated to literature reviews and drafting. This is to ensure that the BSA agrees, in principle, to support a document prior to any significant efforts being expended by authors.
- It is not expected that proposals are fully researched at this stage, but summarise the approach to be taken. It is not expected that the proposal document takes a significant amount of time to complete.
- It should be noted that the BSA produce a large number of documents and some prioritisation has to be applied to ensure that it is possible to maintain all of them. The BSA cannot commit to support every document and should decide whether a proposal meets its strategy and aims. The PGG will discuss this with the authoring SIG and any recommendations will be put to the BSA Council for a final decision, as described below.
- Agreement to a document proposal does not infer final agreement to the publication of a document.

Stage 1.1 (drafting the initial proposal):

- The form for completing proposals is given in Appendix 1.
- The authorship process must be led by a member of the BSA as the main proposer. The proposal should be agreed with a SIG (or the PGG for PGG-authored documents, see Section 5). The initiators and authors of a document may be any individuals, members and non-members of the BSA. For

example, there may be areas of development identified by Council that suggest a guideline be developed, or these suggestions may come from external sources to the Council, SIGs or PGG. In any event, a "sponsor" SIG (or PGG) should be found who agree to take a proposal forward. The SIG may decide to use external parties (non-BSA members) in the preparation of guidelines at their own discretion.

- A proposed document must have a clear aim and rationale, addressing the need for such guidance. The proposal must define the scope of the document to be produced, including proposed section headings and a brief description of the content in each section.
- It should be possible to clearly define the topic of the proposed document. There should be sufficient evidence for guidance to be given or sufficient need for new guidance, e.g. current variations in practice or definable benefit from new guidance to clinicians or service users.
- Areas where uncertainty or conflicting evidence exists should be highlighted and the authors' proposed approach explained.
- The expected document length should be estimated. There are no strict word count limits to documents, but guidelines should be as concise as possible and should not be excessively long. As a rough guide, it is envisaged that RP and PG documents should be concise and no longer than 30 pages. PS documents should be much shorter.
- Proposers should also suggest appropriate supporting and training materials that could be developed to assist clinicians in applying new guidance. This will be developed in parallel and should be made available at the launch of new guidance (see stage 8).

Stages 1.2-1.5 (review of the proposal by the SIG, PGG and BSA Council):

- The authors must first seek agreement of the proposal with an appropriate SIG and the proposal can then only be submitted to the PGG by a member of the SIG with the full agreement of the SIG.
- The PGG should respond to the SIG within two months.
- The SIG should then respond with revisions or comments to the PGG within two months.
- There may be a case for the document to be authored by the PGG if it is not taken up by a SIG, e.g. where the subject straddles multiple areas of audiology. PGG-authored documents are described separately in Section 5.
- Once the PGG and SIG have agreed a proposal, it should be submitted to the BSA Council for formal approval. This may be undertaken informally (e.g. by email) without a Council meeting, to avoid delay. Approval is at the discretion of the BSA Chair, who may decide to circulate it with other Council members.

Stages 1.6-1.7 (revision of existing documents):

- The PGG should remind a SIG when is document is due review within 12 months where there is no reported progress by the SIG.
- Where a BSA document already exists and is due for review, a full proposal is not required. In this case, the SIG responsible for the document should agree what revisions are necessary. A nominated SIG representative should contact the PGG Chair and Vice-Chair by email to describe the planned

revisions to the document. The SIG and PGG should then agree the scope of revisions to the document.

- The SIG and PGG should also agree whether the revisions are "minor" or whether no changes are required, in which case the peer review and public consultation stages may be unnecessary.

Stage 2 – document development

Stage 2.1 (writing a guideline):

- Authors should bear in mind the agreed proposal whilst drafting a document. It is recognised that the format of a document may change during its production. However, authors should agree any changes to scope with the relevant SIG, and then with the PGG.
- Authors are encouraged to seek wider opinion and expert opinion for the document. However, it should be remembered that contributors to the document may not act as peer reviewers later.
- Documents submitted to the PGG should be within the scope of the document agreed at the proposal stage, or the SIG and PGG should have been informed of changes to scope.
- Authors should be responsible for formatting the document correctly using the "BSA Document Template" (available from the PGG and the BSA website).
- All draft versions of the document should be submitted in Microsoft Word format and shall include line numbering.

