



Terms of Office

Chair: 4 years (non-renewable)

Members: 3 years (renewable once)

Committee Makeup

The voting members of the Science and Quality Council (S&Q Council) shall consist of the chair, approximately 6 members and the chairs of the designated component committees. The chair shall be approved by the Board of Directors for a two-year term (renewable once) and members serve a 3-year term (renewable once). The Public Policy Chair and Research Chair shall serve as an ex-officio members. Component committees include but are not limited to the Practice Guidelines Committee, Quality Improvement and Patient Safety Committee and Data Committee. (AUAER Bylaws, May 2023)

In addition, every other year an S&Q Fellow is selected in April to serve a 1-year non-voting term (Annual Meeting- Annual Meeting) on the S&Q Council and its subcommittees (PGC, QIPS, and Data).

Vision/Mission/Purpose

The Science and Quality Council shall oversee the science, quality and data components of the Association's mission as requested by the Board of Directors. This includes but is not limited to the development, dissemination, and implementation of guidelines, physician performance measures, patient safety initiatives, registries, and data projects. (AUAER Bylaws May 2023).

Reporting

The Science & Quality Council reports to the AUA Board of Directors. The S&Q Chair reports to the board at the fall board meeting and may present action items at the other board meetings as needed.

Component Committees/Work Groups/Panels

Component committees include, but are not limited to: Practice Guidelines Committee (PGC), Quality Improvement and Patient Safety (QIPS) Committee, Data Committee and Measure Evaluation Panel (MEP).

Committee Meetings

The Science and Quality Council shall have in-person or video teleconference meetings in the Spring, prior to the AUA Annual Meeting and in the Fall, the weekend before Thanksgiving. Contact with committee members via phone calls, video teleconferences and email correspondence shall occur throughout the year on an as needed basis. The Council and committee chairs will meet on a quarterly basis throughout the year.

Time Commitment

Chair: 10 hours per week

Member: Average of 8 hours per month



Responsibilities

Chair The S&Q Chair is responsible for helping to shape and execute the broad science, quality, and data agenda of the AUA. This includes, but is not limited to:

- creation, dissemination and implementation of guidelines and other documents
- maintenance of the AUA Quality (AQUA) Registry
- development and implementation of the biennial Quality Improvement Summit
- execution and maintenance of the Quality Improvement Program
- development and implementation of physician performance measures
- advancement of patient safety initiatives
- monitoring of federal, state, and local quality healthcare programs and the education of AUA members about these initiatives
- formation and execution of data projects

Members: The Council members will monitor and provide guidance to S&Q programs to ensure effective and efficient implementation of projects. The Council will review new programs, Guidelines and Clinical Consensus Statements topics, etc. and make appropriate recommendations to the Board of Directors. The Council will be part of peer review and approval process for Guidelines and Clinical Consensus Statements and other documents as required. The Council will serve as an oversight group for vetting members for various panels and workgroups and coordinating conflicts of interest review with the Judicial & Ethics Committee and will provide guidance to the respective S&Q Committees. The Council shall coordinate with other AUA Councils on Science and Quality issues impacting health policy (e.g., AMA resolutions, Legislative Priorities, reimbursement and regulation, etc.).

Compliance

Positions are open to AUA members in good standing. All new members are required to agree to abide by [AUA's Civility Policy](#) when they accept their appointment and agree to annually complete a COI Disclosure Form in accordance with [AUA's COI Disclosure Policy](#). The AUA reserves the right to suspend or remove a member from participation in any AUA activity while the individual is under investigation for a violation of AUA's policies.

Criteria for Selecting New Members

Prior experience on one or more AUA Committees that report to the council (PGC, QIPS, Data)

Criteria for Selecting Next Chair

Openings for Science & Quality Chair are announced every four years at the webpage AUAnet.org/SQChair. A job description highlighting the qualifications is posted on that site. The next search will begin winter of 2025. The Science & Quality Chair is selected by a Board Search Committee.

Recent Accomplishments – 2024

In 2024 the Science & Quality Council continued to provide strategic oversight to shape and execute the science, data, and quality components of AUA's mission to promote the highest standards of urological clinical care in the following three areas:



- [Guidelines](#) – produced two new full-length guidelines and four amendments in addition to eight publications for the *Journal of Urology*.
- [Data & Statistical Services](#) - The AQUA Registry saw incredible growth in 2024, surpassing 13M patients from nearly 2,400 providers representing 200 practices. After a thorough RFP process, Verana Health was selected as the new data ingestion partner for the AQUA Registry starting in 2025. The Census released its annual State of the Urology Workforce Report and an AUA Section Report. The AUA Data Research Program had a successful relaunch funding 2 AQUA and 4 Census projects in 2024 and received 47 LOIs for the 2025 cycle with 3 AQUA and 3 Census projects selected for funding.
- Quality & Measurement - Centers for Medicare and Medicaid Services (CMS) approved seven urology-specific AQUA measures for use in MIPS for PY2025. Staff and a core team of Science & Quality leadership received Board approval of the National Quality Agenda and Strategies for Urologic Practice. The Quality Improvement Issue Brief (QIIB) panel developed the Indwelling Urinary Catheter Management of the Acute Patient publication.