AMERICAN COLLEGE of NURSE-MIDWIVES®

ACNM TECHNICAL DOCUMENTS HANDBOOK

Requesting, Developing, Revising, or Retiring a Standard Setting Document, Position Statement, Clinical Bulletin, Issue Brief, Informational Report, Jointly Released or Produced Document or Endorsed Document

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I. Overview of Expectations for ACNM Documents

ACNM Documents will adhere to the standards set out in the most current *Journal of Midwifery and Women's Health* (*JMWH*) Manuscript Preparation and Style Guide. The guide sets expectations for language specific to midwifery and offers suggestions for people-first and gender-inclusive language. This guide should be used as a supplement to the American Medical Association (AMA) *Manual of Style*, which can be used as a reference for formatting references. In addition, ACNM has developed a racial equity tool for use when planning, developing, or evaluating documents and publications. The tool will be a process reference for every document and publication.

Authors, editors, and reviewers must sign a yearly confidentiality agreement and agree to sequester documents and drafts until those documents have been made available by ACNM.

II. Types of Documents

A. Standard-Setting Documents

These are documents that set the professional standards for certified nurse-midwife (CNM)/certified midwife (CM) practice and education as well as conduct of our organization. All other documents must be congruent with these documents. Standard-setting documents have a unique process for review process, described in section III, "Process for Review of a Standard-Setting Document."

Standard-setting documents consist of:

- ACNM Vision, Mission, and Core Values
- Code of Ethics
- Code of Ethics with Explanatory Statements
- Competencies for Doctoral Education in Midwifery
- Competencies for Master's Education in Midwifery
- Core Competencies for Basic Midwifery Practice
- Definition of Midwifery and Scope of Practice of Certified Nurse-Midwives and Certified Midwives
- Standards for the Practice of Midwifery

B. Position Statements

These documents are concise statements articulating a position being taken by ACNM and the evidence supporting the position. Position statements are required to be congruent with ACNM standard-setting documents and are not intended to be used as clinical guidelines.

Examples of position statements include:

- Appropriate Use of Technology in Childbirth

- Climate Change and Maternal, Fetal, and Infant Health
- Hydrotherapy During Labor and Birth

C. Clinical Bulletins

These documents represent state of the science, evidence-based recommendations for the provision of a specific approach to care, a procedure, or a health care service.

Several professional organizations provide clinical guidelines or statements. It is not ACNM's intent to duplicate other standard-setting information but to provide a midwifery perspective for care when other resources or standard-setting information may not include that perspective. The information regarding the diagnoses or conditions addressed in a clinical bulletin aims to recognize unique aspects of midwifery practice that are not addressed elsewhere. These documents may also be offered as a synopsis of the science to support a particular midwifery care practice.

Examples of clinical bulletins include:

- Care for Women Desiring Vaginal Birth After Cesarean—Clinical Bulletin No. 15
- Midwifery Provision of Home Birth Services—Clinical Bulletin No. 14
- Providing Oral Nutrition to Women in Labor—Clinical Bulletin No. 16

D. Issue Briefs

These are documents or white papers that outline information on a specific topic of interest to the members of ACNM, or that reflect or expand upon an ACNM position statement to provide a discussion of the varied perspectives on the issue. Typically, these would inform policy, advocacy, and legislation. Issue briefs are time limited.

Issue briefs synthesize information drawn from several ACNM resources and documents to address a single topic area and include a discussion of research, policy, and advocacy in one document. These documents may include legislative information and advocacy, news releases that articulate a policy perspective, and/or official responses or calls to action from the ACNM national office which demonstrate a perspective or policy beyond what is noted in ACNM official documents. Some issue briefs may be developed in response to a publication or event, such as the publication of a position or article on a subject of interest to ACNM, or to provide interpretation of or response to legislation, regulation, or proposed policy affecting the midwifery profession. Issue briefs may expand upon position statements already in place for ACNM or are in alignment with existing policies or position statements. This category includes a comprehensive listing of the documents and materials produced and released by the ACNM national office that articulate or expand upon official documents. By tracking the timing of their release, ACNM can identify the potential need to update or alter them when new position statements are released.