Stages 2.2-2.3 (SIG review):

- The completed draft of the document should first be discussed and agreed by the SIG.
- Members of the SIG who were involved in production of the document, or who have any conflict of interests, should not be involved in a SIG review of a document.
- Once the SIG are satisfied, a nominated member of the SIG should submit the document to the PGG Chair and Vice-Chair.
- The nominated member of the SIG should be responsible for all communications between the SIG and PGG for the relevant document. It is left to the SIG's discretion to choose a member who communicates with the PGG on a single document or all documents.

Stage 3 – PGG review

Stages 3.1-3.2 (PGG review and response):

- The PGG will nominate a member to be responsible for all communications with the SIG for the relevant document.
- PGG members will review the document.
- The PGG may contact other individual experts or clinicians where necessary to support initial commentary. These individuals may not be used for subsequent peer review.

- The PGG will also seek input from the BSA Research Development Group (RDG), particularly regarding sections discussing further research requirements. The RDG may also decide to conduct further literature reviews if they deem it necessary.
- One PGG member will collate comments from individual members and ensure commentary is consistent.
- The PGG response to a SIG should not be that of any individual, but must be the balanced, consensus view of the PGG.
- The PGG should respond to the SIG within two months of receipt.
- The PGG considers whether the document is consistent with the aims of the BSA and with the policy for development of documents and may appraise the document in general and technical terms.
- Members of the PGG who were involved in production of a document, or who have any conflict of interests, should not be involved in the PGG review of a document.
- After review, the PGG may agree to: 1. proceed to peer review; 2. request revisions to the document; 3. recommend rejection of the document. The PGG cannot advise rejection of a document unless it fails to fulfil the criteria set out at the proposal stage. The PGG may only recommend a document be rejected to the BSA Council, who will form the final decision. Documents will not be rejected at this stage unless they fall considerably outside the agreed proposal or suitable revisions cannot be agreed.
- The PGG may only review a document once within the whole document production process, during this stage. Although the PGG will assess the document in later stages, this is only to ensure that comments offered by peer reviewers or received during public consultation are adequately dealt with by the authors. The PGG may not add further review comments after Stage 3.

Stage 3.3 (SIG response and agreement):

- Where revisions are requested, the SIG should respond to the PGG's comments within two months. However, it is recognised that the greatest workload in document production is in authoring documents and, if significant revisions or further research is indicated, the authors should first agree a reasonable timeframe in which this can be conducted with the SIG, and the SIG shall inform the PGG when an extension beyond two months is requested.
- The PGG and SIG should discuss any outstanding areas and seek to resolve these within the following two months. The PGG and SIG may agree to allow another stage of document development prior to further review.
- If issues cannot be quickly resolved at this stage, resolution is described in Section 4.

Stage 3.4 (minor revisions):

- Where the PGG and SIG have agreed that only minor changes have been made to an existing document, the document may proceed to final BSA Council approval (Stage 7) without further peer or stakeholder review.

Stage 3.5 (other supporting materials):

- Authors should be aware that production of a new document, or significant changes to a document, will require communication to the audiology community and that other associated materials may be required to support the launch of guidelines.
- Once a guideline document nears completion of the first draft, the SIG should contact the Online Learning Group (OLG) lead to discuss requirements for other materials.
- Additional materials should then be produced in parallel with other processes such that they are available for a coordinated launch of the final BSA document (stage 8).
- The PGG should also contact the BSA Council Communications Lead to enable preparation for launch.

Stage 4 – peer review

Stage 4.1 (nominating peer reviewers):

- There should be a minimum of 3 expert peer reviewers. Peer reviewers should offer both clinical and academic opinions, so should be selected to ensure both views are obtained. They should act independently of the BSA as "external reviewers". It is accepted that some peer reviewers may be members of the BSA, but they should not hold a role in the BSA (as Trustees, in the Council or as members of BSA SIGs or other committees).
- If there is difficulty in recruiting 3 peer reviewers, PGG shall seek authorisation from the BSA Chair (or nominated Council representative) to proceed with two or seek further help in recruitment.
- The PGG will ask peer reviewers to declare that they have no conflict of interest.
- The SIG may nominate peer reviewers, but the PGG should decide on the selection. The PGG shall not unreasonably reject any nominations by the SIG, but can add further peer reviewers if wider views are sought.
- The PGG may approach the editors of the IJA to nominate peer reviewers.
- The PGG will also send the draft guideline to the Service Quality Committee (SQC) of the British Academy of Audiology (BAA) to enable them to comment within the peer review timeframe, or to nominate peer reviewers on their behalf.
- The PGG will ask peer reviewers to respond within 2 months. It should be recognised, however, that the PGG may need to negotiate extended timeframes with peer reviewers in order to secure their input.

