COPD-X Guidelines

Guidelines Development Group Terms of Reference

Version 1.0

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Purpose

This Terms of Reference document describes the governance arrangements for developing the national clinical recommendations for chronic obstructive pulmonary disease (COPD) in Australia ("COPD-X Version 3.0" or "COPD-X Guidelines").

Background

The ***COPD-X Plan: Australian and New Zealand Guidelines for the Diagnosis and Management of COPD*** have been a cornerstone of Lung Foundation Australia's COPD program. Since their initial publication in 2003, their recommendations have provided trusted, evidence-based guidance to clinicians caring for adults with COPD.

In 2026, Lung Foundation Australia commenced a redevelopment of these guidelines, supported by the Australian Living Evidence Collaboration (ALEC), based at Monash University. The redevelopment aims to transition the existing COPD-X Plan to a living evidence guideline ("COPD-X Version 3.0" or "COPD-X Guideline").

Under a living guidelines model, guidelines are regularly updated with the latest research rather than revised on a fixed cycle. This approach ensures that recommendations remain current, trustworthy, and responsive to new evidence as it emerges. The COPD-X Guidelines will also adhere more closely to the GRADE (Grading of Recommendations, Assessment, Development and Evaluations) approach. GRADE provides a systematic method for making clinical practice recommendations based on a clear understanding of the certainty of the available evidence, the benefits and harms of an intervention, and additional contextual factors such as equity, feasibility, and acceptability. This approach is recommended as best practice by the National Health & Medical Research Council (NHMRC) and international organisations such as the World Health Organization (WHO), Cochrane, and NICE (UK). As part of this shift, COPD-X will integrate research evidence, clinical expertise, and lived experience to produce transparent and evidence-informed recommendations.

While the final scope of the clinical questions to be included in the COPD-X Guidelines will be determined through a formal prioritisation processes (see **Standard Operating Procedures**), it is anticipated that the guideline scope will include elements related to the diagnosis and assessment, pharmacological and non-pharmacological management of stable COPD, acute care, comorbidities and complexity, and follow-up and long-term care.

The primary audience for the COPD-X Guidelines is healthcare professionals in Australia caring for and supporting adults with COPD. Guideline recommendations may also be accessed by commissioners and providers of COPD health and social care services, and people with lived experience of COPD (including people living with the disease, their carers and loved ones).

Governance overview

The COPD-X Guidelines governance groups include:

- **Steering Committee (SteerCo).** Composed of representatives from endorsing organisations, including medical colleges, peak bodies, and consumer organisations. Endorses final recommendations, advises on implementation and contextual barriers, and shares recommendations with member networks. The SteerCo does not make decisions about clinical content.

- **Guideline Development Group (GDG).** Senior clinicians and researchers who form the main decision-making body for clinical content. The GDG is responsible for developing draft recommendations, and making decisions about topic prioritisation, scope, PICO framing, and important outcomes, with input and supporting evidence provided by other governance groups. The GDG provides final clinical sign-off on all recommendations, prior to endorsement by the Steering Committee.
- **Lived Experience Panel (LEP).** Contributes the perspectives of people with lived experience of COPD throughout guideline development, engaged in early stages such as topic prioritisation, clinical question development, and consideration of outcomes and contextual factors. The Lived Experience Panel Terms of Reference describes the panel's purpose, role, membership, meeting structure, confidentiality requirements, mentoring and support arrangements, honorarium, and contact details.

Additional advisory or working groups may be established as required to support specific aspects of the work program. Where established, these groups will have defined scopes of work.

The COPD-X Guidelines governance groups are supported by:

- **Evidence Review Team (ALEC).** Coordinates the systematic review and evidence review process, conducts GRADE assessments, prepares evidence summaries and technical reports, and works with all governance groups to develop recommendations collaboratively. The evidence review and methodological components from the Evidence Review Team are delivered by ALEC under a research services agreement between Lung Foundation Australia and Monash University and are not duplicated in this document.
- **Lung Foundation Australia.** Lung Foundation Australia is responsible for organisational oversight, strategic direction, and program-level delivery.