Examples of issue briefs include:

- Where Midwives Work
- Domains of Inquiry for Research Studies on the CNM/CM Workforce
- Use of Culturally Appropriate Terminology for Gender-Diverse Populations

E. Informational Reports

The documents in this category are for reporting purposes. Although the data may be used to support policy initiatives, the document itself is not written from an advocacy or policy standpoint but is intended to be a synthesis of information, data, or facts on a topic area related to the profession of midwifery.

These reports will be developed primarily by the national office as resources for members and policy makers. The reports differ from issue briefs primarily in that the purpose of the latter is to articulate a position or stance on a topic beyond the presentation of data-based information.

Examples of informational reports include:

- The Benchmarking Project Report
- Midwifery Education Trends Report

F. Jointly Released or Produced Documents

ACNM participates in activities with other organizations that result in the production of joint statements or position papers.

These documents are maintained in a separate category as they are updated, reviewed, or revised according to the established plans of the work group that initiated them. Documents in this category are typically policy setting and may replace individual position statements from ACNM as they are produced or may be supplemented by ACNM-specific statements. These documents are maintained as a separate category but are searchable under the position statements or white paper areas by topic.

Examples of jointly released or produced documents include:

- Joint Statement Between ACNM and The A.C.N.M. Foundation
- Joint Statement of Practice Relations Between Obstetrician-Gynecologists and Certified Nurse-Midwives/Certified Midwives
- Physiologic Birth Consensus Statement: ACNM, MANA, NACPM

G. Documents Endorsed by ACNM

This section refers to endorsement requests from outside organizations and are non–ACNM-generated documents.

Documents endorsed by ACNM are maintained as a separate category and do not represent a change in prior position statements or policy but are endorsed because of alignment with

existing ACNM policy or position statements. If endorsement represents a new direction for ACNM or fills a gap related to a topic area, it is possible that a separate position statement may be developed in response to ACNM's endorsement of another organization or work group's document.

Examples of documents endorsed by ACNM include:

- Facility Guidelines for the Safe Performance of Primary Care and Gynecology Procedures in Offices and Clinics by the American College of Obstetricians and Gynecologists and the National Partnership for Women and Families
- Adult Immunization Schedule by Centers for Disease Control and Prevention
- Practice Parameter for the Performance of a Focused Reproductive Endocrinology and Infertility Scan by the American Institute of Ultrasound in Medicine

H. Books, Manuals, and Resource Packets

Other publications are produced by the national office that are not captured in the above-mentioned categories. These include consumer and provider resources such as books, manuals, and resource packets available in either print or digital formats. These documents may have their origins in either the volunteer structure (eg, Administrative Manual) or in the professional staff (eg, Life-Saving Skills Manual).

The ACNM Publications Committee and the director of membership and marketing are responsible for the production of publications, some of which generate revenue. The Publications Committee has created a work process for publications that includes assessing publication needs, identifying and contracting authors, reviewing proposals, conducting project management from proposal through to publication, and incorporating peer-review processes. ACNM staff provide support to this work, and a clinical staff member is involved in the final review process.

A comprehensive list of these publications is found within the Master Documents list stored online and maintained by the Midwifery Practice (MP) staff. These documents must be in alignment with existing ACNM policy or position statements. As position statements or policy changes relating to potential or existing publications are released, the Publications Committee is notified by MP staff and the Clinical Standards and Documents Committee (CSD) chair to ensure coherence across ACNM materials.

III. Process for Review of a Standard-Setting Document

A. Review Schedule

Each document must be reviewed at least every 5 years. Earlier review may be mandated by changes in clinical practice or ACNM policy. MP staff maintain dates for scheduled review and notify the ACNM Board of Directors (BOD) 6 months before the date of a scheduled review.