Stages 4.2-4.3 (peer review):

- A nominated member of the PGG shall communicate with peer reviewers and shall collate comments in a spreadsheet response. Peer reviewers' names will not be made available outside the PGG and BSA Council.
- Peer reviewers will be asked to consider:
  - The relevance of the document to the aims of BSA, to previously published BSA guidance, to current practice and to current imperatives;

  - The scientific merit of the guidance, such as whether the development methods were appropriate for the context, the document reflects the best available evidence, the interpretations of the evidence are reasonable and whether the recommendations are justified;
  - The merit of the guidance for the target audience, such as whether the recommendations are adequately clear, alternative options are considered;
  - Overall presentation and coherence of the document.
- The PGG will send collated and anonymised responses to the SIG.
- It shall take no more than two months between the point at which peer reviewers have been agreed and returning comments to the SIG. However, it is accepted that peer reviewers are contributing on an entirely voluntary basis, so any extension to this timeline should be agreed between the SIG and PGG.

Stage 4.4 (SIG review):

- The SIG shall review comments and make appropriate changes to the document.
- This should be returned to the PGG within two months, or the PGG notified if the SIG require an extended time.

Stage 4.5 (agreement of revisions):

- The PGG shall assess the SIG's response to peer review comments and document revisions. The PGG may not conduct a further review of the document other than to address whether the peer reviewers' comments have been appropriately addressed.
- The PGG shall determine whether comments have been adequately addressed. The PGG may involve peer reviewers in further discussion and may send the SIG's responses (anonymised) to peer reviewers for further comment, if there is any doubt whether comments have been properly addressed.
- Authors may not agree with peer review comments and should provide a response on this basis as relevant. The SIG and PGG may agree with the authors, such that no further response from peer reviewers may be necessary.
- If the PGG agree with the SIG's response, the document shall proceed to public consultation.
- The PGG and SIG should discuss any outstanding areas and seek to resolve these within the following two months.
- If issues cannot be resolved via discussion at this stage, resolution is described in Section 4.

Stage 5 – stakeholder consultation

Stages 5.1-5.2 (publication of the consultation):

- The PGG will send the document to BSA administrators to check formatting and typography and subsequent upload to the BSA website.
- The PGG should also notify the BSA Council Communications Lead prior to the consultation.

- BSA administrators will ensure that the document is made publicly available and that it is advertised as widely as possible to ensure the broadest audience in audiology and related professions, including both BSA members and non-members.
- The consultation should be published on the BSA website, included as part of monthly BSA emails, and a separate email should be sent to all BSA members highlighting the start of the consultation.
- Every effort shall be made to communicate the consultation to other related professional bodies in audiology, ENT or speech & language therapy, prior to the commencement of the consultation.

Stages 5.3-5.4 (collecting consultation comments):

- We recognise the importance of acquiring the widest possible response from all sectors of the audiology community, including public and private services, related professions such as ENT and speech & language therapy, and manufacturers of medical equipment and hearing devices. The public consultation must therefore allow appropriate time for considered responses.
- The document will be available online for comment for a period of two months to enable time for communication to potential respondents via non-BSA channels.
- In order to allow substantive comment on the document by BSA Council members, the document will also be sent to them by BSA administrators and they should respond within the same timeframe.
- BSA Admin should record the dates of responses and include these in the aggregated response to the PGG. The PGG will monitor response times and may suggest changes to the minimum stakeholder consultation period, for subsequent guidelines, to the BSA Council if the minimum period is found to be too long or too short.
- The PGG may decide to enable several public consultations in parallel, depending on the number of documents awaiting review.
- The stakeholder consultation should be provided as an online form. This should allow sufficient space for respondents to comment by line number. The form should also request contact details of the respondent and nature of their practice (e.g. clinician, academic, student, manufacturer, charity, member of the public). Responses should be allowed from individuals or those responding on behalf of an organisation. However, personal information should be provided on a voluntary basis and anonymous responses should be allowed. Nevertheless, it should be clear that an anonymous response that is unclear to the PGG or SIG may be discounted if the BSA are unable to contact the respondent for further details.
- BSA administrators will collate comments and send them to the PGG, including contact details. Responses from BSA Council members should be anonymised, but highlighted as “Council” to distinguish them from other comments.
- The PGG may contact respondents where clarification or further details are required.

