Master Document: Framework for National Paediatric Guideline Development

Belgian Academy of Paediatrics (BAoP) – Guidelines Working Group

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1. Vision

Across Belgium, paediatric healthcare is delivered at a high standard, yet diagnostic and therapeutic approaches show significant variability between hospitals, departments, and individual clinicians. Unwarranted clinical variation—unrelated to patient complexity—can lead to inconsistent adherence to Evidence-Based Medicine (EBM), unequal care outcomes, and training challenges for paediatric residents.

A national survey conducted among Belgian paediatric trainees and paediatricians revealed that over 90% of respondents strongly support national uniform guidelines to improve patient care, enhance educational quality, and promote evidence-based treatment (Acta Paediatrica, 2025).

The **Project National Paediatric Guidelines**, initiated by the BAoP and led jointly by the Scientific Task Force and Young BAoP (yBAoP), provides a structured framework to develop, validate, disseminate, and maintain evidence-based paediatric protocols nationwide.

2. Background & rationale

Current guideline use in Belgian paediatric care relies heavily on individual hospital protocols, online commercial tools (e.g., UpToDate®), and international literature. This fragmentation leads to noticeable discrepancies, particularly in treatment choices such as antibiotic selection, fluid management, medication dosages, and treatment duration. Furthermore, existing local protocols are frequently unavailable or outdated.

By establishing a central, national guideline development pathway, BAoP aims to:

- **Harmonise clinical practice:** Bridge the gap between university and regional hospital practices through consensus-driven, evidence-based recommendations.
- **Empower trainees & educators:** Provide a clear clinical decision framework for junior doctors while standardising clinical training evaluation across academic centers.
- **Foster national collaboration:** Connect Dutch- and French-speaking trainees and senior experts from university and regional healthcare centers across Belgium.

3. Governance & stakeholders

The operational and strategic governance of the guidelines project is structured as follows:

- **BAoP Scientific Task Force:** Provides overall scientific oversight and safeguards the strategic alignment with the BAoP
- **Guidelines Working Group of the Scientific Task Force:** Is responsible for project management, workflow execution, stakeholder coordination, follow up of activated topics, and platform maintenance.
- **Young BAoP (yBAoP):** Acts as the primary operational coordinator, driving junior engagement, matchmaking, communication, and university networking.
- **Subspecialty societies:** Are invited to review, endorse, and validate guidelines when relevant.

4. Team structure

To ensure balanced national representation and broad clinical applicability, each guideline development group must meet specific team composition criteria:

- **Junior participants (preferably 2):** Paediatric trainees or junior doctors
- **Senior supervisors (at least 2):** Experienced (medical) staff members from different (healthcare) institutions.
- **Linguistic, institutional and geographic representation:** Across the overall team (juniors and/or senior supervisors combined), it is aimed for to at least include **one Dutch-speaking and one French-speaking member**. Teams should combine representation from **university hospitals and locoregional healthcare centers** across Flanders, Brussels, and Wallonia.

- **Multidisciplinary stakeholders:** Where applicable, early involvement of general practitioners, subspecialists, preventive health agencies (Kind en Gezin / ONE), and patient representatives is encouraged.

5. Matchmaking platform

To facilitate collaboration, BAoP hosts an interactive **Matchmaking platform** within the BAoP website.

Application Workflow:

1. **Topic repository:** The platform displays a categorized candidate list of priority clinical topics.
2. **Open topic submission:** Trainees or supervisors can submit new project proposals directly through the platform if a topic is not yet listed.
3. **Registration:** Junior candidates and senior supervisors can register their interest for specific topics online.
4. **Automated matching:** If a candidate has registered interest for a topic, the system notifies the topic leads and coordinators of the Guidelines WG.

6. Guideline development workflow

Note: Individual development trajectories may vary depending on topic scope, clinical complexity, and specific project parameters.

