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**Letter from Chair and Vice-Chair of Quality and Safety Commission** ................................................................. iii

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### DRAFTING and REVIEWING PROCESS

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June, 2011

Dear Committee Member:

Since the ACR Council adopted the first ACR Standards in 1990, these documents have grown in number and importance. In 2003, the Standards were renamed as Practice Guidelines and Technical Standards, an important change that better reflects their primary educational purpose. However, the Practice Guidelines and Technical Standards remain one of the most visible and sometimes controversial products of the Commission on Quality and Safety. By virtue of their adoption by the ACR Council, the Practice Guidelines and Technical Standards are official policy statements of the ACR. Despite cautionary statements in the preamble as to their intended use, they are increasingly cited as authoritative documents by practitioners, insurers, and others. As such, the utmost care is required in their development and revision to insure that these documents are rigorous but also fair and achievable by practitioners seeking quality, whether they are radiologists, other physicians or other health care providers.

The Practice Guidelines and Technical Standards also provide a starting point for the development of the ACR Accreditation Programs, another key product of the Commission which will be increasingly important as accreditation becomes linked to reimbursement in more situations. While the Accreditation Programs may demand a higher level of training or equipment than the Practice Guidelines and Technical Standards, they cannot require less than that expressed in the Practice Guidelines and Technical Standards. Furthermore, the ACR Task Force on Quality Programs and the “Quality, Excellence, and Safety” (QUEST) project that emerged from the Task Force acknowledged that the Practice Guidelines and Technical Standards promote high quality care rather than just defining minimally acceptable care. This direction will require careful balancing of the desire to continually improve quality without inappropriately disenfranchising current practitioners, especially those in small and rural practices and in subspecialties with lower volumes of some procedures, such as pediatric radiology.

Historically, the ACR stated that any well-trained radiologist using appropriate equipment should be able to meet the Practice Guidelines and Technical Standards. While this is still true in most cases, as practices become more specialized and procedures become more complex, there will be exceptions to this ideal. This is particularly true in Interventional Radiology where specific experience and proven success in performing procedures must be demonstrated. New techniques may also require additional specific training, although the background of the radiologist should make him/her well qualified to gain competency in these areas, and the Practice Guidelines and Technical Standards should recognize these strengths in setting forth recommendations.

Thank you for your continued support of the Practice Guidelines and Technical Standards, and of the accreditation process. Compliance with the Practice Guidelines and Technical Standards, and attainment of accreditation, may be difficult, time-consuming, and somewhat costly. Our common belief must be that the result is necessary and worthwhile for our patients.

Sincerely,

Paul A. Larson, MD, Chair
ACR Commission on Quality and Safety

Kimberly E. Applegate, MD, MS
Vice-Chair, Practice Guidelines and Technical Standards
The American College of Radiology, with more than 30,000 members, is the principal organization of radiologists, radiation oncologists, and clinical medical physicists in the United States. The College is a nonprofit professional society whose primary purposes are to advance the science of radiology, improve radiological services to the patient, study the socioeconomic aspects of the practice of radiology, and encourage continuing education for radiologists, radiation oncologists, medical physicists, and persons practicing in allied professional fields.

The American College of Radiology will periodically define new practice guidelines and technical standards for radiologic practice to help advance the science of radiology and to improve the quality of service to patients throughout the United States. Existing practice guidelines and technical standards will be reviewed for revision or renewal, as appropriate, on their fifth anniversary or sooner, if indicated.

Each practice guideline and technical standard, representing a policy statement of the College, has undergone a thorough consensus process in which it has been subjected to extensive review, requiring the approval of the Commission on Quality and Safety as well as the ACR Board of Chancellors, the ACR Council Steering Committee, and the ACR Council. The practice guidelines and technical standards recognize that the safe and effective use of diagnostic and therapeutic radiology requires specific training, skills, and techniques, as described in each document. Reproduction or modification of the published practice guideline and technical standard by those entities not providing these services is not authorized.

*Practice guidelines and technical standards are published annually with an effective date of October 1 in the year in which amended, revised or approved by the ACR Council. For Practice Guidelines and Technical Standards published before 1999, the effective date was January 1, following the year in which the guideline or standard was amended, revised or approved by the ACR Council.
MATRIX ORGANIZATION

The College is organized in a matrix. The leadership may serve on a Specialty Commission representing a type of practice or discipline. There are also Operational Commissions which represents functions of the College. Each specialty commission has six core committees that have responsibility for operational issues unique or specific to that particular specialty. The chairs of each of these committees are members of the specialty commission under which they operate and the operational commission to which their committee activity relates.

The Quality and Safety Commission is one of eight operational commissions, which deal with the functions of the College. The members of the Quality and Safety Commission are, to a large extent, composed of people who also serve on a Specialty Commission.

There are eleven Specialty Commissions which represent a practice area or discipline. One of the functional committees under each Specialty Commission is a Practice Guidelines and Technical Standards Committee.

This Matrix organization guarantees a broad spectrum of specialty representation on the Quality and Safety Commission as well as members from private practice settings and academic medical centers with a wide geographic distribution (see the organizational matrix diagram on next page).
### ACR Organizational Structure

#### Chair of the Board of Chancellors
- **Board of Chancellors**

#### Specialty Commissions
- **Neuroradiology**
- **Body Imaging**
  - Thoracic
  - Cardiovascular
- **MSK Abdominal**
- **Radiation Oncology**
- **Nuclear Medicine**
- **Ultrasound**
- **Medical Physics**
- **Pediatric Radiology**
- **General and Small or Rural (GSR)**
- **Breast Imaging**
- **Interventional & Cardiovascular**

#### Functional Areas of Representation
- **Guidelines & Standards**
- **Education**
- **Economics**
- **Government Relations**
- **Human Resources**
- **Research & Technology Assessment**
PRACTICE GUIDELINES AND TECHNICAL STANDARDS
Committee Structure and Duties of Chairs And Members

Committees
There are 14 committees that participate in the development of Practice Guidelines and Technical Standards.

Practice Guidelines and Technical Standards Committee for the Commission on:

1. Breast Imaging
2. General, Small and/or Rural
3. Interventional Radiology
4. Medical Physics
5. Neuroradiology
6. Nuclear Medicine
7. Pediatric Radiology
8. Radiation Oncology
9. Ultrasound

Committees for the Commission on Body Imaging

1. Abdominal Imaging
2. Cardiac Imaging
3. Musculoskeletal Imaging
4. Thoracic Imaging

Committee on Drugs and Contrast Media

Duties of the Committee Chair
Each committee chair has the responsibility for:

1. Overseeing the committee and the responsibilities of the committee.
2. Replacing committee members rotating off.
3. Overseeing the development of the Practice Guidelines and Technical Standards that fall under the committee.
4. Assigning principal drafters or reviewers for guidelines/standards.
5. Making sure the committee meets the deadlines assigned.
6. Participating in conference calls regarding development.
7. Working with ACR staff in providing a committee report for Commission meeting.
8. Working with ACR staff in scheduling a meeting of the committee (i.e., drafting Agenda, reviewing minutes).
9. If guidelines/standards are collaborative with other societies, overseeing the process.

Duties of the Committee Member
Each committee member has the responsibility for:

1. Participating in the reviewing and drafting process of guidelines/standards.
   a. Reviewing and commenting on guidelines/standards.
   b. Participating on conference calls, when possible.
   c. Participating on a collaborative committee, when possible.
   d. Participating on a drafting committee, when possible. Attending committee meetings, when possible.
ACR PRACTICE GUIDELINES AND TECHNICAL STANDARDS

PURPOSE AND INTENDED USE

ACR Practice Guidelines and Technical Standards define principles and technical parameters of radiologic and radiation oncology practice, which should generally produce, desired health care outcomes. They describe a range of acceptable approaches for the diagnosis and/or treatment of disease for most patients in most circumstances. Given differences in training, experience, and local conditions, the ACR Practice Guidelines and Technical Standards acknowledge the need for health care providers to exercise their independent medical judgment in making decisions regarding the use and specific details of any procedure.