Stage 6 – post-consultation review

Stages 6.1-6.2 (SIG review):

- The PGG will send an anonymised version of collated comments to the SIG.
- The SIG should respond to comments, or provide reasons for not accepting comments, within the comment spreadsheet and make change as necessary to the document.
- The SIG should respond to the PGG within two months, or agree an extended time where further work is necessitated.

Stage 6.3 (agreed revisions):

- The PGG shall assess the SIGs comment and changes. If in agreement, the document will progress to Council approval.
- The PGG cannot undertake a further full review of the document at this stage, but may only ensure that public comments have been dealt with to its satisfaction.
- The PGG and SIG should discuss any outstanding areas and seek to resolve these within the following two months. If issues cannot be resolved quickly via discussion at this stage, resolution is described in Section 4.

Stage 7 – Council approval

Stages 7.1-7.3:

- The PGG will send the document to BSA administrators for final formatting (i.e. adding document numbers and references) and then, with the approval of the BSA Chair (or nominated representative), for distribution to the Council by BSA administrators.
- Council members will have one month to respond to BSA administrators.
- This stage is intended as formal authorisation of the document and it is not expected that further substantive comment is offered, although this remains at the discretion of Council.
- BSA administrators will send anonymised comments to the BSA Chair (or nominated representative) and, with their approval, to the PGG Chair and Vice-chair.
- Any changes suggested by Council may be discussed with the SIG and changes agreed with the PGG.
- The document may then be re-submitted to Council or immediately approved if the Council have given the PGG the remit to do so where minor changes are requested.

Stage 8 – Publication and Communications

Stage 8.1:

- Authors should have made contact with the OLG at the later stages of completing a draft document (stage 3.3) and completed any necessary supporting materials in parallel, ready for launch of the final BSA document.

Stage 8.2:

- BSA administrators will upload the final document to the BSA website and advertise its availability through physical and digital channels including Audacity, BSA e-update, social media, by direct email to members and via associated professional bodies and other channels (as defined in Stage 5.2).
- This should also include signposting to any training or supporting materials for the new BSA document, which should be made available online at the same time.

Review Date

- All BSA documents should be reviewed as required, driven by a change in technology or new evidence. However, an appropriate maximum length of time before a further review should be suggested by the authors (during stage 2) based on how well established the guidance is and on the likelihood of changes to evidence.
- The following review dates may be suggested:
  - 1 year, where the published guidance is short and needs constant review after its publication, likely in a novel situation in which the guidance may be later changed or withdrawn.
  - 2 years, where the guidance might be short and regarded as “interim” and a fuller review should commence after another year.
  - 3 years, where evidence or practice is likely to change and a review will commence in 2 years.
  - 5 years, where procedures and practices are reasonably well established but may change over this period.
  - 10 years, where procedures and practices are well supported by evidence, although new evidence may alter some aspects over time.
  - “Open, as required”, where a procedure is well-established based on a large body of evidence that has not changed in recent years and is unlikely to change, or a policy will be changed as and when needed. A review will only commence where it is prompted by a request to do so.
- The SIGs and PGG will also consider the number of documents that they have to manage respectively. This should be considered as part of the proposed review date of any document, because these groups will require the resource to undertake reviews and have to be realistic about their capabilities to do so.
- It is expected that Recommended Procedures are reviewed over longer periods of 5 years or more.
- It is expected that Clinical Guidance documents are more representative of areas where doubt may exist, so should be reviewed over shorter time periods of 5 years or less.
- Note that the review date given is that expected for the next publication, i.e. when a review has been completed and the new document has been through the process described here. Authors should expect that the next review commences 12 months before the publication date given.
- Note that the suggested period is the maximum amount of time allowed prior to review and subsequent publication. All BSA documents will be subject to revision should there be any concerns expressed about its contents, irrespective of the review date given.