The structured governance groups described above have distinct but complementary roles and work collaboratively across the guideline development process. These groups work together, with each contributing different expertise to ensure recommendations are evidence-based, practical, and informed by lived experience.

Standard Operating Procedures

The redevelopment of the COPD-X Guidelines will be delivered in phases:

- **Phase 1** focuses on establishing the governance structures, processes, and priority clinical questions required to support the ongoing development of living guidelines. This period is anticipated to run for 6 months (July to December 2026).
- **Subsequent phases** will build on this foundation and are subject to funding.

This document sets out overarching principles and expectations intended to remain stable over time. Operational details, including meeting frequency, workplans, and timelines, may be adapted as required to support delivery of the guidelines.

The Guideline Development Group (GDG) is the main decision-making body responsible for making decisions on clinical content, including recommendations and their supporting rationale. Their role is to ensure appropriate clinical expertise, methodological understanding, diversity of perspectives, and representation across relevant disciplines and jurisdictions. GDG members are appointed on the basis of their individual expertise and are not representatives of any organisation.

Responsibilities

The responsibilities of the Guideline Development Group are to:

- Provide final clinical sign-off on all new or revised recommendations;
- Prioritise clinical questions for evidence review, taking into account feedback from the clinical community, the Lived Experience Panel, the Steering Committee, and emerging evidence;
- Contribute to the development and refinement of clinical questions and PICO (Population, Intervention, Comparator, Outcomes) criteria;
- Review evidence summaries, summary of findings tables, and evidence-to-decision frameworks, and supporting materials;
- Consider and agree on draft new or revised recommendations developed using GRADE methods;
- Identify aspects of care not addressed by existing recommendations;
- Assist in drafting additional information to be published alongside recommendations;
- Provide input on emerging clinical issues that may affect the work of the guidelines.

Recommendations and supporting materials are presented to the Steering Committee by an appropriate representative of the GDG (e.g. one or both GDG Co-Chairs) to ensure that endorsement decisions are made with sufficient context.

Membership

The GDG is composed of approximately 20–25 senior clinicians and researchers with expertise relevant to the prevention, diagnosis, and management of COPD.

Composition of the GDG should include representation from respiratory medicine, general practice, nursing, physiotherapy, pharmacy, exercise science, and other relevant fields. Selection will also aim to achieve diversity across gender, geography, and experience, including representation from metropolitan, regional, and remote areas of Australia, and experience working with priority populations, including Aboriginal and Torres Strait Islander peoples and culturally and linguistically diverse communities.

Final decisions regarding GDG membership rest with Lung Foundation Australia, who retains responsibility for ensuring that the composition of the GDG supports the effective delivery of the COPD-X Guidelines.

Appointment process

Transition of existing members

Existing members of the COPD-X Guidelines Committee will be invited to transition to the Guidelines Development Group for the COPD-X Guidelines (Version 3.0).

Existing Co-Chairs of the COPD-X Guidelines Committee, Dr Eli Dabscheck and Dr Ian Yang, will be invited to transition to the same role for the Guidelines Development Group, subject to confirmation of their willingness and capacity for the updated role.

All members, including existing members, will be required to confirm their agreement to the Terms of Reference and associated expectations.

Appointment of additional members

Additional GDG members are recruited through a publicly advertised Expression of Interest process.

Appointments will be informed by an assessment process designed to ensure:

- Alignment with required areas of expertise
- Diversity of professional background, geographic location, and perspective
- Overall balance and functionality of the group

Assessment of candidates will be undertaken using defined review criteria to support consistency and transparency in decision-making.

Term of appointment

Members are appointed for Phase 1 of the COPD-X Guidelines redevelopment, with the intention that membership continues into subsequent phases, subject to funding availability and ongoing agreement to these Terms of Reference.

Membership will be reviewed periodically by Lung Foundation Australia to ensure the group continues to reflect the expertise and diversity required for the guidelines.

Ceasing membership

Members of the GDG who wish to step down should advise the COPD-X Guidelines Manager as soon as possible.