ACR Practice Guidelines and Technical Standards are educational tools designed to provide consensus-based scientifically valid and medically credible information to assist health care providers in delivering effective, efficient, consistent and safe medical care. They may be developed jointly with other professional organizations. Used in conjunction with the ACR Appropriateness Criteria®, it is expected that the ACR Practice Guidelines and Technical Standards will increase the likelihood that appropriate procedures will be performed in a safe and acceptable manner and will help reduce unnecessary ones.

ACR Practice Guidelines and Technical Standards are intended to be living documents that are regularly reviewed and revised to reflect changes in radiologic and radiation oncology practice.

PRACTICE GUIDELINES describe recommended conduct in specific areas of clinical practice. They are based on analysis of current literature, expert opinion, open forum commentary, and informal consensus. Guidelines are not intended to be legal standards of care or conduct and may be modified as determined by individual circumstances and available resources.

TECHNICAL STANDARDS describe technical parameters that are quantitative or measurable. They often include specific recommendations for patient management or equipment specifications or settings. Technical Standards are based on analysis of current literature, expert opinion, open forum commentary, and informal consensus. Technical Standards are intended to set a minimum level of acceptable technical parameters and equipment performance and may be modified as determined by individual circumstances and available resources.
SUBMITTING TOPICS FOR PRACTICE GUIDELINES OR TECHNICAL STANDARDS

In an effort to streamline and to avoid overlapping and redundancy in the practice guidelines and technical standards process, the Quality and Safety Commission has adopted a procedure for submitting topics for practice guidelines and technical standards development.

In general, the proposed guideline or standard should represent an imaging modality, therapy, or intervention that addresses disorders or conditions resulting from the most frequently occurring illnesses and/or those with the highest morbidity and mortality. It is also important that the College develop guidelines or standards relating to recommendations in the ACR Appropriateness Criteria®, particularly giving attention to those procedures receiving a rating of six or higher on the Appropriateness Criteria Scale.

To achieve these goals, the Commission has developed a review process for proposed Practice Guidelines and Technical Standards. Each specialty Practice Guidelines and Technical Standards Committee will submit its choices for guideline or standard development on the form on the next page. Submission of the form allows the committee members as well as the Commission to bring into focus the rationale for each new guideline or standard.

The chair and vice-chair of the Commission will review the proposals and return them to the committee with the recommendations for incorporation into an existing guideline or standard, or for development of a unique guideline or standard.
ACR Guidelines Development – Drafting and Revising Process

Proposed Title:

Please enter the title here

Name of the Organization submitting proposal:

Organization Name if applicable

Name of Contact Person OR if an Individual or Individuals are proposing, the Name of the Lead Person:

Mr. First Name

Last Name

Proposal for (Please see reverse side for definitions of Practice Guidelines and Technical Standards):

☐ Practice Guideline ☐ Collaborating with another Society or Association

☐ Technical Standard Name of Collaborating Society _________________________________

Justification for proposed new/early revision of practice guideline or technical standard:

Justification for proposed document

Potential for overlap or conflict with existing document(s)

Overlap/Conflict with Existing Documents

Could the proposed document be combined with an existing practice guideline or technical standard during review process?

☐ No

☐ Yes If YES, Please write the title of the existing practice guideline or technical standard.

Title of Existing Guideline / Standard to be Combined

If approved, anticipated date of submission of the completed draft to the Commission:

DATE: July 1, 2012

[N.B.: To allow sufficient time for all reviews to be completed, Drafts or Revisions of new, revised or collaborative Practice Guidelines and Technical Standards should be FINALIZED by July of the year before being submitted at the Spring ACR Annual Meeting and Council Leadership Conference.]

Evaluation by the Commission on Quality and Safety

☐ Recommend incorporating into an existing Practice Guideline or Technical Standard

To be reviewed by:

ACR staff

ACR staff

☐ Approved for development as a new standard ☐ early revision of an existing standard

Sponsoring Committee responsible for developing draft: Body Imaging (Abdominal)

Comments

Vice Chair, Guidelines & Standards

Chair, Quality & Safety Commission

Date: ______________ (mm/dd/yyyy)
ACR Guidelines Development – Drafting and Revising Process

TIMELINE FOR DEVELOPING ACR ONLY AND COLLABORATIVE PRACTICE GUIDELINES AND TECHNICAL STANDARDS

A Timeline

Phase 1: Developing Drafts
October – June
- Guidelines/standards are revised every five years (earlier if needed). Revisions are reformatted and distributed to the sponsoring committee in October. Principal reviewers are assigned to each draft.
- Ideas for new guidelines/standards starts with the specialty commission or committee, specialty organizations, members, or other appropriate entities related to the specialty of radiology.
  - A proposal form is submitted to the Chair of the Quality and Safety Commission and the Vice-Chair of Practice Guidelines and Technical Standards for approval.
  - Once the proposal is approved, the principal drafter or drafting committee is assigned. If collaborative, a letter is sent to the collaborating society asking them to provide names for the collaborative committee.
- For new guidelines/standards, the Chair of the drafting committee could assign sections of the guidelines to be drafted among the committee members.
- Working with the ACR staff, the draft is circulated to all members of the committee for comments and revisions until a consensus is reached. The draft is then circulated to the appropriate sponsoring committee(s) for review and comment.
- ACR staff works with the committee to ensure the completion of the draft in time or the formal “field review” process.
- Deadline for drafts to be completed for submission at the Annual Meeting and Council Leadership Conference (AMCLC) for the guidelines/standards cycle is July 1st of the previous year. (i.e., if the AMCLC is in May 2012, the deadline for completing the drafts would be July 2011.)

Phase 2: Field Review Cycles
August – October
- All drafts are prepared for a “field review” cycle.
  - Four separate cycles are scheduled for August through October. Each cycle lasts three weeks.
  - All ACR members are invited to review and comment on the guidelines/standards.
  - Blast emails and web announcements are sent as reminders to all ACR members (if their email addresses are correctly listed in the database).
  - Emails are sent as reminders to all Guidelines/Standards committee members and the appropriate Commissions and Accreditation Committees.
  - E-mails are sent to collaborative societies for review and comment.

Phase 3: Reconciling Guidelines/Standards
September – December
- A subcommittee of the Council Steering Committee is formed comprising of:
  - Council Steering Committee Chair(s).
  - Chair, Commission on Quality and Safety.
  - Vice Chair, Practice Guidelines and Technical Standards.
  - Speaker.
  - Vice Speaker.
  - Chair, Commission representing the Sponsoring Committee.
  - Chair, Guidelines Committee (sponsoring the guideline).
  - Principle Drafter or Principle Reviewer.
  - Drafting committee / Collaborative Committee.
  - Commenter(s).
  - ACR staff (including legal staff).
ACR Guidelines Development – Drafting and Revising Process

- Conference calls are scheduled for each guideline/standard, unless no comments were received, then the CSC Chair will determine if a conference call is needed.
- Revisions are based on the recommendations of the CSC subcommittee.
- If the guideline is collaborative, any revisions suggested by the CSC subcommittee must be provided to the collaborative society for approval.

**Phase 4: Informing the Leadership**

**January – February**

- Guidelines/standards are provided to the Board of Chancellors at their winter meeting for approval.
- Letters are sent to the collaborative societies requesting verification that the guidelines/standards have gone through their process and asking that they indicate their organizations position regarding approval in writing.