- Any individual BSA member or non-member, SIG or PGG member may instigate a document review by contacting the PGG directly or via the BSA email. Individuals may highlight any reason that a BSA document may need revision, including a change in evidence, circumstances or technology, and should complete the form given in Appendix 2.
- BSA Admin will send all submissions to the PGG, who will then discuss this with the SIG concerned. The need for a response or revision should be determined by the SIG in agreement with the PGG. If agreement cannot be quickly reached via discussion, resolution is described in Section 4.
- If a revision is agreed, this shall commence from Stage 1.
- If a revision is not deemed appropriate, the PGG shall communicate the reasons to the instigator of the request.
- The PGG should also take responsibility for overviewing all BSA documents and highlighting where review may be required.
- Every BSA document must incorporate the following text: "*This document will be reviewed by the date given on the front cover. However, should any individual or organisation feel that the content requires immediate update, review or revision, they should contact the BSA using the email bsa@thebsa.org.uk. Please add 'BSA document revision request' in the title. You will be asked to complete a short form with your reasons and this will be passed to the Professional Guidance Group for assessment.*"
- If a document is not reviewed within the minimum time period and no ownership of a review is forthcoming, the PGG may propose withdrawal of the document to the BSA Council.

3.3 Communication and Reporting

An aim of the process stated in this document is to promote collaborative working and transparent communication between the BSA members involved in producing documents.

The PGG Chair or Vice-Chair shall provide a tracker report with the status of all BSA documents. This shall be stored on the BSA area in MS Teams and shall be accessible to all Council, PGG and SIG members. Any changes to the status of a document should be reflected on the tracker. Any member wishing a change to be made to the tracker should contact the PGG Chair and Vice-Chair by email. The PGG Chair, or nominated representative from the PGG, will report the status of documents and current workload to each BSA Council meeting.

SIG Chairs, or nominated representative of the SIG, shall regularly report the status of documents to the PGG Chair and Vice-Chair by email. This should occur, as a minimum, after every SIG meeting.

3.4 Minor Amendments

Any BSA member or other member of the public may communicate comments on documents to the BSA via the email bsa@thebsa.org.uk. These shall be sent to the PGG and the PGG shall discuss these with the relevant SIG.

Where the PGG and SIG agree that a minor amendment should be made to a document, the SIG shall propose the change and agree this with the PGG. If both the SIG and PGG agree that the amendment is minor with little or no substantive change to process, the PGG shall forward the document to BSA admin for it to be published on the website. The update date shall be included on the document's title page, but this shall not alter the review date.

Where the PGG and SIG agree that the change represents a substantive change to the document, the final version shall be sent to the BSA Council for sign-off (Stage 7).

If the PGG and SIG do not agree on the alteration or its status as minor amendment or substantive change, the resolution process (Section 4) shall be followed.

3.5 Short-Form Process

It is recognised that certain forms of content produced by the BSA may not need to go through every step of the procedure described above and there may be some urgency to providing statements in some situations. In general, all new Recommended Procedures and Clinical Guidance documents should go through all stages, except for minor revisions and amendments as defined above. Minimum Training Guidelines, Policies & Procedures and other documents are unlikely to require expert external peer review and public consultation. Accordingly, default processes for these documents are described below. These default processes should be followed, but it is at the discretion of the BSA Council as to whether documents should undergo greater or lesser scrutiny.

Minimum Training Guideline

- The documents are produced by the Accreditation Committee, which acts as a separate sub-group of the PGG.
- Any documents being developed by the Accreditation Committee shall be reported to the PGG and the PGG Chair shall include them as part of monthly reports to the BSA Council.
- The Accreditation Committee shall agree any document and submit it to the PGG.
- New and revised documents shall follow the normal proposal process (stage 1, fig.1).
- Document development and review by the PGG shall follow stages 2-3 as usual.

- The document should then be submitted to the BSA Council (Stage 7). It is at the discretion of the Council as to whether the document should be approved or more widely reviewed. In the latter case, Council should then determine the appropriate steps.

Urgent Documents

- We cannot be prescriptive about urgent scenarios. The process regarding urgent statements shall be at the discretion of Council.
- However, all statements must undergo some form of review by those other than the authors. As a minimum, statements should be reviewed by non-author members of Council and the PGG, but this must be done in a timely manner dictated by the circumstances.
- SIGs shall also be involved where any statement is relevant to their remit.

Joint Documents

- BSA groups may work with other organisations to produce joint guidance or statements. These documents will also be subject to internal review and approval in the BSA prior to permission for its name to be used.
- The BSA group working with another body must provide a short proposal for the document to the PGG for comment and approval by the BSA Council, as described in stage 1, fig.1.
- The joint working group should then produce the document and submit it to the PGG for review, following stages 2-3. Where a document is based on a clear consensus between teams representing various professional bodies or other organisations, the PGG shall not review in detail, but seek only to ensure that the documents meet the strategy and needs of the BSA.
- The document may then proceed to Council for approval (stage 7). However, the Council may decide that the document needs further external peer review or public consultation.