B. Documentation of the Review Process

The chair of the committee or task force charged with the review is responsible for ensuring that all phases of the review process are documented, including:

- Identifying the review period and review feedback timelines
- Maintaining a list of committees, task forces, and individuals involved in the review process and dates of involvement
- Maintaining minutes and notes related to any meetings or public forums
- Responding to any feedback received during review periods
- Responding to reviewing bodies and whether consensus was reached
- Clearly highlighting recommended changes within the document under review
- Identifying any costs associated with documents revision and review

The chair of the committee or task force charged with the review will submit all documentation to MP staff for incorporation into the historical archive.

C. Levels of Review

i. First-Level Review

The BOD will charge an appropriate committee or task force to lead the review, as follows:

- ACNM Vision, Mission, and Core Values: work group established by the BOD
- Code of Ethics: Ethics Committee
- Code of Ethics with Explanatory Statements: Ethics Committee
- Competencies for Doctoral Education in Midwifery: Clinical and Academic Educators Committee
- Competencies for Master's Education in Midwifery: Clinical and Academic Educators Committee
- Core Competencies for Basic Midwifery Practice: Committee for the Advancement of Midwifery Education
- Definition of Midwifery and Scope of Practice of Certified Nurse-Midwives and Certified Midwives: work group established by the BOD
- Philosophy of the American College of Nurse-Midwives: work group established by the BOD
- Standards for the Practice of Midwifery: work group established by the BOD

ii. Second-Level Review

- *ACNM Volunteer Leadership Council (VLC)*

iii. Optional Additional Review

External stakeholders may be given an opportunity to provide written feedback on standard-setting documents.

For some documents, an external comment period is offered to organizations with a relationship with the topic or who may also be involved in providing care or services that are being addressed in the document. This comment period is initiated when there is not a formal liaison from the other organization involved in the original development of the document. If there are formal liaisons to a work group, the guiding principles of the work group will establish the process for commenting and review. External comment periods are managed by the MP staff, who will send out the document in a PDF format marked 'draft for confidential review' with a comment form (Appendix A). Ideally, a 1-month comment period will occur.

When responses are received, they are collated by the MP staff and forwarded to the committee or work group assigned to conduct the review. The committee or work group assigned to do the review will then consider the incorporation of or responses to the comments. The comments are managed in the same manner as in the peer-review process.

D. Evaluation for Congruence

After final review by the assigned committee or work group, the document will be sent to the CSD and evaluated for congruence against existing ACNM standard-setting documents.

E. Board Approval

The CSD chair sends the following items to the chair of Division of Membership and Publications (DMP):

- The document labeled "final draft to BOD" with the date of the BOD meeting in the file name
- ACNM BOD agenda item submission form as "Agenda Item for Action"
- Completed Document Finalization Checklist (available as Appendix B)

The DMP chair submits quarterly BOD reports and all agenda items with supporting documentation to the ACNM executive assistant for inclusion in BOD packet and with copies to DMP committee chairs, national office staff liaison, and BOD liaison as an FYI.

i. Follow-Up After BOD Review

The BOD liaison communicates the results of the BOD decision to the DMP chair, who then communicates results to the task force and the CSD chair. The staff liaison to the task force, in conjunction with the BOD liaison to CSD, also provide information regarding the BOD's response and requests for edits, if any. Determination of responsibility for communication of the information between the 2 liaisons will be decided at the BOD meeting based on the decision and necessary next steps for a specific document.

ii. Final Edits (Approved, Approved With Minor Edits, Not Approved)
In accordance with BOD directives, the national office staff liaison and CSD chair determine levels of responsibility for follow-up and next steps. For those activities that involve the national office, only the director of MP will track and follow the document, communicating the results to the BOD via the MP report and providing email confirmation of completion to the CSD chair.

If there is joint responsibility for follow-up or it is solely the CSD's responsibility, the CSD chair reviews and completes additional edits, changes, etc, and cycles through the process again as needed. Ideally, it will be unlikely that this process will be repeated, but it is possible depending on the number of changes needed. If this step is repeated, the process will be followed in total or in part, according to the direction of the BOD.

