ISUOG Clinical Standards Committee Terms of Reference

Secretariat liaison: Governance Manager

Purpose

ISUOG is committed to establishing clinical guidelines (GL) for the safe, appropriate, and effective use of diagnostic imaging, including ultrasonography and magnetic resonance imaging for women's healthcare. The Clinical Standards Committee (CSC) exists to deliver to this commitment. The CSC is focused on the improvement and standardisation of medical care for obstetrics and gynecology, and they take their remit from the Trustees to ensure that guidelines are appropriate to current member needs and are kept up to date.

ISUOG critical success factors – as applicable to the development of guidelines

- To ensure the highest quality and clinical relevance in all outputs.
- To actively look for opportunities to collaborate and partner with other organisations to produce joint guidelines if this is felt to improve guidance and impact.
- Engage with other stakeholders and partners to increase the influence and impact of guidelines.
- Engage with patients and patient groups to ensure there is patient and public involvement regarding ISUOG guidelines.

CSC strategic goals

1. To commission and manage the development of clinical guidelines for the use of imaging and diagnostics in obstetrics and gynecology.
2. To consider collaborations with other societies to develop guidance and standards of care.
3. To consider guidelines development for use in low resource settings to ensure access and encourage translation into multiple languages to improve global dissemination of these.

CSC key responsibilities

1. To commission, review and process proposals for clinical practice guidelines for the use of diagnostic imaging procedures in obstetrics and gynecology or related topics for women.
2. To consider and suggest collaborations with other health care organisations, industry and consumers for developing, maintaining and disseminating ISUOG practice guidelines and statements.
3. To ensure guidelines are based on current clinical issues, are systematically researched using an evidence-based model and are reviewed and if necessary, updated regularly, after a minimum of four years.
4. To ensure guidelines covering both obstetrics and gynecology are produced.
5. To develop and maintain a standardised format for guidelines and ensure that this is communicated with authors.
6. To oversee the production of statements to provide an overview and consensus opinion on peer reviewed medical evidence regarding diagnostic imaging.

Governance

- The Committee comprises 10 members, including the Chair and Vice Chair with representation of both obstetrics and gynecology specialty. The UOG Editor-in-Chief (EiC) is an ex-officio member of the Clinical Standards Committee serving in line with his EiC term of service.
- All Committee members are automatically members of the ISUOG Advisory Group for as long as they serve in line with their respective Committee term of service and by virtue of this role, they actively participate in the Trustee recruitment process. On ceasing to be a Clinical Standards Committee member, the individual retires from the Advisory Group.
- The Committee Chair / Member vacancies vary each year, depending on the governance rotations within the Committee.
- The appointment of the Committee Chair / Vice Chair is available to ○ any current Committee member (assuming they served on the Committee for at least one full year prior to their appointment) as well as to ○ any member (not Chair) who retired from the Committee in the past 6 years.
- A 4-year Chair / Vice Chair model has been implemented in the Clinical Standards Committee whereby the Chair will initially serve as (incoming) Vice Chair of either Obstetrics or Gynecology for one year. After one year as Vice Chair, the post holder will become Chair for a period of 2 years. On completion of the 2-year Chair period, the post holder serves as (outgoing) Vice Chair for another 1-year period.

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- The Committee members are appointed annually through a competitive process in line with ISUOG's procedure for appointment and re-appointment of Committee / Sub-Committee chairs and members.
- The Committee meets at least three times a year. All Committee members must make all efforts to attend these meetings virtually or in-person.
- The meeting quorum is simple majority - more than 50% of Committee members present in the meeting. This also applies to any decisions made in relation to the Committee work.

Process

The CSC Chair holds joint meetings with the Trustees (ideally twice a year to agree topics and the number of guidelines that will be produced in the coming year and to prioritise them. In general, there is an expectation that a relevant number of guidelines will be commissioned each calendar year, and this is set as part of the KPIs in the Committee working plan. A minimum of one guideline is commissioned each year and at least one new guideline published each year. Trustees will discuss and agree annual goals with the CSC Chair.

The CSC Chair is responsible for delivery and will be assessed based on their annual report to the Trustees. The CSC Chair will meet regularly with the CEO and President to review progress on guideline commissioning and development.

For every ***ISUOG led guideline***, the CSC Chair and Committee should assign a suitable guideline lead from competent ISUOG members solely based on their competence, experience and ability to lead development of the specific GL.

The guideline lead will then propose the GL writing group members, who may become authors of the GL based on them contributing to the development of the GL or collaborators. Guideline leads must adhere to ICMJE criteria for authorship when suggesting the membership composition in the proposal. Guideline leads are encouraged to create a diverse group to ensure that GLs are likely to be broadly acceptable. Membership may include non-ultrasound experts on a specific topic, patient representatives or scientists (as examples).

An ISUOG guideline writing group should in general be limited to no more than eight people. A guideline group should have one or exceptionally two CSC members. The CSC member(s) who are part of the GL writing group in conjunction with the guideline lead are responsible for delivery of the relevant GL in a timely manner. In general, it is expected that the maximum time from commissioning to submission of the GL manuscript will be a maximum of one year.

CSC members must not participate in more than two guideline groups at any one time unless there is a very strong clinical reason for this to be the case.

In the event of an ***ISUOG collaborative guideline***, the writing group should in general be limited to no more than eight ISUOG members. The guideline group should have one or exceptionally two CSC members. Additionally, up to two individuals can be invited from each collaborating organisation.

As for the ***multidisciplinary guidelines***, given the strategic and political issues surrounding writing the guidelines with other societies and some of these guidelines being passed on directly from the Board of Trustees and the Clinical Standards Committee being involved at later stages, it may not be possible to create a strict rule, particularly because other societies may have different rules and regulations and require signing the Memorandum of Understanding (MoU), for example. Therefore, a more flexible approach will be required when making decisions on a case-by-case basis.

All guidelines must have a review date.

Authorship of a guideline will comprise members of the guideline group, including the member(s) of the CSC assigned to that specific guideline.

The CSC will be responsible for reviewing the final draft of all GLs and submitting the GL manuscripts for both review within the CSC and peer review externally (where relevant). Peer review should be open, and the peer reviewers acknowledged in the manuscript.

The Trustees will be asked to review and approve a final version of any GL. The Trustees may ask for revisions and refer a GL back to the CSC for further development.

After Trustee approval, the GL Writing Group is prompted to submit the manuscript on ScholarOne for technical editing and subsequent publication in the journal.

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