4. Resolution Process

It should be remembered that all documents are expected to go through a thorough and rigorous review process prior to the BSA Council agreeing to publish them under the BSA's name. The reputation and standing of the BSA rests particularly on the guidance it produces. It should be recognised that individuals involved in the process have a responsibility to review and question proposals and draft documents. Authors should not question the right of reviewers to do so. We also recognise the huge commitment and effort of members in supporting the production of documents at all stages of the process, all of whom have commitments in other roles. It is therefore important to remember that all BSA group members have a stake in producing high-quality guidance, so communications should be conducted collaboratively, in a professional manner adhering to the BSA Code of Conduct.

We should encourage open and honest scientific debate. At times, this will inevitably lead to disagreement. The initial response of participants should be to seek a resolution directly. However, it is

perfectly acceptable to “agree to disagree”. Disagreements should not lead to protracted discussion. Where members cannot easily find compromise, disagreements should be quickly escalated.

In most cases, resolution should be sought via the BSA Council as the ultimate arbiter of any issue in the BSA. Any member may address concerns to the Council at any time. However, during the document production process, if a SIG disagrees with the PGG and the parties “agree to disagree”, it is expected that the PGG report the disagreement in a balanced way to the BSA Council and the Council decide on its resolution after discussion with both parties.

During PGG document review (stage 3), if the PGG and SIG are unable to agree on any points after an initial discussion, they may also agree to put the document into the expert peer review process (stage 4) with comments attached to the document. The peer reviewers may then adjudicate.

The preceding process provides timelines for responses. In general, it is expected that the PGG and SIGs respond reasonably to each other within two months. However, it should be accepted that all BSA members contribute their time voluntarily outside their normal working roles, so there are considerable external factors that may delay development of documents outside the BSA’s control. BSA members should be respectful of other individuals’ commitments and seek to agree reasonable timelines with them directly. However, if there is any unreasonable delay, issues may be escalated to the BSA Council for resolution and appropriate adjustments.

5. PGG-Authored Documents

In a number of cases, the PGG may be the appropriate body to author a document. This will generally be for documents that cover several areas of audiology and multiple SIGs and where a SIG does not want ownership. In the past, for example, these have included documents regarding acoustic considerations, PTA and tympanometry.

A similar process should be followed (fig.1) but with the following changes:

- Stage 1 – the PGG must complete the proposal and submit it to the BSA Council. The Council may decide to review the document itself, seek input from the SIGs or nominate a SIG or SIG members to undertake the review on its behalf.
- Stage 2 – the PGG will author the document.
- Stage 3 – the draft document must be submitted to the BSA Council, who will then decide which SIGs to also consult or lead a review. BSA administrators will collate feedback and send it to the BSA Chair (or nominated representative) and, with their approval, send it to the PGG. The PGG must respond and make necessary alterations to the satisfaction of the Council.
- Stage 4 – the document is sent for peer review as usual. Peer reviewers must be approved by Council.
- Stage 5 – the document is sent for public consultation as usual.

- Stage 6 – the PGG should respond to comments and make necessary changes to the satisfaction of Council who may also nominate SIGs to review.
- Stage 7-8 – normal Council approval and publication.

6. Evidence Base and Referencing

BSA documents should focus on the provision of guidance to clinicians, encouraging best practice. Documents should be evidence-based but should not be written as extensive literature reviews. It is expected that authors review the literature thoroughly and critically, but report concise findings that specifically support clinical recommendations. Reviews of evidence should remain concise and focussed on supporting a conclusion that gives useful direction to clinicians.

Authors should not write guidance simply based on current clinical practice without reference to the literature. Where guidance is given, supporting evidence should be referenced. However, there are always elements of clinical practice for which little evidence exists or where the evidence is contradictory. In these cases, authors are expected to be explicit and to fairly represent the balance of arguments. It is entirely acceptable to make recommendations based on a consensus of clinical opinion in these cases, but it must be clearly stated where guidance is based on professional consensus. Recommendations should not be made where there is no evidence or consensus, although the range of acceptable practice might be discussed if some consensus can be achieved.

Referencing evidence in a BSA document does not have the same requirements as evidence in papers for academic peer-reviewed journals. Academic journals require referencing to systematic reviews, meta-analyses or primary research evidence. In a BSA guideline, it is acceptable to reference a review paper or text book where practice is well-evidence and well-established. The reference given should be that deemed most appropriate for further reading for interested clinicians, not necessarily that deemed as a seminal source or the original source.