F. Copy Editing

i. The CSD chair forwards to MP staff (with CC to the MP director) the document labeled "final version" with its designation and date of that designation as it comes from board approval. The designations are as follows: New, Reaffirmed, Revised.
ii. MP staff send the document labeled final version to the copy editor for review with a CC to the national office staff liaison (typically, the MP director).
iii. The copy editor completes the copy-editing process, final formatting, and reference check of the document and sends back to the CSD chair with a CC to the MP staff.
iv. The CSD chair responds to questions/edits from the copy editor.
v. Any additional review based on any substantial changes to the document via the copy editor in the final review formatting process may be completed at this time.
vi. MP staff confirm placement of the document within the Master Documents list, including the status and timing when the document is approved by the BOD, and they prepare the document for distribution. This step also includes inserting the document into the template that includes the logo and footer, noting which document is being replaced (if applicable), conversion to PDF format, forwarding for placement on the ACNM website, and removal and archiving of any associated document(s) that the new one replaces.

G. Dissemination

Separate communication strategies may be developed for certain documents to support early notification of the release of an approved document to other specific organizations. Policies related to the dissemination of information in place at the national office will guide this process.

- MP staff notify Marketing and Communications of this updated version for inclusion in ACNM communications to members and so that potential news releases can be developed and released according to Membership and Communications department protocols.

- MP staff provide the CSD chair with final Word and PDF versions of the document in the format used for distribution.
- The CSD chair sends thanks to the document authors and peer reviewers along with a PDF copy of the final version.

IV. Process for Requesting a New Position Statement, Clinical Bulletin, or Clinically Focused Issue Brief, or Its Revision

A. Request Generated by an ACNM Member

Any ACNM member may complete a form (Appendix C) to request the creation or revision of a document. The request should be sent to the MP staff, who forward it to the CSD chair and copy the MP director. The CSD chair will review the request for validity and redundancy against existing documents. A response to the request, including rationale for disposition, is communicated to the requester and MP director by the CSD chair.

B. Request Generated by the ACNM National Office

National office management-level staff or the chief executive officer (CEO) may request a document based on membership needs, requests, or current issues. Requests from the national office will be reviewed by the MP director, CSD chair, or director of government affairs, and options for document development or alternative responses will be developed.

C. Request Generated by the ACNM Board of Directors

The BOD may charge a division or committee to develop a document based on membership request, ACNM's needs, and/or current issues. Charges from the BOD are assumed to be directive, and a process and plan for completion will be provided by the CSD in the next Division of Membership and Publications' quarterly report to the BOD.

If a charge to create a document is made that is not to be the sole responsibility of the CSD, a copy of the charge involving staff or any other division, committee, or task force will be provided to the DMP chair (and/or CSD chair) to ensure coordination of the effort and activity. In addition, the steps below will be followed by whomever is taking the lead on a document under the guidance of the assigned party. The document will then be forwarded to the CSD chair to complete the remaining steps in collaboration with the assigned party to ensure consistency in format and appropriate cataloging of resources and documents within ACNM. This is critical for all documents to ensure that they are appropriately tracked and scheduled for revision. The goal is consistency in format, using the JMWH Style Guide wherever practical, for all formal documents (position statements, clinical bulletins, and issue briefs) within ACNM. The oversight role of the CSD within the DMP is also supported by the MP director and staff.

V. Process for Development, Review, or Revision of a Clinical Bulletin, Position Statement, or Issue Brief

A. Designation of Primary Author and Support From CSD Is Assigned by the CSD Chair

i. The CSD chair assigns a primary author or reviewer.

ii. Authors, editors, and reviewers must have signed the yearly confidentiality agreement and agree to sequester documents and drafts until that document has been made available by ACNM.

iii. The timeline for development of the draft document is determined in conjunction with the CSD chair (or CSD member). The chair will track the process and timeline to completion (depending on the type of document, state of the science on the topic, and nature of the topic). Timelines range from 3 months (one BOD meeting to the next) to 12 to 18 months for a clinical bulletin.

iv. The author begins the draft using an equity lens.

v. The first draft of the document is returned to the CSD chair or designee, who reviews the draft, offers feedback, and considers additional drafts vs sending on to first-level review.