**Phase 5: Finalizing Guidelines/Standards**

**February**

- Guidelines/standards are assigned a “Resolution” number and a Reference Committee.
- Guidelines/standards are provided to be included on the AMCLC Web site portal.

**Phase 6: Approving Guidelines/Standards**

**May**

- Guidelines/standards are discussed during the Open Session on Monday at the AMCLC. Each Reference Committee will lead the discussion for the Resolutions assigned to them.
- Once the open session is complete, the Reference Committee will adjourn to a “closed session” to discuss the suggested comments which were heard on the floor of the Council. Also, the Reference Committee may request further input from the principle drafter / principle reviewer, collaborative society representative, guideline and standards chair, or others.
- For collaborative guidelines, members may suggest revisions just as in the non-collaborative guidelines/standards. A representative from each society will be invited to attend the meeting to offer input on the suggestions. If the society representative approves the suggested change, and the Council adopts the guideline/standard with the revisions, a letter will be sent to the society asking for their approval. See the “ACR Process for Amending Draft Collaborative Guidelines” for further information.
- The Reference Committees will deliberate and prepare a Final Report containing the recommendations from the committee.
- These reports will be provided to the Council early Tuesday morning for review.
- During Tuesday’s Council session, each Reference Committee will lead the discussion regarding their recommendations. The Council will be free to discuss the recommendations of the Reference Committee and either “adopt”, “not-adopt” or “refer” the guideline/standard.

**Phase 7: Disseminating Guidelines/Standards**

**June – October**

- Following the AMCLC, the approved guidelines/standards will be posted on the ACR web under “Proceedings of the AMCLC”.
- The approved guidelines/standards are reformatted, edited, and prepared for publication. CD’s are mailed to all ACR members in September and updated on the ACR website. Guidelines/standards adopted at the AMCLC have an effective date of October 1st following the meeting.
ACR Guidelines Development – Drafting and Revising Process

ACR Process for Amending Draft Collaborative Guidelines after Submission to the AMCLC

Purpose

In order to address the concerns of the ACR Council regarding collaborative guidelines, the Commission on Quality and Safety has developed a process to allow changes/clarifications to be made to a collaborative guideline during and immediately after the AMCLC. The goal is to provide an orderly mechanism for considering proposed changes jointly with the collaborative society, and to produce a final guideline which either has final collaborative approval, or if the collaborating society chooses to withdraw its support, the guideline may become an ACR only guideline.

Process for Amending Collaborative Guidelines

All guidelines, whether ACR only or collaborative, will now be treated in the same manner, allowing for testimony from the floor to be considered and language amended by the Reference Committee. If the Council does not agree to the amendments to a collaborative guideline proposed by the Reference Committee, the guideline would revert to its original language for a final vote to adopt, not-adopt, or refer.

The ACR has established an interactive process to allow collaborating professional societies’ representation at the AMCLC in order to provide input from the societies’ perspective on amendments to the collaborative guidelines proposed by ACR members during the annual meeting. Additionally, an ACR / collaborative society conference committee may be formed to work out compromise language should no agreement be reached by the end of AMCLC. The goal of the conference committee is to finalize the proposed language changes on the collaborative guideline/standard within 30 days following the close of AMCLC.

Key Features of the Process for Amending Collaborative Guidelines

1. The Reference Committee may seek the input of the appointed Collaborative Society representative during its deliberations on whether or not to make changes to the collaborative guideline.

2. Once the Reference Committee has completed its work on making changes to a collaborative guideline, the collaborative society representative will indicate his/her organization’s agreement/disagreement with the proposed changes (consulting with the society’s leadership if necessary). The amended guideline is then included in the final report for presentation by the Reference Committee with the collaborative society’s position noted.

3. Amended collaborative guidelines which are not extracted are presented for final vote by the Council to adopt, not-adopt, or refer.

4. If an amendment to alter the language of a collaborative guideline is extracted for discussion, it is in the collaborative society’s best interest to have their position represented during the Council. The collaborative society’s representative may be recognized by the Speaker to make comments on the amended language before the Council. No other portion of the guideline except the extracted proposed changes will be discussed.

5. If the Council does not agree with any of the changes that were made to the collaborative guideline, the collaborative guideline reverts back to its original language for a final vote by the Council to adopt, not-adopt, or refer.

Decisions Required by Collaborating Society if Amended Guideline is Approved by the Council

If the Council adopts any changes in the collaborative guideline, the new guideline must be formally adopted by the collaborative society according to its procedures. At the conclusion of this process, the collaborating society will formally notify the ACR in writing of its final position on the changes, identifying one of the following decision options:
### AT THE CONCLUSION OF THE AMCLC:

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<th>Collaborative Society Decision</th>
<th>Written Confirmation Due</th>
<th>ACR Action</th>
<th>Guideline Status</th>
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</thead>
<tbody>
<tr>
<td><strong>Agrees</strong> with the changes to the guideline as adopted at the AMCLC.</td>
<td>Within 30 days following the AMCLC</td>
<td>Inform BOC and CSC</td>
<td>Adopted as a collaborative guideline</td>
</tr>
<tr>
<td><strong>Does not agree</strong> with the changes to the guideline as adopted at the AMCLC</td>
<td>Within 30 days following the AMCLC</td>
<td>Form a Conference Committee with collaborative society to draft compromise language</td>
<td>Not determined until conference committee process is concluded.</td>
</tr>
</tbody>
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### AT THE CONCLUSION OF THE CONFERENCE COMMITTEE PROCESS:

<table>
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<th>Collaborative Society Decision</th>
<th>Written Confirmation Due</th>
<th>Action</th>
<th>Guideline Status</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Adopts</strong> compromise language drafted by conference committee</td>
<td>Within one week after the end of the conference committee final call.</td>
<td>Send to BOC for referral to CSC with recommendation for adoption.</td>
<td>If CSC approves—adopted as a collaborative guideline</td>
</tr>
<tr>
<td><strong>Does not</strong> adopt compromise language drafted by conference committee <strong>OR</strong> <strong>Withdraws</strong> support of guideline</td>
<td>Within one week after the end of the conference committee final call.</td>
<td>Refer to the BOC for either of the following actions:</td>
<td>Not adopted, old guideline remains in effect</td>
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<td></td>
<td></td>
<td>Refer guideline to the ACR sponsoring committee to be considered for next year, or</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Refer to CSC with recommendation to adopt the guideline (new language or original as approved at AMCLC) as an ACR only guideline.</td>
<td>Adopt as an ACR only guideline.</td>
</tr>
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*The ACR must undergo its process for adopting collaborative guidelines that have been modified after AMCLC.*
COLLABORATIVELY WITH OTHER SOCIETIES

Collaborative Guideline Process

Once a practice guideline or technical standard begins the revision or development process, the Chair of the sponsoring committee determines if collaboration will enhance the document and, if so, which society/societies should be invited to participate.

1. If the proposed society has previously collaborated on any ACR practice guideline or technical standard, the document development or revision process can proceed. Otherwise, any collaboration with a society that has never worked on practice guidelines or technical standards with the ACR must be approved by the Chair of the Commission on Quality and Safety and the Vice-Chair of Guidelines of the Commission on Quality and Safety. If approved, a letter from the ACR CEO to the Executive Director of the proposed society is sent to begin collaboration.

2. After collaboration has been approved, the society is contacted to confirm their interest in participation, and is asked to provide representatives for the collaborative committee. For new societies, a letter is sent. The letter lists the practice guideline or technical standard under review. It also briefly explains the guideline process, including attendance by the collaborating society’s representative at the AMCLC. Also, ACR staff may invite the collaborating society staff to meet in order to review the ACR guideline process and to understand the collaborating society’s process to approve the documents.