Where the literature is not consistent or provides contradictory views, a fair representation of the evidence should be referenced. This may be articles on both sides, or a review paper where the arguments are deemed to be fairly represented. However, BSA guidance should draw a conclusion and provide clinicians some scope of acceptable practice in these cases. It is not acceptable to review evidence with no clear guidance given.

7. Professional Consensus

It should be accepted that some clinical practices within audiology, and other medical fields, cannot be justified by evidence based on research comparing them to alternative approaches. Nevertheless, some practices may, for example, be well-established on the basis of first principles of physiology, clinical

practice or experience. Consequently, there may be evidence available from a range of sources that substantiate a recommended guideline, and these may include research-based evidence, reviews and previously documented professional consensus from reliable sources.

For the purposes of this document, the use of the words “professional consensus” in BSA guidelines shall refer to cases where there is a lack of clear evidence, but where consensus can be achieved in making recommendations. Where sufficient and reliable evidence is not available to substantiate a specific recommendation, this should be made explicit. It may be that evidence suggests a range of acceptable practice, so this should also be made clear. It should be explicitly stated where a recommendation is based on “professional consensus”.

Accordingly “professional consensus” shall refer to a recommendation made by the authors that has been through all of the stages of the review procedure stated in this document (fig.1); that is, it has been agreed between the SIG, PGG, peer reviewers and BSA Council. Accordingly, any recommendations made by the authors which seek to be termed as “professional consensus” must be highlighted as such in the original version of any document.

8. Document Contents

The format of the document must follow the “BSA Document Template”. It is the responsibility of the authors to provide the document in this format for review. The PGG may return poorly formatted documents to the authors for tidying.

Recommended Procedures and Practice Guidance should contain the following sections:

- Mandatory text as defined in the “BSA Document Template” (General Foreword, Authors & Acknowledgements including a Declaration of Interests, Submissions, Citation, Shared Decision-Making). Note that the Submissions section should give dates of the last version of a literature review and subsequent submission dates in order to make clear what body of evidence has been incorporated.
- A proposed review date. This will be assessed as part of this document review process.
- A version control table. This should describe the version number, date, main author(s) responsible for the version, summary of the stage (e.g. “draft for SIG discussion”, “version sent for PGG review”) or the changes made. This table is only for draft versions of the document and will be deleted prior to publication.
- A table of contents.
- A list of abbreviations where necessary.
- Background and Aims, explaining the rationale for providing the document.
- The main body of text. It is for the authors to decide appropriate sections and whether an Introduction is also required.

- It is desirable to include suggested quotes for communication with patients. This may be the text of a letter sent prior to an appointment for testing, verbal instructions or appropriate reporting of results. Care should be taken to provide accurate patient information without causing unnecessary concern or anxiety.
- A “Further Research” section should be included. This should highlight any areas in which research is required to improve guidelines and knowledge in audiology. These recommendations will be provided to the BSA Research Development Group (RDG) who will be responsible for defining clinical research priorities in Audiology.
- References.
- Appendices may be used at the authors’ discretion. This should contain information that is not necessary to understanding of the main text, but may provide further detail such as technical tables.

9. Roles and Responsibilities

9.1 Special Interest Groups (SIG)

The SIGs are the primary centres of expertise and largely take ownership of the production of BSA documents. SIGs may have their own internal processes for developing documents and documents may be led by individual authors, but documents should not progress from the SIG to other parties without the agreement of the SIG as a whole.

9.2 The Professional Guidance Group (PGG)

The PGG take an overall coordinating and review role for BSA documents. The PGG has the remit to act as an “editorial board” that may offer feedback and guidance on a document at its discretion, as defined and limited by the processes detailed in this document. The PGG acts with the delegated authority of the BSA Council to review documents, and are tasked to uphold the quality of documents produced by the BSA that maintain or enhance its reputation. The PGG is tasked to manage the overall “portfolio” of BSA documents and may therefore suggest prioritisation of documents to ensure that the BSA has the capability to maintain all of its published documents to a required standard.

Membership of the PGG should broadly reflect the multi-disciplinary and inter-disciplinary nature of audiology, hearing and balance science. It should also be representative of academic, clinical and technical aspects of audiology. All members must be members of the BSA and will typically be selected for their knowledge and expertise in their particular field. The PGG may seek expert advice from non-members at any time. Reviews of documents may be coordinated or led by a nominated PGG member, but commentary should not be returned to other groups without the agreement of the PGG as a whole.

