Manual of Standard Operating Procedures for SVM Publications

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Abstract

The Research, Quality and Publications (RQP) committee is charged with overseeing the Society for Vascular Medicine (SVM)'s publications and clinical documents program and has created this manual of standard operating procedures to ensure consistency, methodological stringency, and transparency in the development of and endorsement of the society's documents. The manual is intended for use by the RQP committee leadership and members, clinical document writing groups, external collaborators, SVM representatives, peer reviewers, and lay persons seeking details about the SVM document development program. Other major cardiovascular society standard operating procedure manuals were reviewed in the development of this manual to be consistent across major societies.[1–3]

1. Research, Quality and Publications Committee

1.1. SVM Organizational Structure

The Society for Vascular Medicine (SVM) is a professional organization that was founded in 1989 to foster a broad mission to improve care of the vascular patient. The goals of the Society are to improve the integration of vascular biological advances into medical practice, and to maintain high standards of clinical vascular medicine. The Society is distinguished by its emphasis on clinical approaches to vascular disorders.

The SVM President shall appoint the leadership and members of all SVM Committees and Task Forces with approval of the SVM Board of Trustees. Committees and Task Forces shall report to the Board of Trustees regularly.

1.2. Committee Charge

The RQP Committee is responsible for developing position statements, practice guidelines and other clinical documents. Furthermore, this committee is responsible for proposing and vetting proposals and implementing programs that foster research in vascular medicine and biology and for developing and maintaining programs around quality improvement in the vascular space. This committee also reviews document endorsement requests from other professional societies and organizations.

1.3. Committee Member Roles and Responsibilities

The members of the SVM RQP Committee are expected to fulfill the following responsibilities:

- Engagement: Member participation is measured by meeting attendance, completed reviews, and participation in ad hoc committee projects and working groups. Members should aim to attend a majority of committee calls/meetings in each term year.
- Confidentiality: Unless otherwise stated, all materials and discussions are confidential and should not be shared outside the RQP Committee.
- Stewardship: Members should adhere to SVM Policies and Procedures and oversee the adherence of subordinate working groups, including writing committees.
- Disclosures: Members are required to complete an annual disclosure of their financial and professional relationships and recuse themselves from any discussions or decisions on issues related to their relevant disclosures (Section 1.3 of SVM Policies and Procedures Manual).
- The Chair of the RQP Committee is expected to fulfill all of the above, with additional responsibility for leadership of the committee to include facilitation of group discussions and building consensus

around committee decisions. The Chair is additionally responsible for sharing RQP updates with the BOT and soliciting input from the BOT when needed.

2. Glossary

2.1 Terms and Definitions

Conflict of interest (COI): Any financial or intellectual relationship with the potential to introduce actual or perceived bias to the process of creating position statements, practice guidelines, or other clinical documents.

Industry: Any for-profit entities that develop, produce, market, or distribute drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions.

Relevant relationship: A nonfinancial or financial relationship of any amount with an organization or individual that could be positively or negatively impacted by the recommendations of a clinical guidance document. This relates to SVM members and their family members.

Recommendation: The answer to a clinical question posed by an expert writing group, typically involving a comparison of one or more health care interventions. Recommendations are supported by scientific literature published in peer-reviewed journals and are formed through a rigorous process using established methods for evidence collection, synthesis, and extrapolation.

Sponsor: The organization providing funding, resources, and oversight to support the development of position statements, practice guidelines, or other clinical documents.

Writing group: A panel of experts approved by the RQP Committee to carry out the development of position statements, practice guidelines, or other clinical documents.

2.2 Types of SVM Guidance Documents

The society produces and endorses position statements, practice guidelines, or other clinical documents (see section 3.4) as a service to its members and the field of Vascular Medicine. All SVM-sponsored documents are developed under the oversight of the RQP Committee and must be approved for initiation and publication by the BOT.