3. A collaborative committee is formed, consisting of equal numbers of representatives from each organization participating on any one document. However, the total number of collaborative committee members may not exceed 12 members. Multiple collaborating societies may be contacted to work on an individual practice guideline or technical standard document, however no more than three collaborating societies (not counting the ACR) may participate on any one document. If the Chair of the collaborative committee feels more than three societies is required, the request will be forwarded to the Vice-Chair for Guidelines of the Commission on Quality and Safety for consideration.

4. After the collaborative committee has been formed, a literature search may be ordered by the author assigned by the sponsoring committee chair, who will provide the search terms. The new or revised document is reviewed and revised until the committee finalizes the draft document.

5. The draft is sent to each of the relevant ACR committees and each of the collaborative societies for review and comment. Each collaborating society will review the document according to their established protocol.

6. Suggested modifications and other comments are collated and sent to the collaborative committee for consideration. The practice guideline or technical standard document is then prepared for “field review” (see below).

7. The practice guidelines or technical standards must be completed by July 1st in order to be included in the field review process.

8. All draft practice guidelines or technical standards that are to be considered for adoption at the AMCLC must go through the “field review” process:
   - “Field review” is the process by which any ACR member may review and comment on any new or revised practice guidelines or technical standards. ACR members are notified through the ACR website and by email (if available) to participate. Also, emails are sent to all guidelines and standards committee members and the appropriate Accreditation Committees.

1This process is for all collaborative guidelines with the exception of Radiation Oncology. A separate process for Radiation Oncology Collaborative Guidelines can be found on Page 5.
2Each society is asked to provide a particular number of members to have equal representation on the committee; however, the society may provide fewer members than requested.
Documents are sent to all collaborative societies working on the guideline or standard. They are asked to follow their process to circulate the draft for review and comment.

Because of the number of documents that need to be reviewed, ACR staff groups the documents into four separate review cycles, which are scheduled for August through October. Each cycle lasts three weeks.

At the end of each field review cycle, comments are collated and forwarded to the CSC Subcommittee Chair and a CSC Subcommittee may be formed. If there are no comments or the comments are editorial or non-controversial, the CSC Subcommittee Chair may decide that a conference call is not required. The changes to the document, if any, are made. In this instance, the document is now ready for presentation at AMCLC.

9. The purpose of the CSC Subcommittee is to consider all of the comments received during the field review for a specific practice guideline or technical standard and decide whether to change the document or not. A conference call is scheduled with the CSC Subcommittee for each practice guideline or technical standard with comments submitted. The collaborative committee is invited to participate on this conference call.

10. Any modifications to a practice guideline or technical standard document suggested during the field review are made based on the recommendations of the CSC Subcommittee.

11. In January, all of the practice guidelines or technical standards go to the ACR Board of Chancellors for approval.

12. In February, all of the practice guidelines or technical standards are sent to the respective collaborative society for final approval. They are also posted on the ACR AMCLC web portal.

13. Before the ACR AMCLC, the practice guidelines or technical standards are assigned to a Reference Committee. A total of four separate Reference Committees are formed.

14. The collaborative society is asked to send a representative to the AMCLC. The representative is responsible for attending the open session when the practice guidelines and technical standards are being considered.

15. During the open session at the AMCLC, ACR Councilors and participants attending the AMCLC may stand and give testimony (comment) on the practice guidelines or technical standards if recognized by the Speaker. This testimony is considered by the Reference Committee assigned to the document.

16. The Reference Committee goes into closed session and discusses the testimony. The committee drafts a report which may suggest changes to some of the documents the committee is responsible for. The recommendations represent the committee’s interpretation of what the ACR Council had suggested for each document during the open session.

17. The final report is reviewed with the Reference Committee chair and the Speaker and Vice Speaker of the Council. This provides a check on the committee’s work to ensure that the testimony presented to the Council has been correctly represented. The final report from the Reference Committee is presented to the Council for a final vote the following day.

18. If revisions are proposed to a collaborative guideline during the AMCLC meeting, the collaborative society representatives will be asked to provide input on how their society may respond to suggested changes to the document (for more information on this, please see the attached – Collaborative Societies Representatives Role).

19. If a collaborative practice guideline or technical standard was revised during the AMCLC, the revised draft document will be sent to the collaborative society for final approval following the AMCLC (see the attached ACR Process for Amending Draft Collaborative Guidelines after Submission to the AMCLC)

20. Following the AMCLC, prepublication versions of the adopted practice guidelines and technical standards are placed on the website under the “Proceedings of the AMCLC” section of the ACR website in July.
21. Drafts are reformatted, edited, and prepared for publication. CD’s are mailed to all ACR members in September and the documents are updated on the ACR website. Practice guidelines and technical standards adopted at the AMCLC have an effective date of October 1st.

Further criteria for working collaboratively with other societies are as follows:

1. **Collaboration with Radiology Societies.** As a general rule, the ACR will collaborate on practice guidelines or technical standards only with other U.S. / North American radiology societies. The purpose of the practice guidelines/technical standards is to reduce the variability of radiology practices in the U.S. Adding foreign-based radiology societies would add complexities that may not necessarily be relevant to the U.S.

   The practice guidelines or technical standards are essentially describing how radiology procedures are performed and the qualifications of personnel performing the procedures. Any request for an exception to the policy will be addressed on an individual guideline basis.

2. **Equal Representation with Collaborative Societies.** The collaborative committee will consist of equal representation\(^3\) by all organizations participating on the document but the total number of committee members should not exceed 12 members. Multiple collaborating societies may be contacted to work on a single practice guideline or technical standard document, however no more than three collaborating societies (not counting the ACR) should participate on any one document. If the Chair of the Collaborative Committee feels more than three societies is required, a request will be forwarded to the Vice-Chair for Guidelines of the Commission on Quality and Safety for consideration.

3. **List of Societies.** Attached is a list of societies the ACR is currently working with.

4. **Radiation Oncology Collaborative Guidelines.** In May, 2010 the ACR Council adopted a Resolution to change the way that radiation oncology collaborative guidelines were adopted. The new process for addressing these guidelines is attached. Non-collaborative guidelines will follow the process for ACR guidelines.

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\(^3\)Each society is asked to provide a particular number of members to have equal representation on the committee; however, the society may provide fewer members than requested.
The primary difference between Radiation Oncology Collaborative Guidelines Process and the process for developing diagnostic or interventional radiology practice guidelines and technical standards collaboratively with other societies is in the review and approval processes.

1. The chair of the Radiation Oncology (RO) guidelines committee decides which existing guidelines require review (and if any new guidelines need to be developed) and informs ACR staff to begin the RO collaborative guideline process. ACR staff will contact the Chair regarding those guidelines that are due for the 5-year review with sufficient time to include the documents in the existing 18 month review process in order to ensure completion by AMCLC as required by ACR by-laws.

2. The process continues in the same manner as steps one through six in the Diagnostic and Interventional Radiology Collaborative Guidelines process.

3. If the proposed society has previously collaborated on any ACR practice guideline or technical standard, the document development or revision process can proceed. Otherwise, any collaboration with a society that has never worked on practice guidelines or technical standards with the ACR must be approved by the Chair of the Commission on Quality and Safety and the Vice-Chair of Guidelines of the Commission on Quality and Safety. If approved, a letter from the ACR CEO to the Executive Director of the proposed society is sent to begin collaboration.