Ongoing participation in governance groups is expected from all members, relative to the nature and timing of activities within the work program. A member who is unable to attend meetings or participate meaningfully over an extended period may be asked to step down.

Members who are unable to participate over an extended period, and who do not communicate with the COPD-X Guidelines Manager during that time, may be considered to have stepped down. The COPD-X Guidelines Manager will make reasonable attempts to contact members before confirming cessation of membership.

Remuneration

Members participating in the GDG do so on a voluntary basis, though remuneration will be made available to cover expenses for travel, accommodation and transfers related directly to in person attendance at council meetings, or if engaged in official activity by invitation of Lung Foundation Australia.

Meetings

Meetings will be held online. Face-to-face meetings may be arranged where funding and circumstances permit.

The GDG is chaired by the Co-Chairs. Lung Foundation Australia constitutes GDG, coordinates meeting dates and times (in discussion with ALEC and the Co-Chairs), and provides operational support including setting agendas and collating pre-meeting papers.

Frequency

The GDG will meet as required to support recommendation development and decision-making. Participation expectations may vary across phases of the guidelines development.

Meeting frequency will be determined by the workplan and may vary across phases of guidelines development.

A period of intensive activity (approximately 4 GDG meetings) is expected during Phase 1 (from July to December 2026). Following this period, meeting cadence will be adjusted according to subsequent workplans.

In addition to formal meetings, GDG members may be invited to participate in workshops or other activities related to the guidelines. Participation in these activities may vary between members and across phases.

Attendance

GDG members are expected to contribute to meetings regularly.

Members who are unable to attend a meeting may provide input in advance.

A member who is unable to attend meetings over an extended period may be asked to step down, in line with the ceasing membership provisions (**see Membership**).

Consensus Procedure

Wherever possible, agreement will be reached through discussion. A quorum for GDG meetings is met when at least 50% of appointed members are present.

Where consensus cannot be achieved, decisions will be determined by a simple majority of members present at the meeting.

If quorum is not met, discussion may proceed, but formal decisions must be deferred or confirmed out of session.

Where consensus cannot be reached, the matter may be revised and reconsidered at a subsequent meeting.

GDG members who are unable to attend a scheduled meeting are asked to provide input by email or phone before the meeting.

Meeting action items and decisions are circulated after each meeting.

Out-of-session decisions (e.g. via email) require approval from at least 50% of GDG members, unless otherwise specified by the Co-Chairs.

All members are encouraged to attend meetings and actively participate in discussions and to raise concerns about draft recommendations before or during meetings. Decisions made at a meeting (with consideration of any pre-meeting input received by non-attendees) are considered final.

Recommendations are developed by the Guideline Development Group and submitted to the Steering Committee for endorsement prior to publication.

Conduct

All members of any COPD-X governance group are expected to maintain the highest standards of professional and ethical behaviour. Members must act in accordance with the Lung Foundation Australia's Code of Conduct Policy at all times during meetings, consultations, and out-of-session communications.

Members are expected to treat all fellow members, Lung Foundation Australia staff, and any other project personnel or contributors with respect, courtesy, and dignity, fostering an inclusive environment that values diverse clinical and lived-experience perspectives. Professional debates should remain constructive and focused entirely on the evidence and patient outcomes. Any perceived breaches of conduct will be referred to Lung Foundation Australia Executive for review, which may result in a request for the member to step down.

Confidentiality

All participating members must maintain the confidentiality of draft materials, including draft recommendations and supporting documents, and any discussions that take place within meetings or associated communications, unless otherwise advised by Lung Foundation Australia. This is to support open discussion and ensure that draft content is not shared prior to formal approval and publication.

Declaration of Interest

Members of any COPD-X governance group established under these Terms of Reference are required to declare any perceived, potential, or actual conflicts of interest that may arise and that could affect their decision-making in relation to the guidelines. This declaration must be made upon appointment and updated annually, or more frequently if circumstances change.