3. Topic Identification and Prioritization

Potential topics to include in SVM guideline documents are identified by the RQP committee through periodic assessments. Methods utilized include environmental scanning with review of practice trends and new evidence as well as considering input from stakeholders. The RQP committee may also request topic suggestions via web-based surveys to other SVM committees and members, and at the annual SVM scientific sessions. Topics will be prioritized based on their alignment with SVM strategic plan, topic relevance and timeliness, policy implications, and other SVM committee goals and priorities. Areas that address variations in clinical practice and inequalities in patient care will be considered.

3.1 Environmental Scanning

3.1.1. Review of Practice Trends

Current practice patterns will be reviewed via analysis of published research, Centers for Medicare & Medicaid Services (CMS) and other payors data, registry data, and survey of SVM members. Understanding variations in practice is of relevance to understand current market shares, potential gaps in evidence, and areas in need for professional consensus.

3.1.2. Review of New Evidence

The committee will review relevant new publications that provide practice-supporting or practice-changing evidence. This includes review of relevant systematic reviews and meta-analyses, clinical trials, and observational studies. Based on the review, new recommendations may be warranted that can support clinical decision making.

3.1.3. Review of Guidance

The committee will review existing guidance from SVM as well as relevant guidelines and scientific statements from other societies to determine when revisions and focused updates are required. New documents should provide minimal overlap with already published documents.

3.2 Identification of Stakeholders

Stakeholder identification is the process of determining the individuals or groups who will be affected by the publication. Stakeholders should be identified at the time of the proposal and vetted by the RQP committee. By identifying stakeholders by topic, roles can be assigned so that each perspective is captured appropriately in the formation of the document. Such roles may include but are not limited to writing group membership, societal collaborations, public comment, etc. Stakeholders may include all of the following individuals or groups. By identifying and incorporating stakeholder perspectives, adoption of document recommendations may be facilitated.

- Clinicians (multidisciplinary)
- Researchers
- Professional societies
- Policy-makers
- Payors
- Industry
- Patients/Caregivers/Consumers
- Healthcare Administrators

3.3 Proposal Review

3.3.1 Proposal Form Format

Proposal to Initiate an SVM Sponsored Document

Proposed Topic:

Format:

- ☐ **Position Statement:** clinical or non-clinical documents relevant to vascular care that are based on available evidence, and where evidence is lacking, expert opinion. In some cases, these documents may complement clinical practice guidelines and to inform clinicians, payors where evidence is new and evolving, or where data gaps exist.

- ☐ **Expert Consensus:** An expert consensus statement is developed by a panel of multidisciplinary experts utilizing a review of the available data and research gaps to provide evidence and experience-based recommendations that can be applied to clinical practice challenges.

- ☐ **Clinical Practice Guideline:** Recommendations developed by multidisciplinary (and in some cases, a multisocietal) group of experts to inform clinical practice that are based on systematic methods to evaluate and classify evidence, within a defined scope or disease state.

- ☐ **Appropriate Use:** documents that define when testing is appropriate within a given disease state, and when it is not, based on standardized and rigorous methodology.

- ☐ **Performance Measures and Data Elements**: A panel of experts and stakeholders develop performance measures and data elements with a goal to standardize and capture aspects of quality care, including patient safety, patient-reported outcomes, effectiveness, cost, equity, efficiency while minimizing reporting burden on hospital systems, practices and practitioners.

- ☐ **Survey and Data Reports:** A panel of experts develop and analyze data from a survey questionnaire or available data base to inform clinical practice and identify areas of need for SVM focus.

- ☐ **REQUIRED:** I affirm that I have read the SVM Publications Standard Operating Procedures manual.

Clinical Question(s):

Describe the specific question or questions that will be answered by this document. PICO format is preferred for guidelines and expert consensus statements.

Rationale:

Why this topic and why now? Please address any of the following domains that apply: disease burden, variation in clinical practice, new or rapidly changing data, availability of other guidance documents.

Stakeholders:

Describe the individuals or constituencies who will be affected by recommendations on this topic.

3.3.2 Approval Process

The RQP Committee conducts a prioritization process to conduct forward planning of the SVM documents portfolio. Following the discussion, committee members independently complete a survey to rank the proposal according to the prioritization criteria described below. A proposal must receive support from a majority of the committee members to be prioritized. Proposals that do not meet the threshold for prioritization are deferred and may be resubmitted for consideration after a minimum period of 6 months.