4. After collaboration has been approved, the society is contacted to confirm their interest in participation and is asked to provide representatives for the collaborative committee. For new societies, a letter is sent. The letter lists the practice guideline or technical standard under review and briefly explains the guideline process. The ACR staff may invite the collaborating society staff to meet in order to review the ACR guideline process and to understand the collaborating society’s process to approve the documents.

5. A collaborative committee is formed, consisting of equal numbers of representatives from each organization participating on any one document. However, the total number of collaborative committee members may not exceed 12 members. Multiple collaborating societies may be contacted to work on an individual practice guideline or technical standard document, however no more than three collaborating societies (not counting the ACR) may participate on any one document. If the Chair of the collaborative committee feels more than three societies are required, the request will be forwarded to the Vice-Chair for Guidelines of the Commission on Quality and Safety for consideration.

6. After the collaborative committee has been formed, a literature search may be ordered by the author assigned by the sponsoring committee chair, who will provide the search terms. The new or revised document is reviewed and revised until the committee finalizes the draft document.

7. The draft is sent to each of the relevant ACR committees and each of the collaborative societies for review and comment. Each collaborating society will review the document according to their established protocol.

8. Suggested modifications and other comments are collated and sent to the collaborative committee for consideration. The practice guideline or technical standard document is then prepared for “field review” (see below).

9. Put the RO collaborative guidelines on ACR Website for 3 weeks for comments and suggested revisions during “Field Review”.
   a. Send notification by email to all ACR members (other appropriate outreach methods may be implemented) to announce which RO collaborative guidelines will be available and when these documents will be on the ACR website for “Field Review.” Because of the costs associated with sending out email blasts to all

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4Each society is asked to provide a particular number of members to have equal representation on the committee; however, the society may provide fewer members than requested.
members, all RO collaborative guidelines that are being considered should be in the same field review if possible. If any RO collaborative guideline is ready during the regular field review for the existing guidelines process, that RO draft will be included in that field review.

b. Send notification by email (or other appropriate method) to the following commissions / committees / societies that the RO collaborative guidelines are available for review, how to access the documents, and how to submit comments or suggested revisions:

i. ACR Radiation Oncology Guidelines Committee
ii. ACR Medical Physics Guidelines/Standards Committee
iii. ACR Radiation Oncology Commission
iv. ACR Medical Physics Commission
v. ACR-ASTRO Radiation Oncology Accreditation Committee
vi. Collaborative societies as appropriate (collaborative society staff is responsible for communicating with their leadership and circulating the draft guideline documents for review and comment)

vii. Publication(s) editors for any journals to which guidelines will be submitted.

10. ACR staff collates all comments and suggested revisions to be considered for inclusion in the draft RO collaborative guideline documents. ACR staff will schedule a conference call, which will be led by a Council Steering Committee member. Invitations to participate on the call are sent to:

- The Radiation Oncology Collaborative Guidelines Committee.
- Collaborative Society leadership (as the society determines to be appropriate).
- Chairs of the: ACR RO Commission, ACR Medical Physics Commission, ACR Quality and Safety (Q&S) Commission, ACR Q&S Vice-Chair of Guidelines; ACR Q&S Vice-Chair for RO, ACR RO Guidelines Committee, ACR Medical Physics Guidelines Committee, and the ACR-ASTRO RO Accreditation Committee.
- Commenters who participated in the field review for the RO collaborative guideline as determined by the CSC member who is chairing the conference call.
- Speaker and Vice Speaker of the ACR Council.

11. After the CSC conference call and all revisions to the RO collaborative guideline document(s) are finalized, the draft is sent to all conference call participants, including the ACR Commission on Radiation Oncology, the ACR Commission on Medical Physics and the ACR-ASTRO RO Accreditation Committee for review.

12. The draft RO collaborative guideline documents are sent to be professionally edited.

13. The final draft RO collaborative guideline documents will be sent to the collaborative society (or societies) for final approval. The collaborating society will have 60 days to approve the final RO collaborative guideline document in writing. If the collaborating society has actively participated and kept their leadership informed during the process, we anticipate society approval will be pro forma. If the collaborating society does not approve or does not inform ACR in writing of their decision within 60 days, the process skips to step 17.

14. After written approval from the collaborative society is received, the RO collaborative guidelines will be sent by email* to the CSC for review and approval. A simple majority will determine the final recommendation. The CSC can only vote the document up or down. It cannot make revisions to the RO collaborative guideline. The CSC can only recommend that the document be a) adopted, b) not adopted, or c) referred back to the Collaborative Committee for additional work.

* Sending the document by email is a more efficient process rather than working around the few CSC and BOC meetings.

15. If the RO collaborative guideline is adopted by the CSC, it will be sent by email to the BOC for review and final approval. A simple majority will determine the final recommendation. The BOC can only vote the
ACR Guidelines Development – Drafting and Revising Process

document up or down. It cannot make revisions to the RO collaborative guideline. The BOC can only recommend that the document be a) adopted, b) not adopted, or c) referred back to the Collaborative Committee for additional work.

16. If the BOC adopts the RO collaborative guideline, ACR staff will prepare it for publication on the ACR web site.
   a. For purposes of publication the RO collaborative guideline becomes effective on the first day of the first month following 60 days after final adoption by the ACR BOC.
   b. The RO collaborative guidelines will be included on the CD that it is created in September each year, which contains all of the ACR practice guidelines and technical standards. This CD is sent out to all ACR members.

17. If a collaborating society does not approve the RO collaborative guideline or does not inform the ACR of their decision in writing within 60 days, ACR staff will inform the BOC, CSC and RO collaborative committee. The BOC determines the next steps:
   • Extend the deadline for the society to make a final determination.
   • Form a Conference Committee with collaborative society to discuss their issues with the document.
   • Remove the collaborating society from the document and publish it as an ACR only document.

Additional information

• All radiation oncology collaborative guidelines will go through this new process. All societies who collaborate on the ACR RO collaborative guidelines will be notified of the change in process (e.g., ASTRO, SNM, etc).

• This is an evolving process that may change further as we gain experience. We recommend no major changes to the RO collaborative process for at least 2 years in order to allow staff to adapt and fine tune this new process.

Societies Working Collaboratively with ACR on Practice Guidelines

ACOG – American College of Obstetricians and Gynecologists
AIUM – American Institute of Ultrasound in Medicine
ASNR – American Society of Neuroradiology
ASSR – American Society of Spine Radiology
ASTRO – American Society for Radiation Oncology
NASCI – North American Society of Cardiovascular Imaging
SCBT-MR – Society Computed Body Tomography and Magnetic Resonance
SIIM – Society for Imaging Informatics in Medicine
SIR – Society of Interventional Radiology
SNIS – Society of NeuroInterventional Radiology
SNM – Society of Nuclear Medicine
SPR – Society of Pediatric Radiology
SRU – Society of Radiologists in Ultrasound
SSR – Society of Skeletal Radiology

Working “in cooperation with” the following societies
ABS – American Brachytherapy Society
AAPM – American Association of Physicists in Medicine
SUR – Society of Uroradiology
STYLE GUIDE AND FORMATTING NOTES

The following should be considered in drafting and revising ACR Practice Guidelines or Technical Standards:

**New Practice Guidelines or Technical Standards:**
Standardized language and ACR resolution sections should be incorporated unchanged.

Drafts should be submitted by e-mail attachment saved as Word.

References **must** be embedded into the text.

**Revised Practice Guidelines or Technical Standards**

Original language to be considered for deletion must remain in the text and be **struck-through**.

Proposed new language should be **bolded**.

References should be updated; if older references are to remain, justification should accompany the draft.

References **must** be embedded into the text.

**Drafting Hazards**

The present tense should be used in guidelines. “Must” is the auxiliary verb to indicate required action in the guideline For recommended actions, the adverb “should” is to be used.