Conflicts of interest will be managed in accordance with Lung Foundation Australia's Conflict of Interest Policy and in line with NHMRC requirements for guideline development. Depending on the nature of the conflict, management actions may include noting the conflict, limiting participation in discussion, requiring the member to absent themselves from the relevant part of the meeting, or excluding the member from decision-making on that topic, at the discretion of the meeting Chair.

Where a member has a material conflict of interest that can only be managed by precluding their meaningful participation in the majority of guideline discussions, they may not be suitable for ongoing membership of the relevant governance group.

Where relevant, all proxies must complete a Declaration of Interest form prior to attending the relevant meeting. Proxies attending without submitting a Declaration of Interest form do so as observers and are not permitted to participate in the endorsement of recommendations.

Authorship and acknowledgement

The COPD-X Guidelines and their living updates are collective, multi-disciplinary works. Individual authors will be named and credited for their specific roles within published recommendations and associated digital platforms. Member organisations of the Steering Committee (SteerCo) will be prominently listed as the endorsing bodies.

For peer-reviewed journal publications arising from the guideline data or methodology (such as summary or methodological papers), attribution of authorship will follow standard International Committee of Medical Journal Editors (ICMJE) criteria. The specific writing group and author order for these derivative papers will be determined by the direct intellectual work contributed to that specific paper. Members may not publish data, recommendations, or manuscripts under the banner of COPD-X without prior written approval from Lung Foundation Australia and the GDG Co-Chairs.

Contributions that do not meet the criteria for academic authorship are highly valued and will be recognised in the publication's Acknowledgements section. This includes operational, administrative, and project management support, as well as guest clinical experts, topic-specific working group participants, and external peer reviewers (subject to their written consent). All sources of funding and in-kind support will be transparently disclosed and acknowledged in every publication cycle.

Partners and funders

The COPD-X Guidelines are supported by funding secured and administered by Lung Foundation Australia and may involve multiple funding sources over the course of the guidelines development.

Potential conflicts of interest related to funding are managed in accordance with Lung Foundation Australia policies and relevant NHMRC guidance (see **Declaration of interest**).

Intellectual property

All intellectual property created in the course of developing the COPD-X Guidelines, including recommendations, evidence summaries, evidence-to-decision tables, guideline text, publications, branding, and associated materials, will, on creation, vest in Lung Foundation Australia. Contributions made by members, contributors, and delivery partners to the development of the guidelines form part of the COPD-X Guidelines and do not confer on that contributor any ownership rights in or the COPD-X Guidelines, unless otherwise agreed in writing by Lung Foundation Australia.

Intellectual property consent

When accepting a position on a COPD-X governance group, members are required to:

(a) explicitly agree to assign all rights, title, and interests (including the intellectual property) in any contributions they make to the COPD-X Guidelines to Lung Foundation Australia; and

(b) consent to Lung Foundation Australia, and its authorised persons, to use, adapt, modify, disseminate, and publish the member's contribution to the COPD-X Guidelines in any way it deems appropriate, including in such a way that may otherwise infringe the member's moral rights , except as set out in these Terms of Reference

Members acknowledge that this assignment and consent are mandatory conditions of participation to ensure that Lung Foundation Australia can freely publish, update, and disseminate the living guidelines digitally and publicly without legal encumbrance, while maintaining the non-commercial integrity of the resource.

Privacy

If a member handles personal information in the course of committee activities, the member must deal with it in accordance with Lung Foundation Australia's Privacy Policy or otherwise advised by Lung Foundation Australia. Members must take all reasonable steps to prevent unauthorised access, disclosure or misuse of such personal information, and must promptly notify Lung Foundation Australia of any actual or suspected data breach or privacy incident involving the personal information.

Compliance with policies

Members must comply with any applicable policies, procedures, and codes of conduct of Lung Foundation Australia, as notified to them from time to time, including but not limited to those relating to privacy, confidentiality, data security, and ethical conduct as outlined in the Code of Conduct Policy.

Consent

Each member is required to return a signed copy of the deed annexed to these Terms of Reference to Lung Foundation Australia before commencement of their appointment.

