

## **BTS Guideline for diagnosing and monitoring paediatric sleep disordered breathing**

### **Consensus Recommendation/Good Practice Point consensus method**

All draft consensus recommendations/Good Practice Points (GPPs) were agreed via informal consensus.

Briefly, the process was:

1. The most recent Guideline draft was made available to all Guideline Development Group (GDG) members via Microsoft OneDrive and all GDG members were invited to edit (as track changes)/provide comment on the existing recommendations and GPPs or add additional draft consensus recommendations/GPPs.
2. Following a defined time, a Microsoft Teams GDG meeting was held to discuss all changes/comments to the consensus recommendations/GPPs.
3. During each meeting, the current working draft Guideline was shared via Microsoft Teams.
4. Each edit/comment was discussed individually and inclusion of a consensus recommendation or GPP, or agreement on the wording was made via verbal group agreement (i.e. informal consensus). Where there was disagreement, items would be further discussed until an agreement could be reached.
5. "Agreement" was regarded as the majority vote.
6. If a majority could not be reached, it was the responsibility of the co-chairs to make a final decision. However, all consensus recommendations/GPPs were agreed amicably and there was no need for a deciding vote.
7. If a GDG member could not attend a Microsoft Teams GDG meeting, as all edits were made in real time during the meeting, non-attendees were invited to review the changes via Microsoft OneDrive and provide further comment if necessary.
8. All comments/changes for non-attending GDG members were reviewed by the co-chairs and shared/discussed with other members of the GDG where required.

The above process was used during two stages of the Guideline development process (preparation of submission of the first draft to the BTS Standards of Care Committee (SOCC) and preparation of the pre-consultation draft).