1. **Topic refinement & scope definition:** Definition of the precise clinical scope, identification of required domain expertise, and determination of the target team composition.
2. **Team assembly:** Connecting junior trainees and senior supervisors to form a balanced team fulfilling the linguistic, institutional, and geographic criteria outlined above.
3. **Action plan:** Establishment of an operational roadmap, agreeing on target outputs, and explicitly defining alignment with academic Master's thesis frameworks where applicable.
4. **Local protocol harvesting:** Collecting existing institutional protocols from hospitals across Belgium to map and analyzing current clinical variation.
5. **Literature review & evidence appraisal:** Conduct of a structured or systematic literature search and evidence appraisal under senior supervisor guidance.
6. **Drafting of results & gap analysis:** Synthesis of local practices and international evidence into a unified national draft. Identification of gaps in

knowledge and outlining potential future research needs (within or outside the project scope).

7. **Consensus building:** Executing a formal consensus process (e.g., modified Delphi method) whether or not including the engagement of regional, institutional, and subspecialty representatives.
8. **Review & validation:** Finalization of validation by team supervisors and submission of the completed guideline for formal peer review, subspecialty endorsement, and/or publication (see Section 8).

7. Methodological support

Methodological rigor is critical to producing trustworthy guidelines.

The **Belgian Centre for Evidence-Based Medicine (CEBAM)** serves as an educational partner for the Guidelines Working Group. Members of the working group are invited to attend CEBAM training courses on literature search, appraisal, and guideline methodology. CEBAM acts as a training and educational provider. CEBAM will not formally validate or accredit the clinical content of the finished BAoP guidelines.

8. Review, endorsement & validation

Transparency regarding the validation status of every guideline is mandatory:

Each published guideline must explicitly state the validation methodology used during its creation (e.g., formal Delphi consensus, systematic review, external expert review).

Submission to a peer-reviewed journal is the primary target for formal validation. The *Belgian Journal of Paediatrics* is one of the preferred journals to submit manuscripts to.

Relevant BAoP subspecialty working groups may review and endorse guidelines. Guidelines endorsed by subspecialties will be clearly tagged and labeled as such upon publication on the BAoP website repository.

Guidelines that are not published in a peer-reviewed journal must undergo structured peer review by appointed BAoP experts before being uploaded to the website repository as one of the BAoP National Guidelines.

9. Academic integration (Master's thesis framework)

Developing a national guideline offers an excellent academic trajectory for paediatric trainees. Guideline development can serve as a Master's thesis project, an advanced training project, or a standalone scientific endeavor.

Because academic master's thesis criteria vary across universities, trainees and their supervisors are **required to proactively review their home university's specific requirements** prior to starting. Each individual case should also be discussed with and assessed by the relevant training coordinator to ensure that the proposed project consistently meets all applicable training and academic requirements.

Trainees and promoters must ensure that the planned output, scope, author order, and timeline align fully with local faculty regulations.

10. Publication and dissemination

Maximal adoption depends on active dissemination.

Accepted guidelines will be published on the BAoP website (Knowledge Center). Announcements of new publications will occur via the BAoP Newsletter and presented at the annual Belgian Paediatric Congress.

11. Intellectual property, copyright & liability

In principle, the BAoP does not claim intellectual property or copyright over the created guidelines. BAoP acts strictly as a non-exclusive distribution and hosting repository to maximize public access and clinical reach.

Copyright will thus remain with the authors and/or their respective academic institutions, according to local university regulations or journal publishing license transfers.

Guidelines published under BAoP auspices serve as clinical guidance tools to support evidence-based decision-making. They do not replace individual clinical judgment. Treating clinicians retain full legal and professional responsibility for the individual diagnostic and therapeutic decisions made for their patients.

12. Lifecycle management

To prevent guidelines from becoming obsolete, every protocol follows a structured maintenance lifecycle. Each guideline must be formally reviewed and updated **every five years**.

Five years post-publication, the BAoP platform automatically contacts the original author/supervisor team. If original authors are unavailable, the topic is re-entered into the Matchmaking Platform as an update project for new trainees, maintaining continuity while preserving expert oversight.