



## Defining Clinical Practice Guidelines, Quality Improvement Issue Briefs, Clinical Consensus Statements, Policy Statements and Position Statements

### CLINICAL PRACTICE GUIDELINE (CPG)

#### Definition

Strong, moderate, or conditional recommendations based on available scientific evidence with consideration for balance of risks/benefits; further information provided in the form of Clinical Principle or Expert Opinion statements where gaps in the evidence exist.

#### Level of Evidence

Systematic reviews; RCTs supplemented with lower-level evidence and expert consensus when available high-quality evidence is lacking

#### Composition of Development Group

Multidisciplinary subject matter experts, including patients/patient advocates, as appropriate

#### External Review

Extensive review process to include all stakeholders, relevant approval bodies (Practice Guidelines Committee (PGC), Science & Quality Council (S&Q), Board of Directors (BOD)), and public comment

#### Review Cycle

24-36 months or on an ad hoc basis as determined by the PGC

#### Document Sunsetting

10 years or as determined by the PGC

#### Example Document

[Advanced Prostate Cancer](#)



## QUALITY IMPROVEMENT ISSUE BRIEF (QIIB)

### Definition

Qualitative assessments on quality or patient safety topics in urology—these may provide a brief explanation of an available technology; summarize an AUA-sponsored conference, congress, symposium, or other meeting; discuss case studies in QI; and/or discuss a particular theoretical or practical approach in quality, safety, and/or measurement.

### Level of Evidence

Expert opinion supported by available literature

### Composition of Development Group

Subject matter experts in the topic area

### External Review

Review by relevant stakeholders and approval bodies (Quality Improvement & Patient Safety Committee (QIPS), Science & Quality Council (S&Q), Board of Directors (BOD)), and public comment (except meeting summaries)

### Review Cycle

Every two years, or on an ad hoc basis, as determined by the QIPS Committee

### Document Sunsetting

10 years or as determined by S&Q and/or QIPS

### Example Document

[2016 Quality Summit Proceedings: Shared Decision Making](#)

## CLINICAL CONSENSUS STATEMENT (CCS)

### Definition

Statements of expert opinion for which there may or may not be supporting evidence available in the medical literature.



**Level of Evidence**

Expert opinion supported by available literature

**Composition of Development Group**

Subject matter experts and others with interest in topic area

**External Review**

Review by relevant stakeholders and approval bodies (Quality Improvement & Patient Safety Committee (QIPS), Science & Quality Council (S&Q), Board of Directors (BOD)), and public comment

**Review Cycle**

Every two years, or on an ad hoc basis, as determined by the QIPS Committee

**Document Sunsetting**

10 years or as determined by S&Q and/or QIPS

**Example Document**

[Urologic Procedures and Antimicrobial Prophylaxis](#)

**POLICY STATEMENT**

**Definition**

A straightforward declaration of the organization's stance on issues of public policy affecting the membership, the profession of urology, or the AUA. These statements are typically comprehensive, include policy solutions or recommendations, and are based on policy analysis. Many of them provide background information for a more complete understanding of the issue and the rationale behind the policy statement.

**Level of Evidence**

Expert opinion which may be supported by data or other literature

**Composition of Development Group**

Subject matter experts in the topic area



### **External Review**

Review by relevant stakeholders and approval bodies (Public Policy Council (PPC), Board of Directors (BOD))

### **Review Cycle**

Every two years or as needed if current events or new research warrant prompt revision

### **Document Sunsetting**

As determined by the PPC

### **Example Document**

[Telemedicine](#)

## **POSITION STATEMENT**

### **Definition**

A straightforward declaration on a particular topic related to a urologic or general concern not covered by a clinical guidance document or policy statement. These statements are short in nature and contain declarations of agreement or disagreement regarding a current situation or norm. The Position Statement can be an effective tool when a quick and united organizational stance is needed on an issue or when the organization is trying to call attention to an issue or perspective. Position statements tend to be values-based and are used sparingly by the AUA. As noted in our Neutrality Statement, *“the AUA starts from a place of neutrality unless an issue can be unequivocally tied to AUA’s mission, vision, core values, and pillars.”* The AUA membership is diverse and complex and we keep that front and center when considering issuing Position Statements.

### **Level of Evidence**

Expert opinion

### **Composition of Development Group**

Subject matter experts in the topic area



**External Review**

Review by relevant stakeholders and approval bodies (Board of Directors (BOD) and relevant key leadership)

**Review Cycle**

Every two years or as needed if current events or new research warrant prompt revision

**Document Sunsetting**

As determined by BOD

**Example Document**

[Affirmative Action](#)