3.3.3 Criteria for Prioritization

Variation in clinical practice: uncertainty or controversy resulting in disparities in patient care

Practice evolution: rapidly changing data or technology may impact the decision about if/when to initiate a document

Availability of evidence: although it is important to estimate whether data are available to inform recommendations, it may also be desirable to undertake document development with the purpose of guiding research priorities and helping clinicians make the best use of limited evidence

Feasibility: capacity of the Society to undertake development and dissemination of the recommendations

4. Collaboration with Other Organizations

4.1 Policies for Collaboration

SVM may participate with other organizations in the development of documents. In the case that SVM is asked to collaborate on a document, SVM will follow mutually agreed upon policies and procedures outlined by the sponsor of that document. In either case (SVM sponsored or non-SVM sponsored document), the collaboration will be approved by the BOT as recommended by the RQP committee.

4.2 Models of Collaboration

A. Partnership

All participating organizations are considered equal in all aspects of the development and dissemination of the document including:

- Terms of partnership and development of the document
- All organizations will be listed on the title as sponsors
- Representation on the writing group (at least one representative from each organization)
- Opportunity to peer review the document
- Approval of the final document by each organization
- Co-publication of the manuscript

B. Endorsement

One organization sponsors the development and publication of the document but invites input and contribution from other organizations as writing committee members and official societal endorsement from SVM.

C. *Affirmation of Value*

In this case, one (or more) organizations take the overall role in writing, peer reviewing, and final dissemination of the document; however; the document has relevance to another organization. Affirmation of value only necessitates the organizational approval of the final document. SVM may not necessarily have members in the writing committee for affirmation of value. Upon receipt of a request for affirmation of value, the Society will undertake a screening review of the document. Review by a designee from the Evidence-based Medicine Methodology team or Guidelines Subcommittee may be warranted if there are methodological questions. Additionally, the SVM leadership may seek input from members with topic expertise prior to initiating the review and approval process. RQP Committee will review affirmation of value requests periodically.

5. Conflict of Interest Disclosure and Management

5.1 SVM Published Conflicts of Interest (COI)

Individual writing group members will remain in compliance with the existing SVM policies on COI. If a conflict cannot be adequately resolved consistent with the foregoing, then the member should withdraw from the relationship causing the COI or from the writing group.

Conflict of interest (COI) is defined and described by the Society for Vascular Medicine (SVM) as a situation where the interests of SVM or when an employee/member is acting on behalf of SVM, could potentially appear to affect SVM's independence in the decision-making of the design, conduct, reporting, review, recommendations, and/or oversight of SVM activities. SVM employees and members should assess the potential appearance of COI and carefully consider the risk of perceived threats to independence and/or scientific integrity. The goal with the SVM COI policy is to acknowledge that financial relationships exist and are essential for the advancement of scientific knowledge and commercial development for public health benefits. The COI policy is not intended to prevent or prohibit individuals from entering into financial agreements or SVM sponsors, rather it acknowledges that there may certain arrangements that could appear to affect independence of scientific decisions and interpretation or reports by SVM and SVM members. The areas of COI and the relationships with sponsors, including industry, are not exhaustive and care should be taken to error of the side of caution when reporting potential COI. Please see Section 1.3 of the SVM Policies and Procedures Manual for details of the SVM COI policy.

5.2 Question Form to Determine COI for Potential Members of a Writing Group

Do you engage in Outside Employment (as defined in the Policy) Yes [ ] If yes, please describe. No [ ]

Outside Activities: Do you engage in Outside Activities (as defined in the Policy)? Yes [ ] If yes, please describe. No [ ]

Interests: Do you or a member of your family receive compensation from, hold a position with, or have a financial interest in, any individual or outside entity that seeks to do business with, does business with, or competes with SVM? Yes [ ] If yes, please describe and notate if minor ($9,999 or less), or major (> $10,000) interest. No [ ]

Other: Do you or anyone in your family engage in other activities that could possibly be regarded as constituting an appearance or actual COI with the mission or activities of the SVM? Yes [ ]If yes, please describe and notate if minor ($9,999 or less), or major (> $10,000) interest. No [ ]

I recognize the importance of full and complete disclosure and agree to report to SVM any possible COI that may develop prior to the submission of my next annual disclosure statement. I affirm that in any circumstance that could be deemed a "close call" or if I am uncertain as to the appropriate answer, I will err on the side of full disclosure.