By accepting a position on a COPD-X governance group and providing Lung Foundation Australia with a signed copy of the deed, the member confirms their voluntary consent and agreement to participate as a member of the committee in accordance with these Terms of Reference and the deed.

Contact

For any questions or more information, please contact:

COPD-X Guidelines Manager
Lung Foundation Australia
copdx@lungfoundation.com.au

Annexure A – Deed of Participation

Deed Poll of Participation

Date: _____ [For Lung Foundation Australia Use – please leave blank]

BY

[Name] _____ of [Address] _____ (**Committee Member**)

IN FAVOUR OF

Lung Foundation Australia ABN 36 051 131 901 of Level 4, 12 Cribb Street, Milton QLD Australia 4064 (**LFA**)

BACKGROUND

A. LFA has established the Guideline Development Group (**Committee**) to assist in the redevelopment of LFA's COPD-X Guidelines and related materials.

B. The Committee Member has agreed to participate as a member of the Committee and contribute to the creation of Materials.

C. The Committee Member executes this Deed in favour of LFA and acknowledges that the rights in and to the Materials and other obligations relating to the Committee Member's participation in the Committee will be governed by this Deed.

OPERATIVE PROVISIONS

1. DEFINITIONS AND INTERPRETATION

Definitions

1.1 In this Deed, unless the context requires otherwise:

(a) **Committee** means the Guideline Development Group (**Committee**) established by LFA to assist in the redevelopment of LFA's COPD-X Guidelines and related materials;

(b) **Confidential Information** means all:

(i) information, documents, datasets, findings, communications or materials (whether oral, written or electronic) relating to the development of the COPD-X Guidelines, or the other activities of the Committee as set out in the Terms of Reference, disclosed to or acquired by the Committee Member in the course of acting on the Committee; and

(ii) information and documents designated by LFA as confidential;

(c) **COPD-X Guidelines** means the national clinical recommendations for chronic obstructive pulmonary disease (COPD) in Australia, as established by LFA in collaboration with industry professionals and other stakeholders;

(d) **Deed** means this deed poll document;

(e) **Copyright** means any copyright under the *Copyright Act 1968* (Cth), any copyright under the law of a country other than Australia, and any rights in the nature of or analogous to copyright;

(f) **Intellectual Property Rights** means all intellectual property rights throughout the world, whether subsisting now or in the future and whether or not registered or registrable, including rights in respect of or in connection with Copyright, inventions, patents and discoveries; trade marks,

service marks, business names, domain names; and designs; including applications, renewals and extensions;

(g) **LFA Policies** means all applicable written policies, codes of conduct, guidelines, procedures, directions, and protocols of the LFA, as notified to the Committee Member from time to time;

(h) **Materials** means any and all works, data, reports, drafts, documents, deliverables, analyses, methods, guideline documents or content, in any format, created, conceived, developed, written, reduced to practice, or contributed to by the Committee Member (whether alone or with others) in the course activities of the Committee as described in the Committee's Terms of Reference, including for the purposes of developing the COPD-X Guidelines;

(i) **Moral Rights** has the meaning given by Part IX of the *Copyright Act 1968* (Cth), including the right of attribution of authorship, the right against false attribution, and the right of integrity of authorship,

(j) **Personal Information** has the meaning given to it in the *Privacy Act 1988* (Cth);

(k) **Terms of Reference** means the formal document, as adopted and amended by LFA from time to time, which sets out the scope, objectives, authority, responsibilities, and operational procedures of the Committee.

Interpretation

1.2 In this Deed, unless the context otherwise requires:

(a) headings are for convenience only and do not affect interpretation;

(b) the words "includes" and "including" are not words of limitation;

(c) a reference to legislation is a reference to any applicable statute as amended or replaced;

(d) a reference to a party includes its successors and permitted assigns.

2. PARTICIPATION, CONSENT, AND WITHDRAWAL

2.1 The Committee Member consents to act as a member of the Committee established by LFA on a voluntary basis and agrees to comply with the terms of this Deed, the Terms of Reference for the Committee, and all applicable LFA Policies.

