

## Editorial

### ISUOG Clinical Standards Committee: the way forward

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The International Society of Ultrasound in Obstetrics and Gynecology (ISUOG) represents over 94 nations and 2800 multidisciplinary members. Over its 18-year history, ISUOG has made significant contributions to scientific research and medical education for healthcare professionals and industry. Special-interest groups have also examined emerging new technologies, such as three-dimensional ultrasonography and fetal magnetic resonance imaging. This robust activity has raised an important need for our Society to formally develop consensus statements and guidelines that could be used by the international medical community as a benchmark for current medical practice.

In 2006, the ISUOG Executive Committee approved the formation of a Clinical Standards Committee (CSC) to meet this need. There was not a specific roadmap to follow, although the experience of an *ad-hoc* Task Force, chaired by Dr Wesley Lee, that successfully developed fetal cardiac screening guidelines, was used as the initial model. Several ISUOG members with expertise in fetal cardiology were invited to participate in this endeavor. These practice guidelines were developed under the auspices of the Education Committee, chaired by Professor Sturla Eik-Nes, and were published in the Journal<sup>1</sup>. Another practice guideline was subsequently developed for the sonographic examination of the fetal central nervous system<sup>2</sup>.

One of the first roles of the newly formed CSC was to establish definitions and standardized operating procedures for the submission and efficient review of proposed topics. *Practice Guidelines* provide systematically developed recommendations for the use of diagnostic imaging in obstetrics and gynecology. Their primary aim is to assist healthcare professionals in maintaining the highest possible clinical practice standards for our specialty. *Consensus Statements* provide a brief overview and expert opinion for a diagnostic imaging procedure or related topic that is based on the available scientific evidence. ISUOG Practice Guidelines and Consensus Statements are not intended to serve as a medicolegal standard. Their

main aim is to improve the quality of diagnostic imaging practice by disseminating this information to healthcare professionals worldwide.

The CSC now invites members to formally submit proposals for a Practice Guideline or Consensus Statement. We anticipate many good ideas to come forward for consideration. However, not all submissions are guaranteed to proceed beyond the screening stage. An initial review process has been structured to assure members that reviews are fair, unbiased, efficient and defined succinctly. This CSC proposal should not exceed two pages in length and should contain the following information:

- contact name, e-mail, mailing address and phone number;
- background and rationale for the proposal;
- description of nature of proposed document;
- estimated project costs;
- statement of the existence of other similar documents from other organizations;
- identification of possible collaborative societies with similar interests;
- names of proposed project leader and Task Force members;
- potential logistical problems or conflicts of interest;
- estimated timetable.

A few important points should also be emphasized:

1. The success of our joint endeavors will be related directly to the quality of evidence and expertise available to each Task Force. Each *ad-hoc* committee will include a Task Force Chair and will be free to involve knowledgeable participants both from within and external to our Society. All recommended Task Force members should be prepared to commit their time and resources to the goals as defined in the proposal. The completed document will receive feedback by CSC members before a final vote of approval from the ISUOG Executive Committee.

2. All approved CSC documents will be published in *Ultrasound in Obstetrics and Gynecology* and also on the Society website. Many of them will be translated into languages other than English. The help of all Society members will be crucial and the ISUOG Board is currently exploring the best options for implementation and accurate translation of this information to our worldwide constituents.
3. The CSC will maintain a standardized format for Practice Guidelines that includes a systematic review of the medical literature, practice recommendations and a discussion of key questions. Standardized terminology and measurements will be emphasized.
4. Each CSC document will be subject to review and modification every 4 years from its original publication, or earlier if needed.
5. ISUOG will consider nominations for Society members who wish to join the CSC. Members will be selected on the basis of specialty interest, scientific contributions, geographical location and past experience. Interested individuals should provide a letter of inquiry and

resumé to the Chair of the CSC at the following e-mail address: [info@isuog.org](mailto:info@isuog.org).

We are confident that ISUOG Practice Guidelines and Consensus Statements will help to pave the way forward for all practitioners who are dedicated to the healthcare of women. To this end, all ISUOG members are encouraged to provide comments or suggestions that could refine and improve the process even further over time. Registered users will find a detailed explanation of how to submit a proposal to the CSC by visiting our Society website at: <http://www.isuog.org/EducationAndTraining/StatementsandGuidelines>.

## REFERENCES

1. International Society of Ultrasound in Obstetrics and Gynecology. Cardiac screening examination of the fetus: guidelines for performing the 'basic' and 'extended basic' cardiac scan. *Ultrasound Obstet Gynecol* 2006; **27**: 107–113.
2. International Society of Ultrasound in Obstetrics and Gynecology. Sonographic examination of the central nervous system: guidelines for performing the 'basic examination' and the 'fetal neurosonogram'. *Ultrasound Obstet Gynecol* 2007; **29**: 109–116.



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