Signature: _____

Name: (Print) _____

Position: Date:_____

6. Panel Formation

6.1 Selection of Chair and Co-Chair

The RQP Committee of SVM is responsible for developing position statements, practice guidelines and other clinical documents. This committee is responsible for proposing and vetting proposals and implementing programs that foster research in vascular medicine and biology and for developing and maintaining programs around quality improvement in the vascular space. Furthermore, the President (typically assisted by the President-Elect) will appoint committee leadership and membership with input from the committee considered in this process. Selected nominees will be invited to participate in the specific writing committees after approval from the SVM Board of Trustees. Upon completion of the appointment process, a specific meeting (in-person or online) is held to provide orientation and discuss on the roles and responsibilities of panel members.

6.1.1. Roles and Responsibilities

The Chair and Co-chair are expected to fulfil the following roles and responsibilities.

- Manage engagements among committee members through meetings and electronic communications.
- Facilitate the process of refining the scope of document, determine outline, and make writing assignments.
- Facilitate discussions in achieving consensus for document development for publication.
- Engage in peer review throughout the process towards document publication.
- Finalize Writing Committee nominations for BOT approval
- In conjunction with the panel members, review new developments in operating procedures and determine revisions of document on needs for updates.
- Liase with SVM leadership to maintain consistency in scope and communicate activities of the committee regularly.

6.1.2. Selection Criteria

Prospective panel members are among active SVM members and must adhere to SVM policies for the disclosure and management of COIs. The nominees should be experienced leaders and experts in subject matters.

Nominations for Chair and Co-Chair of a writing group will be developed by the RQP committee and sent to the BOT for final approval. The RQP will make every effort to choose leaders that are representative of SVM, and the roster will be reviewed and approved by the Diversity, Equity, and Inclusion Task Force for SVM.

6.2 Recruitment of Panel Members

Potential panel members are recruited from SVM members with expertise and recognition in the specialty. Panel members are identified and appointed through an expedited process by the RQP Committee chair and co-chair with approval from the *SVM Board of Trustees* with the consultation of additional subject matter experts if needed.

6.3 Panel Composition

The composition of a panel members group will be based on the specific topic. A panel of experts in Vascular Medicine from diverse backgrounds in perspectives (experience, content expertise, research interest), demographic characteristics (geographic region, institutional affiliation, seniority, age, gender, race), and stakeholder representations (patients, caregivers, clinicians, researchers, etc.) with financial and nonfinancial relationships (*see disclosure and management policy*), and RQP committee liaison are considered in forming the group. The committee will appoint 1 liaison to serve in each writing group. The appointed liaison in each writing group will liaise with the RQP Committee of SVM.

6.3.1 Ideal Number of Members

The ideal number of members in a writing committee is 10 to 12 members, including a chair and co-chair. If collaborators nominate representatives to the writing group, the number may be increased.

6.3.2 Roles and Responsibilities

Panel members are expected to actively contribute in the document development process, attend conference calls and/or in-person meetings, participate in evidence appraisal, vote on decisions and recommendations, write portions of the document manuscript, and approve the final draft. In conjunction with Chair and Co-Chair of committee, review new developments in operating procedures and determine revisions of document on needs for updates. In addition, writing group members are expected to comply with all SVM policies related to document development, disclosure, and confidentiality. Any member of the panel representing SVM must be an SVM member; and *writing group members representing collaborating organizations are not required but are encouraged to be SVM members.*

Panel members who do not fulfill the responsibilities above are subject to removal from the writing group at the discretion of the document Chair and Publications Committee Chair.