2.2 The Committee Member acknowledges and agrees that their participation does not create an employment relationship with LFA, unless expressly stated in writing by LFA.

2.3 In the event that the Committee Member withdraws, steps down, or otherwise discontinues participation in the Committee, such withdrawal will not relieve the Committee Member of obligations in respect of Confidential Information, Intellectual Property Rights, or any act or omission occurring prior to the effective date of withdrawal.

3. ASSIGNMENT OF INTELLECTUAL PROPERTY

3.1 All right, title, and interest (including all Intellectual Property Rights) in and to the Materials vest in LFA on creation.

3.2 The Committee Member agrees to do all things and execute all documents reasonably required by LFA to vest the Intellectual Property Rights in the Material in LFA or to enable LFA to protect such rights.

3.3 For the avoidance of doubt, the Committee Members acknowledge that their involvement in the preparation or development of the COPD-X Guidelines does not entitle them to any proprietary or beneficial interest in the COPD-X Guidelines documents, nor to any rights to use, reproduce, adapt, or exploit the COPD-X Guidelines or any ancillary Materials, except as expressly authorised by LFA.

3.4 The Committee Member warrants that to the best of their knowledge:

(a) they have the right to assign the Materials in accordance with this Deed; and

(b) the Committee Member's use, and LFA's use, of the Materials do not and will not knowingly infringe the rights of any third party.

3.5 The Committee Member remakes and is deemed to remake the warranty in clause 3.4 at the time of each and every contribution of Materials to the Committee or LFA, such that each contribution is accompanied by a fresh warranty as to the matters set out in clause 3.4.

4. MORAL RIGHTS CONSENT

4.1 Subject to clause 4.2, to the extent permitted by law the Committee Member irrevocably consents to any act or omission by LFA, and its licensees, successors, assigns, or authorised parties, that may otherwise infringe the Committee Member's Moral Rights in any Materials assigned under this Deed, including alteration, adaptation, reproduction, publication, or modification of those Materials.

4.2 Nothing in this clause prevents the Committee Member, except where unreasonable in the circumstances or as otherwise agreed in writing, from being acknowledged as an author or contributor to the Materials in accordance with LFA Policies, the Terms of Reference, and applicable law.

4.3 The Committee Member agrees not to assert Moral Rights against the LFA or any person deriving rights from LFA in respect of any act or omission relating to the Materials, except for the right of attribution to the extent provided in this clause.

5. CONFIDENTIALITY

5.1 The Committee Member must keep Confidential Information strictly confidential and must not, without the prior written consent of LFA, use, copy, or disclose Confidential Information for any purpose other than as strictly necessary for their functions as a Committee Member, or as otherwise required or authorised by law.

5.2 Clause 5.1 does not apply to information:

(a) which is in the public domain other than as a result of a breach of this Deed or the Committee Member's fault;

(b) lawfully acquired by the Committee Member from a third party not under an obligation of confidence;

(c) required by law, regulation, or a valid court order to be disclosed, provided that (where permitted) LFA is given prompt written notice before disclosure.

6. PRIVACY

6.1 The Committee Member must, in connection with their participation in the Committee and handling of any Personal Information, comply with LFA's privacy policy.

6.2 The Committee Member must not use, access, or disclose any Personal Information acquired during Committee activities except as required for Committee functions, as permitted or authorised by law, or with the prior written approval of LFA.

6.3 The Committee Member must immediately notify LFA in writing upon becoming aware of any actual or suspected breach of this clause or LFA's privacy policy.

7. GENERAL

Governing Law

7.1 This document is governed by the law in force in Queensland, Australia.

Variation

No variation, amendment or revocation of this Deed is effective unless made by deed executed by the Committee Member with the prior written consent of LFA.

Severability

7.2 If any term or part of this Deed is invalid, illegal or unenforceable, that part will be severed to the extent necessary and the remainder of the Deed will continue in force.

Executed as a deed poll:

Signed, sealed and delivered by:

	Committee Member Name
Date	Committee Member Signature