- “Must” requires the practitioner to perform an act
- “Must not” requires the practitioner to refrain from performing an act
- “Should” allows the practitioner to decide to implement the recommended action or not.

The verb “should” connotes a degree of preference. Although it falls short of the mandate inherent in “must,” “should” is likely to be interpreted as much closer in meaning to that word than “may.” If no clear preference among alternatives is intended, use of the verb “may” avoids the implication of preference. Therefore, the use of “may” is considered inappropriate for guidelines, whose purpose is to inform practitioners of quality practice behaviors. Above all, drafters of practice guidelines must avoid using “must” interchangeably with “should”. The word “shall” will **not be used in the guidelines and standards**.

**Some Basic Rules to Follow:**

1. Neither the gray box nor the preamble can be modified or revised.
2. For ACR only guidelines/standards, titles are ACR – not spelled our (American College of Radiology).
3. For collaborative guidelines, the titles will reflect the collaborative societies acronyms following the ACR in alphabetical order, i.e. ACR–AIUM–SPR.
4. Tables: Decisions are made for each document as to whether they are at the end of the document or incorporated into the document.

**Citations**

All references should follow the AMA format: (see examples below).

1. Six authors or less, list all authors; more than six, list the first three with an et al.
2. Italicize the Journal Name or the Chapter Title if book.
3. Spell out edition (do not use “ed.”)
4. References are embedded within the document using brackets [ ].
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Journal Articles


Books


Citing ACR Practice Guidelines or Technical Standards

THE USE OF STANDARD LANGUAGE IN DRAFTING PRACTICE GUIDELINES AND TECHNICAL STANDARDS

Standard language includes terms, phrases, sentences and paragraphs that are used in one or more guidelines or technical standards. By presenting the same concepts consistently across documents, the ACR hopes to improve the consistency of the guidance provided to its members and other health care professionals.

There are two types of standard language: 1) ACR council adopted policies or resolutions and 2) boilerplate language.

**Adopted policies or resolutions must be included in their entirety. These cannot be changed.** In draft documents they are shown “indented” to help identify them during the revision process.

When adopted policies or resolutions appear in a guideline or standard, it will have a reference in parenthesis at the end of the last sentence. The reference indicates the year the resolution or policy was adopted, the resolution or policy number, and if revised or amended, the year of the revision or amendment; e.g., (ACR Resolution 17, adopted in 1995 – revised in 2005, Resolution 1a), or if new (ACR Resolution 35, adopted in 2006). Council adopted policies and resolutions can only be modified by council action.

**Boilerplate language** is different in that it can be modified if required within a guideline or standard but only if necessary and there is no reference. ACR staff track boilerplate language and help maintain the consistency of the concepts across all Practice Guidelines and Technical Standards. If the language is changed in the boilerplate language within one guideline, staff will identify all other Practice Guidelines and Technical Standards that contain similar language. The chair of Practice Guidelines and Technical Standards committee is informed of the changes to ensure that it is appropriate for all the affected guidelines. The sponsoring committee chair will be informed of the changes.

The lists below are guidelines/standards that are frequently referenced within other guidelines. Being familiar with these guidelines will facilitate uniformity in specific sections of the guidelines and will reduce the amount of work required to draft some sections.

**Listed below are Guidelines/Standards referred to frequently:**

**Qualifications of Personnel Information**
- ACR Practice Guideline for Performing and Interpreting Diagnostic Computed Tomography (CT)
- ACR Practice Guideline for Performing and Interpreting Magnetic Resonance Imaging (MRI)
- ACR–SPR–SRU Practice Guideline for Performing and Interpreting Diagnostic Ultrasound Examinations
- ACR–SPR Practice Guideline for General Radiography
- ACR–SIR Practice Guideline for the Performance of Diagnostic Arteriography in Adults
- ACR Practice Guideline for Radiation Oncology
- ACR–SNM Technical Standard for Diagnostic Procedures Using Radiopharmaceuticals

**Breast Imaging**
- ACR Practice Guideline for the Performance of Screening and Diagnostic Mammography

**CME**
- ACR Practice Guideline for Continuing Medical Education (CME)

**Documentation**
- ACR Practice Guideline for Communication of Diagnostic Imaging Findings
- ACR Practice Guideline for Communication: Radiation Oncology
- ACR–SIR Practice Guideline for the Reporting and Archiving of Interventional Radiology Procedures
Intravascular Contrast Media Information
  • ACR Practice Guideline for the Use of Intravascular Contrast Media

Sedation Information
  • ACR–SIR Practice Guideline for Sedation/Analgesia

Teleradiology / Electronic Practice
  • ACR Technical Standard for Electronic Practice of Medical Imaging

The following lists are ACR policies and resolutions commonly used in Practice Guidelines and Technical Standards. The reference at the end is the year of adoption and resolution number. If used, the reference should be updated to include the latest revision or amendment date.

ACR POLICIES AND RESOLUTIONS

POLICIES
  • Radiation Safety in Imaging
  • Registered Radiologist Assistant
  • Written Request for the Examination
  • Fluoroscopy
  • Qualified Medical Physicist
  • AOA

Radiation Safety in Imaging
Radiologists, medical physicists, radiologic technologists, and all supervising physicians have a responsibility to minimize radiation dose to individual patients, to staff, and to society as a whole, while maintaining the necessary diagnostic image quality. This concept is known as “as low as reasonably achievable (ALARA)”.

Facilities, in consultation with the medical physicists, should have in place and should adhere to policies and procedures, in accordance with ALARA, to vary examination protocols to take into account patient body habitus, such as height and/or weight, body mass index or lateral width. The dose reduction devices that are available on imaging equipment should be active; if not, manual techniques should be used to moderate the exposure while maintaining the necessary diagnostic image quality. Periodically, radiation exposures should be measured and patient radiation doses estimated by a medical physicist in accordance with the appropriate ACR Technical Standard. (ACR Resolution 17, adopted in 2006, revised in 2009, Resolution 11.)

Registered Radiologist Assistant
A registered radiologist assistant is an advanced level radiographer who is certified and registered as a radiologist assistant by the American Registry of Radiologic Technologists (ARRT) after having successfully completed an advanced academic program encompassing an ACR/ASRT (American Society of Radiologic Technologists) radiologist assistant curriculum and a radiologist-directed clinical preceptorship. Under radiologist supervision, the radiologist assistant may perform patient assessment, patient management and selected examinations as delineated in the Joint Policy Statement of the ACR and the ASRT titled “Radiologist Assistant: Roles and Responsibilities” and as allowed by state law. The radiologist assistant transmits to the supervising radiologists those observations that have a bearing on diagnosis. Performance of diagnostic interpretations remains outside the scope of practice of the radiologist assistant. (ACR Resolution 34, adopted in 2006)

Written Request for the Examination
The written or electronic request for (title of exam) should provide sufficient information to demonstrate the medical necessity of the examination and allow for its proper performance and interpretation.
Documentation that satisfies medical necessity includes 1) signs and symptoms and/or 2) relevant history (including known diagnoses). Additional information regarding the specific reason for the examination or a provisional diagnosis would be helpful and may at times be needed to allow for the proper performance and interpretation of the examination.

The request for the examination must be originated by a physician or other appropriately licensed health care provider. The accompanying clinical information should be provided by a physician or other appropriately licensed health care provider familiar with the patient’s clinical problem or question and consistent with the state scope of practice requirements. (ACR Resolution Res. 35, adopted in 2006)

**Fluoroscopy Policy**
The American College of Radiology approves of the practice of certified and/or licensed radiologic technologists performing fluoroscopy in a facility or department as a positioning or localizing procedure only, and then only if monitored by a supervising physician who is personally and immediately available*. There must be a written policy or process for the positioning or localizing procedure that is approved by the medical director of the facility or department/service and that includes written authority or policies and processes for designating radiologic technologists who may perform such procedures. (ACR Resolution 26, 1987 – revised in 2007, Resolution 12m).