6.3.3 Policy for Identification/Representation of Stakeholders (see also 3.2)

Stakeholders are individuals or constituencies who are expected to be affected by the document recommendations. They may include Vascular Medicine practitioners, clinicians (of multidisciplinary), professional societies representatives, institutional or governmental policymakers, payors, industry, patients, caregivers, or consumers. These individuals are identified in accordance to each topic appropriate to their roles to address the specific requirements and to enact recommendations.

6.4 Panel Member Appointment Process

Once the SVM leadership identify potential panel members, the individuals are notified through electronic mails. The appointment is finalized once the recipients agree to the appointments.

6.5 Panel Member Orientation/Onboarding Process

Upon completion of the appointment process, specific meeting (in-person or online) is held to provide orientation and discuss on the roles and responsibilities of panel members.

7. Methodology for Document Development

As described in Section 3.4, SVM sponsors several document types. The goal of these documents is to provide evidence-based, actionable recommendations to improve patient outcomes. The process below will be utilized to ensure consistency in the collection, synthesis and reporting of evidence regardless of topic and/or project.

The writing group will use one of the following processes below, depending upon the type of document. Clinical Practice Guidelines Evidence-to-Decision Framework: While endorsing guidelines from other societies, recommendations will be assessed using a structured and clear process by the writing group to make judgements about the totality of the evidence.

7.1 Scoping (Clinical Questions and Outcomes to be Addressed)

The writing group, often with the help of other stakeholders, will identify important and relevant problems encountered by vascular medicine community. Problems are then broken down into a PICO format: Population, Intervention, Comparator and Outcome. A 9-point Likert scale will then be utilized to rate each question by its clinical importance. Scores 7-9 correspond to critical importance and these questions will be included in the final document. Scores 4-6 correspond to moderate importance, and these questions may or may not be included in the final document pending discussion by the writing group. Scores 1-3 correspond to low importance, and these questions will not be included in the final document.

7.2 Evidence Collection and Synthesis

7.2.1 Search Protocol

The systematic review process used to inform clinical practice guidelines has been recommended by the National Academy of Medicine (previously the Institute of Medicine; IOM 2011). While not mandatory, the society may contract with an expert methodologist to help perform this work. The review process itself will be described within the guideline document. Position statements and expert consensus statements will be based on a comprehensive literature search performed by the writing group.

7.2.2 Summary and Analysis

To enable data synthesis and interpretation, a summary table will be constructed including the PICO question, the best evidence available to answer that question, and the quality of the evidence (high, moderate, low). Other considerations in data analysis includes the consistency of findings among various studies, the nature and estimated magnitude of associated outcomes as well as value judgements regarding the relative importance of those outcomes (IOM, 2011). When deemed relevant, economic

value—clinical and economic benefits compared to clinical harms and financial costs—may be considered and included by the writing committee (IOM, 2011).

7.2.3 Interpretation (Dealing with Uncertainty or Low-Quality Evidence)

In the setting of low-quality evidence, the writing group will strive to make the best possible recommendations using a thorough approach to data collection and summarization, including a description of the types of data available (and the types not available). When possible, writing groups will highlight questions/issues that would benefit from higher quality studies. If the writing group believes that there is insufficient evidence then a recommendation may be deferred, with the reasons and knowledge gaps outlined in the discussion.

7.3 Formulating Recommendations

The writing group will use one of the following processes below, depending upon the type of document. Disclosure and management of COI per SVM policies will be an instrumental aspect of all group decision making process.

- *Clinical Practice Guidelines Evidence-to-Decision Framework*: When developing guidelines, recommendations will be assessed using a structured and clear process by the writing group to make judgements about the totality of the evidence. The writing group will consider: quality of the evidence (including research design, strength of methodology, generalizability of patient population studied), balance between benefits and risks of the intervention, the magnitude of benefit versus harm, patient values and preferences, feasibility and acceptability of the intervention, health equity, financial cost, and resource utilization.
- *Position Statement, Expert Consensus, Appropriate Use, Performance Measures and Data Elements*: The writing group will use a modified Delphi method (structured method of developing consensus among panel members) to collect and reconcile judgements about the evidence and recommendations.

