Defining Clinical Practice Guidelines, Clinical Consensus Statements, Clinical Statements Endorsed by the AUA, Quality Improvement Issue Briefs, Policy Statements, Position Statements, and Policy or Position Statements Endorsed by the AUA

CLINICAL PRACTICE GUIDELINE (CPG)

Definition
Recommendations for urologic clinical practice intended to optimize patient care based on a systemic review of the literature and consideration for the balance of risks/benefits.

Intended Audience
Clinicians in active practice managing urologic conditions

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

Review
Extensive review process to include all internal 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 following BOD approval

CLINICAL CONSENSUS STATEMENT (CCS)

Definition
Expert opinion-based guidance for topics of urologic clinical practice for which there may or may not be supporting evidence in medical literature.

Intended Audience
Clinicians in active practice managing urologic conditions

Level of Evidence
Expert opinion supported by available literature

Composition of Development Group
Subject matter experts and others with interest in topic area

Review
Extensive review process to include all internal 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 recommended by the PGC. Requires Board approval.

CLINICAL STATEMENTS ENDORSED BY THE AUA

Definition
Statements on clinical practice topics developed by third parties that are generally supported by the AUA. Endorsement by the AUA does not imply that the AUA participated in the creation of the statement, agrees with every aspect of the statement, or that the statement establishes the standard of care.

Intended Audience
Clinicians in active practice managing urologic conditions, but may vary depending on the intent of the organization that developed the statement

Level of Evidence
Dependent on the process utilized by the developing organization. Upon the developing organization's request to endorse a statement, the AUA may conduct systematic reviews and peer reviews to evaluate the evidence relied upon by the authoring organization.

Review
Relevant approval bodies (Practice Guidelines Committee (PGC), Science & Quality Council (S&Q), Board of Directors (BOD))

Review Cycle
On an ad hoc basis, as recommended by the PGC

Document Sunsetting
As recommended by the PGC. Requires BOD approval.

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.

Intended Audience
Clinicians in active practice managing urologic conditions

Level of Evidence
Expert opinion supported by available literature

Composition of Development Group
Subject matter experts in the topic area

Review
Review by relevant internal 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, which may be approved without public comment)

Review Cycle
Every two years, or on an ad hoc basis, as recommended by the QIPS Committee

Document Sunsetting
10 years or as recommended by S&Q and/or QIPS. Requires BOD approval.

POLICY STATEMENT

Definition
A straightforward declaration of the organization's stance on issues of federal or state legislative or regulatory healthcare policy affecting the membership, the profession of urology, or the AUA. These statements may, but do not always, relate to an AUA federal or state advocacy priority. Policy 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 AUA's policy position.

Intended Audience
Policymakers, advocates, lobbyists, and AUA members engaged in such activities

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

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

Review Cycle
Every five years or as needed if current events or new research warrant prompt revision

Document Sunsetting
As recommended by the PPC. Requires BOD approval.

POSITION STATEMENT

Definition
A straightforward declaration on a particular topic related to urology, patient care, or the practice of urology not covered by a clinical or policy statement. These statements are short in nature and contain declarations of agreement or disagreement regarding a current situation or norm that directly impacts the field of urology and/or urologic patient care. 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 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.

Intended Audience
AUA members and the broader urology community

Composition of Development Group
AUA Board of Directors (BOD) and relevant subject matter experts

External Review
BOD and relevant internal stakeholders as identified by the BOD

Review Cycle
Every five years or as needed if current events or new research warrant prompt revision

Document Sunsetting
As determined by the BOD

POLICY OR POSITION STATEMENTS ENDORSED BY THE AUA

Definition
Statements on federal or state legislative or regulatory policy or other non-clinical matters affecting urology or patients with urologic conditions developed by third parties (usually a peer society/association) that are generally supported by the AUA. Endorsement by the AUA does not imply that the AUA participated in the creation of the statement, agrees with every aspect of the statement, or that the statement establishes the unequivocal, official policy of the AUA.

Intended Audience
Policymakers, advocates, lobbyists, and AUA members engaged in such activities, but may vary depending on the intent of the organization that developed the statement

Level of Evidence
Dependent on the process utilized by the developing organization. Upon the developing organization's request to endorse a statement, the AUA may conduct an independent review to evaluate the evidence relied upon by the authoring organization.

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

Review Cycle
Every five years or as recommended by the PPC based on current events or new research

Document Sunsetting
As recommended by the PPC. Requires BOD approval.