*For the purposes of this guideline, “personally and immediately available” is defined in manner of the “personal supervision” provision of CMS—a physician must be in attendance in the room during the performance of the procedure. Program Memorandum Carriers, DHHS, HCFA, Transmittal B-01-28, April 19, 2001.

**Other Ancillary Personnel Performing Fluoroscopic Procedures**
It is the policy of the American College of Radiology that other ancillary personnel who are qualified and duly licensed or certified under applicable state law may, under supervision by a radiologist or other qualified physician, perform fluoroscopic examinations or fluoroscopically guided imaging procedures. Supervision by a radiologist or other qualified physician must be direct or personal, and must comply with local, state, and federal regulations.

All ancillary personnel using fluoroscopy should be credentialed for those fluoroscopic examinations or procedures and should have completed 40 hours of didactic education or its equivalent in digital image acquisition and display, contrast media, fluoroscopic unit operation and safety, image analysis, radiation biology, radiation production and characteristics, and radiation protection; and 40 hours of clinical experience supervised by a radiologist or medical physicist. Required CME for other ancillary personnel performing fluoroscopy should include education in radiation dosimetry, radiation protection, and equipment performance related to the use of fluoroscopy; 2010 (Res 52)

**Qualified Medical Physicist**
A Qualified Medical Physicist is an individual who is competent to practice independently in one or more of the subfields in medical physics. The American College of Radiology (ACR) considers certification and continuing education and experience in the appropriate subfield(s) to demonstrate that an individual is competent to practice in one or more subfields in medical physics, and to be a Qualified Medical Physicist. The ACR recommends that the individual be certified in the appropriate subfield(s) by the American Board of Radiology (ABR), the Canadian College of Physics in Medicine, or for MRI, by the American Board of Medical Physics (ABMP) in magnetic resonance imaging physics.

The appropriate subfields of medical physics for this guideline are Therapeutic Radiological Physics, Diagnostic Radiological Physics, Medical Nuclear Physics, and Radiological Physics. *(this paragraph may vary)*

The continuing education of a Qualified Medical Physicist should be in accordance with the ACR Practice Guideline for Continuing Medical Education (CME). (ACR Resolution 17, 1996 – revised in 2008, Resolution 7).
AOA
Completion of an Accreditation Council for Graduate Medical Education (ACGME) approved diagnostic radiology residency program or an American Osteopathic Association (AOA) approved diagnostic radiology residency program including radiographic training on all body areas and documentation of a minimum of 6 months of formal dedicated training in the interpretation and formal reporting of general radiographs, for patients of all ages. (ACR Resolution 36, adopted in 2006)

Standard Statements (boilerplate language)

The following list is standard language (also known as “boilerplate language”) commonly used in Practice Guidelines and Technical Standards. The statements can be changed but there is a strong desire to keep the statements consistent across all guidelines.

Radiation Safety (for Nuclear Medicine Guidelines)
Radiologists, medical physicists, imaging technologists, and all supervising physicians have a responsibility to minimize radiation dose to individual patients, to staff, and to society as a whole, while maintaining the necessary diagnostic image quality. This concept is known as “as low as reasonably achievable (ALARA).”

Facilities, in consultation with the radiation safety officer, should have in place and should adhere to policies and procedures for the safe handling and administration of radiopharmaceuticals, in accordance with ALARA, and must comply with all applicable radiation safety regulations and conditions of licensure imposed by the Nuclear Regulatory Commission (NRC), state, or by other regulatory agencies. Quantities of radiopharmaceuticals should be tailored to the individual patient by prescription or protocol.

Emergency Equipment
Appropriate emergency equipment and medications must be immediately available to treat adverse reactions associated with administered medications. The equipment and medications should be monitored for inventory and drug expiration dates on a regular basis. The equipment, medications, and other emergency support must also be appropriate for the range of ages and size in the patient population.

Ultrasound Documentation (this statement is in all ultrasound guidelines)
Adequate documentation is essential for high-quality patient care. There should be a permanent record of the ultrasound examination and its interpretation. Comparison with prior relevant imaging studies may prove helpful. Images of all appropriate areas, both normal and abnormal, should be recorded. Variations from normal size should generally be accompanied by measurements. The initials of the operator should be accessible on the images or electronically on PACS. Images should be labeled with the patient identification, facility identification, examination date, and image orientation. An official interpretation (final report) of the ultrasound examination should be included in the patient’s medical record. Retention of the ultrasound examination images should be based on clinical need and relevant legal and local healthcare facility requirements.

The Joint Commission Statement (This statement is used in all interventional and other appropriate guidelines)
Adherence to the Joint Commission Universal Protocol for Preventing Wrong Site, Wrong Procedure, Wrong Person Surgery™ is required for procedures in non-operating room settings including bedside procedures. “Time out” must be conducted in the location where the procedure will be done, just before starting the procedure and must:

• Involve the entire operative team.
• Use active communication.
• Be briefly documented, such as in a checklist, and include at least:
  ➢ Correct patient identity.
  ➢ Correct site.
Agreement on the procedure to be done.

The organization should have processes and systems in place for reconciling differences in staff responses during the “time out.”

**Quality Control and Improvement, Safety, Infection Control, and Patient Education**

Policies and procedures related to quality, patient education, infection control, and safety should be developed and implemented in accordance with the ACR Policy on Quality Control and Improvement, Safety, Infection Control, and Patient Education appearing under the heading *Position Statement on QC & Improvement, Safety, Infection Control, and Patient Education* on the ACR web site (http://www.acr.org/guidelines).

The statement on equipment performance monitoring appears in most guidelines. It refers the reader to the appropriate technical standard for the modality discussed within the guideline. Often, the reader is also referred to the ACR Position Statement.

Equipment performance monitoring should be in accordance with the ACR Technical Standard for ______________.

**Acknowledgement – Example**

This guideline was revised according to the process described under the heading *The Process for Developing ACR Practice Guidelines and Technical Standards* on the ACR web site (http://www.acr.org/guidelines) by the Abdominal Imaging Committee of the ACR Commission on Body Imaging and by the Guidelines and Standards Committees of the ACR Commissions on General, Small and Rural Practice, and Pediatric Radiology in collaboration with the SPR.

**CME**

The physician’s continuing medical education should be in accordance with the ACR Practice Guideline for Continuing Medical Education (CME).

**Documentation**

Reporting should be in accordance with the ACR Practice Guideline for Communication of Diagnostic Imaging Findings.

**OR**

Reporting should be in accordance with the ACR Practice Guideline for Communication: Radiation Oncology.

**OR**

Reporting should be in accordance with the ACR–SIR Practice Guideline for the Reporting and Archiving of Interventional Radiology Procedures.
OVERVIEW OF THE REVIEW AND APPROVAL PROCESS

This is the portion of the Practice Guidelines and Technical Standards process that affects the committee members and councilors most directly. It is hoped that the changes in the review process described earlier will assist you in reviewing and commenting on the Practice Guidelines and Technical Standards.

Field review is the electronic equivalent of reference committee testimony with the advantage that comments made at this point can be considered in greater detail than is possible or appropriate at the AMCLC reference committee. Your thoughtful consideration is needed to complete the preparation of the drafts that will be presented for adoption at the 2012 AMCLC next spring. Review of the draft guidelines is an important part of Councilor duties, but all ACR members are encouraged to take part in the field review process.