7.3.1 Consensus Process

The writing group will engage in discussion, with the goal to achieve consensus agreement on all recommendations. When consensus cannot be reached, decisions will be made by majority vote.

7.3.2 Format of Recommendation Text (Direction, Strength, Certainty)

Recommendations will be presented in a standard format across all SVM documents, and will use clear and actionable language. Each recommendation will include directionality of the evidence (intervention has a positive effect, negative effect, no effect); the strength of the recommendation (strong or conditional); and level of certainty with which the recommendation is being made (very low, low, moderate high).

7.3.3 Implementation Considerations

When relevant, the writing committee will include information on important potential or observed implementation barriers and provide guidance on possible strategies and future research to improve implementation at all appropriate levels.

7.4 Writing the Manuscript

7.4.1 PICO (Problem/Population, Intervention, Comparison, Outcome) Format

The PICO elements and specific question will be explicitly stated, followed by the direction of the recommendation (for or against the intervention), the strength of the recommendation (strong or conditional), and the degree of certainty with which the recommendation is being made (based on the overall level of scientific evidence).

7.4.2 Figures, Tables, Algorithms

The following will be included with each document manuscript:

- Summary of recommendations
- Summary of evidence (may be included as an online supplement)
- Disclosure information for all individuals on the writing group (may be included as an online supplement)

The writing group may opt to add figures and/or algorithms to further convey or clarify findings and recommendations.

7.4.3 Publication Requirements

SVM-sponsored documents that are submitted to the *Vascular Medicine* Journal must meet the following requirements:

- Follow the authorship guidelines for *Vascular Medicine* Journal
- The outline and list of authors must be submitted to the BOT for approval prior to initiation of document writing.
- Following drafting of the document, the BOT must approve for submission to VMJ where traditional peer-review process will be followed.

8. Peer Review and Public Comment

Peer review will be performed by independent clinicians and investigators. The details are shared in section 8.2.

8.1 Policy for Involvement of Stakeholders (see also 3.2)

For details related to involvement of various stakeholders, including clinicians, investigators, and others, please refer to section 32.

8.2 Collection of Feedback

For reviewing the SVM document, at least three independent peer-reviewers will be selected by the SVM RQP Committee Chair, or a designee (hereafter referred to as the document Editor ; different from the Journal Editor). The *document Editor* (which is different from the *journal Editor*) of the document should not have significant relationship with industry for the topic of the document under review.

The Reviewers will be selected by the document Editor, who are not directly involved with writing the document, and will be asked to report their Disclosures, with at least half of the reviewers being required not to have relevant relationships with industry for the topic of the document under review, at the

determination of the document Editor. For documents in which SVM is a collaborator/contributor but not the primary source organization, these details will be coordinated with other partnering organizations. Depending on the nature of the document, the document Editor must include a diverse group of expert independent peer-reviewers.

8.3 Response to Feedback

Once the reviews are accrued, they will be shared with SVM RQP members via email, recognizing that they should abstain from additional comments unless it is an issue of *critical importance*. Critical importance will be determined by an 80% or greater majority vote. The document Editor will coalesce the comments from independent reviewers and SVM RQP members (if any) and guidance will be shared with the document authors regarding issues that may need revision or clarification. The lead author of the document should respond to the reviews on behalf of the writing committee. The document Editor will review the responses and additional edits or clarifications may be requested on an as-needed basis. Finally, the revised document, deemed acceptable by the document Editor, will be shared by the Chair of the SVM RQP with the SVM Board of Directors, recognizing that additional edits are not being considered unless in extraordinary situations and only with a unanimous vote of the Board of Directors. Once the document is approved by the Board, it will undergo processing for publication according to standard SVM procedures, or in conjunction with other organizing professional societies.