The PGG will consist of up to 10 full members. One of these members will be elected Chair and will act as advisor to the BSA Council and will report to the Council on behalf of the PGG.

9.3 The BSA Council

The Council are the governing body of the BSA. They give final approval to documents once they have progressed through all of the processes described herein. They act as the ultimate arbiter wherever there is disagreement over the content of a document and may determine the appropriate levels of scrutiny for any document, including the stages of this process that are employed.

Appendix 1:
BSA New Document Proposal Form

Before completing the form (below) please refer to the BSA document "Policies & Procedures: Document Definitions and Production Process". Further detailed information can also be found in the "Policies & Procedures: Information for Authors of Clinical Guidance and Recommended Procedures". Authors should be aware of the BSA's aims and understand the necessary criteria for BSA documents before proposing a new document to the BSA.

The completed form should be sent to an identified Special Interest Group (SIG) Chair or, if unsure which SIG is responsible, to the Chair and Vice-Chair of the Professional Guidance Group (PGG). Contact details are available on the BSA website.

Note that authors will be expected to write documents to the scope agreed in this form. Changes may be made to the scope of a new document as it progresses, but this should be first agreed with the relevant SIG and PGG.

The grey, italic text below provides guidance for completion of the form, highlighting issues that should be addressed, and should be deleted in the submitted form.

New Document Proposal	
Type of Document	*Recommended Procedure / Practice Guidance / Position Statement / Minimum Training Guideline / Policies & Procedures / Other*
Proposed title of document	
Which SIG will be responsible for this document?	*Please be aware that the draft document cannot be submitted to the PGG for review without the agreement of a SIG, unless the PGG are the authoring body.*
Why is this guidance needed?	*Will the topic of the proposed new guidance be of benefit and/or interest to a definable group of professionals and/or service users?* *How will this guidance benefit clinicians?* *Are there significant variations in practice, which are likely to be improved by development and publication of new guidance?* *Can the topic be clearly defined?*

Is there sufficient evidence to support the development of guidance on this subject?	*Key sources of evidence, or the intended approach to gather evidence, should be defined.*
What is the scope of the document?	*Please give provisional section headings with a brief description of the intended content of each section.* *If draft recommendations are already in place, please summarise these.*
What is the proposed length of the document?	*Documents should be concise and focused on clinical recommendations.* *Please refer to the BSA Procedure: Document Definitions and Production Process.*
Who are the working group for this document?	*Authors should be named, with relevant experience described. A lead author should be named with contact details.* *There should be an assurance that the authors are able to commit to production of the document draft within a reasonable time frame.* *Note that documents cannot progress until each author has completed a BSA "Declarations of Interest form". This should be stated in this form.*
When will the first draft be completed?	*The authors should give a realistic date to which they can commit.*
Will supporting materials be developed?	*It is expected that new BSA guidelines should be accompanied by supporting materials (e.g. examples, case studies, training videos) that will support the implementation of the guidance by clinicians.* *Please provide suggestions for associated materials and explain how these might be developed.* *Will the authoring team or SIG commit to supporting this process?*

Appendix 2:
BSA Document Revision Request Form

Any member of the public or BSA member may propose a review of any BSA document. The reason for a proposed review must be explained in this form, e.g. a change in evidence, circumstances or technology. The rationale must be evidenced wherever possible.

Upon receipt of the form, the Professional Guidance Group (PGG) will discuss the proposal with the relevant Special Interest Group (SIG) to decide whether a revision is required. The joint decision of the PGG and SIG will be taken to the BSA Council for approval. This decision process should take no longer than 3 months.

Proposers should provide details and may be contacted for further information.

The grey, italic text below provides guidance for completion of the form, highlighting issues that should be addressed, and should be deleted in the submitted form.

BSA Document Revision Request	
Title and date of document requiring revision	
Proposer	*Insert name, job title and contact details, including email address. Multiple proposers may be included, but please state which proposer should be used as primary contact.*
Please highlight the text which is in need of revision	*Refer to the section and page number. Cut-and-paste the text here if necessary.*
What revision is needed?	*What is wrong with the existing text, or what is missing?* *What has changed to necessitate a revision?* *Do you suggest any specific revisions? Add suggested text if appropriate.*
Is there sufficient evidence to support a revision?	*Please discuss any sources of evidence and provide full references.*