Once the comments are received, the remarks of all commenters are collated on a review form appropriate to the guideline and standard and submitted to the chair of the Council Steering Committee (CSC) subcommittee with responsibility for reconciling that guideline or standard. The chair and the subcommittee members meet by conference call to discuss the comments and revise the draft.

Each of the finalized drafts is assigned to a Reference Committee at the Annual Meeting. There is additional opportunity to comment on draft Practice Guidelines and Technical Standards during the open session of the Reference Committee. Comments are welcomed from all members and must be submitted either electronically or in writing to ensure clarity and lessen the task of the Reference Committee. All amendments must be presented orally in open session.

The resolutions relating to guidelines/standards will be presented in a consent calendar. Practice Guidelines and Technical Standards will be listed there for adoption, rejection or referral.
COUNCIL STEERING COMMITTEE SUBCOMMITTEES FOR PRACTICE GUIDELINES AND TECHNICAL STANDARDS REVIEW

DUTIES OF THE CHAIR

1. **Select a committee composed of:**
   - 2-3 commenters from the field review process
   - 1-2 committee members (from sponsoring committee)
   - Chair of the Practice Guidelines and Technical Standards Committee (sponsoring committee)
   - Principle drafter of the guideline or standard (if applicable)

   **Others on the committee will include:**
   - Members of the Collaborative Committee
   - Chair of the appropriate commission
   - Either the chair or vice chair of the Commission on Quality and Safety
   - Either the speaker or vice speaker of the Council
   - Chair may invite other people who might bring special expertise or insight that would be valuable to the committee.
   - ACR Practice Guidelines and Technical Standards staff
   - ACR legal staff
   - The committee composition should be as good a geographic mix as possible.

2. Activities to finalize Practice Guidelines and Technical Standards will be limited to conference calls except in very unusual situations.

3. If possible, review the comments and work with staff to incorporate them into a draft to be used during the conference call. This will help expedite the call.

**Moderating a Conference Call**

As Chair or Co-Chair of a Guideline or Standards conference call committee your primary responsibility is to provide structure and guidance to the discussion, and assist the committee members reach consensus on the issues, recommendations and comments provided during field review. The following is provided to assist you in this role.

**Getting Started**

If you are thinking, “What have I gotten myself into?” don’t despair. ACR staff is here to help you through this process.

If you are a Co-Chair of a conference reconciliation committee, it is important that both Co-Chairs agree who will take the lead on the call prior to its initiation. To avoid any confusion, please let staff know who will take the lead role or apprise them of any issues that arise.
Call scheduling

- Staff will assist in scheduling the call.
- The Chair will usually suggest days and times that he/she could be available and staff will poll the other members for availability.
- There are obvious conflicting priorities that have to be considered, including interruption during the workday, time zone differences, and imposition on family obligations and staff for after work-hours meetings.
- There is no one time fits all, as each committee is different in make-up and availability. Staff will assist finding a time that maximizes the number of participants available for the call while minimizing the inconvenience to all involved.
- Calls typically last 60 minutes.
- Occasionally there are numerous comments or highly controversial issues. In such instances calls may last up to 2 hours. However, calls should rarely be allowed to extend beyond 90 minutes. The committee’s work tends to become inefficient and unfocused on such a long call. If the call is reaching this length and there are unresolved issues, the Chair should make a determination as to the best course of action. This could include:
  - Continuing on the current call to conclusion.
  - Recessing the current call and scheduling another call at a later time.
  - Appointing one or more subcommittees to work on a particular issue and bring back a recommendation on a subsequent call.
  - Assigning one or more members to draft new language to resolve the issue that can then be circulated among the committee members for approval via email.

Managing the Call

- Be familiar with the document and the issues to be discussed.
- Keep the conversation focused on the issues.
- Be respectful to all participants. Try to make sure that all participants are included in the discussion and have an opportunity to state their views.
- If there are very complex issues or controversial issues that will likely require long discussion, it may be wise to address them first while people are fresh.
- For most conference calls the issues will be straightforward and it is best to simply go through the document from its beginning to end.
- Try to start as close to the appointed time as possible. It is reasonable to wait one or two minutes for members to join the call.
- To give structure to the discussion, most conference call Chairs find it easiest to use the field review comments as a guide. If, for example, the first comment concerns line 100 the Chair will say, “Our first comment is on line 100. Before we discuss that is there anything prior to line 100 that people would like to discuss? If not, then let’s review the first comment.” After that comment is handled, the Chair will move on to the next comment again asking if there are any issues with intervening language.
- The call will be scheduled using the GoToMeeting software and will also be taped so that staff can go back and review discussions. This helps get language changes made correctly. Staff will also keep notes. It is not necessary for the Chair to do so, which will allow you to focus on keeping the discussion on task. Once the revisions are incorporated into a new draft, the tape and notes are destroyed.
- The Chair should never hesitate to ask for assistance from the staff. They will be familiar with the history of the development of the document, and will frequently be aware of prior discussions concerning specific
language or issues. They will also know about how similar issues were handled by other committees for other guidelines.

• For most conference calls the Vice-Chair for Practice Guidelines and Technical Standards and/or the Chair of the Quality and Safety Commission will be on the call. They have extensive experience with these calls. Do not hesitate to ask for their assistance.

• Committee members will frequently identify language that they believe should be changed. If they don’t offer alternative language, the Chair can ask them and the other participants to suggest specific preferable language. This helps keep the discussion focused.

• The Chair or Co-Chair should be aware of and remind the committee when the document is drafted in collaboration with another professional society. These documents often undergo significant negotiation and compromise. It may be appropriate to exercise some committee restraint in over-enthusiastic editing or word changes that may have been previously negotiated during the drafting. The moderator should remind committee members that the guideline or standard document should represent the best interests of the patients they serve, as well as the goals of the ACR. Changes to a collaborative document may have to be re-submitted to the collaborating society for approval.

• At the end of the call the staff will detail what additional actions will occur with the guideline.

Follow Up After the Call

• Sometimes, a person, persons, or a formal subcommittee will be asked to draft a sentence, paragraph, or section as the result of the discussion, rather than spending time on the call trying to find the exact wording. The Chair should make assignments that are to be completed within a specified time period. All notes and additional drafts will be collated by ACR staff, which will prepare and format the next draft. The revised draft is circulated to the committee to verify that all the comments have been captured and accurately represent the decisions of the committee. If changes are required, the Chair will work with the committee and staff to incorporate the revisions either by email or in rare cases, another call may be required.
Retirement and/or Sunsetting Process for Practice Guidelines and Technical Standards

The ACR Commission on Quality and Safety adopted the following procedure to sunset or retire existing practice guidelines and technical standards when review of the literature indicates that a procedure or therapy is no longer considered effective or efficacious, or has been replaced by other technology or treatment:

- The revising committee will write a proposal with justification of why the procedure or therapy should be sunset, for review by the guidelines committee and the relevant commission.
- If the relevant committee and commission concur in the recommendation to sunset the guideline or standard, the proposal and justification will be submitted for review to the Speaker, Vice-Speaker, Vice Chair of the Quality and Safety for Guidelines and Standards, and the Chair of the Commission on Quality and Safety.
- If there is overall agreement to recommend sunsetting the guideline or standard, the sponsoring guideline committee will draft a resolution for presentation to the Council that is sponsored by the Council Steering Committee.
- If approved by the Council, the guideline will be removed from publication on the ACR Website, and the ACR Practice Guidelines and Technical Standards CD and Book, but the title of the guideline will remain in the list of guidelines with a notation that it was sunset and the effective date.

(2007 - ACR Resolution 22)