

# Practice Advisory Committee Policy

## **1. INTRODUCTION**

The Americas Hernia Society (AHS) is dedicated to advancing the science of hernia care through research and education in the prevention and management of inguinal and ventral hernias. As a part of the AHS mission to remain at the forefront of high-quality patient care, a Practice Advisory Committee (Committee) was formed to develop clinically-relevant and state-of-the-art advisories related to care of hernia patients. Practice advisories published by AHS shall be developed, reviewed, and published only as provided for by this Policy. A copy of this Policy shall be published on the public portion of the AHS website.

Practice advisories published by AHS are intended to reflect the consensus of AHS's leadership for the consideration of AHS's members and to initiate discussion among those members and other health care professionals taking care of hernia patients. It is hoped that those discussions will lead to the recognition or development of best practices or to the development of clinical practice guidelines for the surgical treatment of hernia disease. Practice advisories published by AHS are not intended to establish practice guidelines or to establish or reflect standards of practice for surgeons, nor are AHS practice advisories intended to provide medical advice or to make any claim concerning the diagnosis, treatment, cure, or prevention of any disease or condition of any person.

## **2. PRACTICE ADVISORY COMMITTEE**

2.1 The AHS President shall appoint the Committee Chair and Co-Chair. The Committee Chair shall solicit participation from its membership. The term of membership will be 1 year and is renewable annually. The Committee should consist of no less than 5 and no more than 25 members. The Chair/Co-Chair shall evaluate each candidate for the Committee to ensure a diverse composition. The members of the Committee will serve at the pleasure of the Chair and may be rotated off without cause at the end of each annual term to allow for new members to join.

2.2 The Committee shall reflect the diversity of AHS membership by specialty or sub-specialty, practice focus, practice setting, and experience. The Committee shall endeavor to recruit or consult non-Committee members of AHS and, if practical, surgeons and other health care professionals from other disciplines when such additional experience or expertise might reasonably inform the Committee and its work in developing specific practice advisories.

2.3 The Committee shall solicit the AHS leadership and the AHS membership to obtain their views on the subjects or areas in which the development and publication of AHS

practice advisories would further AHS's mission or would address the needs, concerns, or interests of the surgeon community caring for hernia patients.

### **3. PRACTICE ADVISORY STANDARDS**

#### **3.1 Management of Conflicts of Interest**

3.1.1 Anyone to be assigned to a working group on the development of a practice advisory, whether a Committee member or otherwise, shall be required to disclose in writing all interests and activities that potentially could result in a conflict of interest with respect to that practice advisory. Conflicts for this purpose may be financial or institutional.

3.1.2 The Committee Chair and Co-Chair shall discuss and consider all conflicts of interest before assigning persons to serve on a working group. The lead member(s) shall not have a conflict of interest with respect to the working group's assigned practice advisory.

3.1.3 No industry member or payor group shall have any input into (other than public comment, if public comment is sought), shall fund, or otherwise have any influence over the development of any practice advisory.

#### **3.2 Composition of Group Developing a Practice Advisory**

3.2.1 The Committee shall endeavor to create working groups, which may be a subset of the Committee, or either of the foregoing with other members drawn from the AHS membership.

3.2.2 The Committee chair and co-chair shall appoint the lead and/or co-lead members of each working group. Those members should have no conflicts of interest pertaining to the subject of a given advisory.

3.2.3 The lead/co-lead members of a working group shall convene the working group, as necessary; shall assign the member or members of the working group to research and draft any practice advisories for consideration; and shall report the progress of the working group and submit draft practice advisories to the Committee Chair and subsequently to the entire Committee for ratification

#### **3.3 Evidentiary/Scientific Support for Practice Advisories**

3.3.1 Practice advisories are not intended to be clinical practice guidelines and are not intended to meet the standards set by the Institute of Medicine's Committee on Standards for Systematic Reviews of Comparative Effectiveness Research. Rather, practice advisories are intended to collect the current clinical practice of AHS and put that experience in a context that will foster discussion which leads to a consensus among the surgical community

on best practices and the eventual development of clinical practice guidelines. Practice advisories should also reflect any significant dissent within the working group.

### **3.4 Form of Practice Advisories**

3.4.1 Practice advisories should be published on the AHS website in a standardized form.

3.4.2 At a minimum, each practice advisory should contain the following information in addition to the content of the advisory itself and its conclusions:

- (i) the AHS Logo;
- (ii) The title of the advisory;
- (iii) The date the advisory was approved by the Board for final publication;
- (iv) A disclaimer in the following format should be added (preferably as a footnote to the title of the advisory<sup>1</sup>:

**<sup>1</sup> Practice advisories published by AHS are intended to reflect the consensus of AHS's leadership for the consideration of AHS's members and to initiate discussion among members and other health care professionals taking care of hernia patients. It is hoped that those discussions will lead to the recognition or development of best practices and to the development of clinical practice guidelines for the surgical treatment of hernia disease. Practice advisories are not intended to establish clinical practice guidelines or to establish or reflect standards of practice for surgeons and are not intended to provide medical advice or to make any claim concerning the diagnosis, treatment, cure, or prevention of any disease or condition of any person. Practice Advisories may not be updated, but may be re-issued in the revised version to reflect new knowledge.**

### **3.5 Review of Practice Advisories**

3.5.1 Practice advisories shall be approved by the Committee and forwarded to the Board of Governors (the "Board") for its approval.

3.5.2 The Board's approval of draft practice advisories forwarded by the Committee for approval shall require a two-thirds vote of the Board.

3.5.3 Upon the Board's approval, the practice advisory shall be published on the AHS website and the Executive Director

3.5.5 The Board's approval of proposed final practice advisories forwarded by the Committee for approval shall require a two-thirds vote of the Board. Upon the Board's approval of a final practice advisory (a "Practice Advisory"), the Executive Director shall post the Practice Advisory on the publicly accessible portion of the AHS website, in a section tabbed as

Practice Advisories, shall circulate the draft practice advisory to the AHS membership, and otherwise circulate and publish the Practice Advisory as directed by the Board.

### **3.6 Rescission of a Practice Advisory**

The Board, by a two-thirds vote, may rescind a Practice Advisory at any time. Upon the Board rescinding a Practice Advisory, the Executive Director shall publish the rescission on the publicly accessible portion of the AHS website where the Practice Advisory was published and shall remove the rescinded Practice Advisory or clearly mark it as rescinded. Additionally, the Executive Director shall notify any person to whom a draft of the Practice Advisory was sent for review and comment of the Board's rescission of the Practice Advisory.

### **3.7 Updating of Practice Advisories**

Unlike clinical practice guidelines which are routinely reviewed for updating, the AHS does not undertake to review Practice Advisories for updating. Practice Advisories are to be published with an approval date so users can consider and appreciate the date through which the Practice Advisory is current. Nevertheless, the Committee on its own initiative may review and update Practice Advisories and shall review and update a Practice Advisory at the direction of the Board. The Board's direction to the Committee to review and update a Practice Advisory may be made by a simple majority vote of the Board. Updated Practice Advisories shall be submitted to the Board for review and approval as if they were an initial practice advisory that had not previously been approved and published.

## **4. AMENDMENTS TO THIS POLICY**

The Board shall have the sole authority to amend this Policy and shall review this policy at least once every two years. The Practice Advisory Committee chair may recommend at any time and the committee itself shall consider and recommend to the Board any amendments to this Policy deemed appropriate in light of the ongoing work of the committee. Amendments of this Policy shall be made by and require a two-thirds vote of the Board.