9. Endorsement

9.1 Internal (SVM-Sponsored Documents)

The Society for Vascular Medicine may seek to develop and publish official scientific statements or guidelines on topics of importance to its membership and to advance the mission of the Society. These documents may be generated following an invitation by other professional organizations to develop and/or co-publish the document. A representative of the writing committee of this document writing committee member would typically present the document to the RQP committee and possibly to the BOT for approval. Some documents may come directly to the BOT for approval.

9.2 External (Documents Sponsored by Other Organizations)

9.2.1 Scientific Statements and Guidelines from Other Societies in which *SVM HAS PARTICIPATED* in the Writing Committee

The Society for Vascular Medicine is often asked to participate in scientific statements or guidelines related to vascular disease, which are developed primarily by other professional organizations, including multisocietal consensus documents or Appropriate Use documents. In general, for these documents, an official SVM member representative, appointed by the SVM President and/or Board of Trustees, has served as a member of the writing committee in liaison with the sponsoring professional society. The process for these types of documents is outlined in Appendix 5 of the SVM Policies and Procedures Manual.

9.2.2 Scientific Statements and Guidelines from Other Societies in which *SVM HAS NOT PARTICIPATED* in the Writing Committee for which SVM Endorsement is Requested

On occasion, the Society for Vascular Medicine may be asked by other professional societies to endorse scientific statements or guidelines in which ***SVM has not officially*** participated as a member of a writing

committee. The process for these types of documents is outlined in Appendix 5 of the SVM Policies and Procedures Manual.

10. Evaluation and Maintenance

10.1 Self-Assessment

10.1.1 Evaluation of Documents

In the context of academic publication in vascular medicine, conducting a thorough evaluation of documents is essential for maintaining quality and adherence to best practices. This evaluation should include a review of standard operating procedures (SOPs), publication guidelines, and templates. The documents should be assessed for clarity, completeness, and alignment with established standards. Regular updates should be made to incorporate any changes in the field and address identified gaps or deficiencies.[4]

10.1.2. Evaluation of Processes and Policies

Evaluating the processes and policies involved in the publication workflow is crucial to ensure efficiency, transparency, and compliance with ethical guidelines. This evaluation should cover the entire publication lifecycle, including manuscript submission, peer review, editorial decision-making, and post-publication processes. The assessment should focus on identifying potential bottlenecks, improving communication channels, and streamlining the workflow. Policies should be reviewed to ensure they align with industry standards and ethical guidelines.[5,6]

10.2 Collection of External Feedback

Collecting external feedback regarding this SOP manual and any other SVM sponsored documents is an invaluable practice for enhancing the quality and relevance of academic publications in vascular medicine. External feedback can be gathered through surveys, focus groups, or interviews involving researchers, reviewers, and members of the scientific community at any time. This feedback provides insights into the strengths and weaknesses of the publication process, helps identify areas for improvement, and enables the identification of emerging trends in the field. Incorporating external feedback fosters collaboration and ensures that the publication process remains responsive to the needs and expectations of the scientific community. The publications committee, and the writing group, and any other stakeholders will be notified of any feedback received. Any changes to this SOP manual will be initiated by the publications committee. All changes will be documented and approved by the publication committee.

10.3 Document Updates

10.3.1 Frequency of Evaluation

Documents that are sponsored by SVM are required to specify the date when the literature search and evidence evaluation were conducted. Documents will be considered current through 5 years since the publication. Prior to that time, the RQP committee may initiate an updated literature search for SVM-sponsored documents. This search could be conducted by some of the members of the RQP committee and/or the initial writing group.

Based on the literature search after 5 years, if an update is not determined necessary, the date for the literature search on the document will be updated and the updated document will state that the recommendations remain valid based on this updated literature search.

However, if an update is determined warranted based on the literature search and was not initiated after 5 years. The document will be considered retired and any reference to this document should indicate that the recommendations in this document are no longer valid.

10.3.2 Criteria for Initiating an Update

The RQP committee might initiate an update sooner than 5 years in the following circumstances: i) if emerging evidence arises which is considered impactful for clinical practice (please refer to section 3.1 for the criteria of priority topics); or ii) any previous recommendation was determined to be harmful.

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