B. First-Level Review: Peer Review

i. The CSD chair may maintain a list of experts in areas related to document development or solicit names from the DMP chair, members, and other committee or division chairs as needed to identify appropriate reviewers.

ii. The CSD chair sends a request for peer review to the designated expert/s. Clinical bulletins require 2 reviewers.

iii. Once reviewers are confirmed, the document is sent for review in confidential draft form.

iv. Peer review is completed, and the CSD chair responds to questions and edits during this process.

v. Content disagreement by identified experts should be forwarded in narrative format through the CSD chair to the Volunteer Leadership Committee for resolution.

vi. Reconciliation of the peer-review process and edits by the CSD chair (and/or designee with assistance from the chair) occur, and the draft is updated for next-level review.

C. Second-Level Review

i. The document (still sequestered) is then sent to the assigned CSD members, the BOD liaison, the MP director, and other ACNM stakeholders as warranted. Documents that have been initiated or developed outside the DMP

would also be included in this review process (eg, task force members or another group of division/committee chairs).

ii. Reconciliation of this review process and edits are completed by the CSD chair.

D. Additional Review

For some documents, an external comment period is offered to organizations with a relationship to the topic or who may also be involved in providing care or services that are being addressed in the document. This comment period is initiated when there is not a formal liaison from the other organization involved in the original development of the document. If there are formal liaisons to a work group, the guiding principles of the work group will establish the process for comment and review. External comment periods are managed by the MP staff, who will send out the document in a PDF format marked "draft for confidential review" with a comment form (Appendix A). Ideally, a 1-month comment period will occur.

When responses are received, they are collated by the MP staff and forwarded to the CSD chair, or another group leader as identified. The CSD chair or other group leader will then interact with the author or group to consider the incorporation of or responses to the comments. Comments are managed in the same manner as in the peer-review process.

E. Document Finalization

The CSD chair sends the final document labeled as "final draft to board" with the date of the BOD meeting in a file name to the DMP chair to submit as an ACNM BOD agenda item. The submission must include a completed Document Finalization Checklist (Appendix B).

The DMP chair submits a quarterly BOD report and all agenda items with supporting documentation to national office for inclusion in the BOD packet and with copies to DMP committee chairs, national office staff liaison, and BOD liaison as an FYI.

F. BOD Expected Actions

The BOD reviews agenda items as scheduled and approves the document and/or determines further disposition. BOD liaison communicates the results of the BOD decision to the DMP chair, who then communicates the results to the CSD chair. The MP director, in conjunction with the BOD liaison, also provides information regarding the BOD's response and requests for edits, if any. Determination of responsibility for communication of the information between the 2 liaisons will be decided at the BOD meeting based on the decision and necessary next steps for a specific document.

G. Final Edits

In accordance with BOD directives, the national office staff liaison and CSD chair determine levels of responsibility for follow-up and next steps. For those activities that involve the

national office only, the MP director will track and follow the document, communicating results to the BOD via the MP report and providing email confirmation of completion to the CSD chair.

If there is joint responsibility for follow-up or it is solely the CSD's responsibility, the CSD chair reviews and completes additional edits, changes, etc, and cycles through the process again as needed. Ideally, it will be unlikely that this process is repeated, but it is possible depending on the number of changes needed. If this step is repeated, the process will be followed in total or in part, according to the direction of the BOD.

H. Copy Editing

i. The CSD chair forwards the BOD-approved document to MP staff (with CC to the MP director) labeled "FINAL version" with its designation and date of that designation as it comes from BOD approval. The designations are as follows: New, Reaffirmed, Revised, Reviewed, and Updated.
ii. MP staff send the document labeled "final draft version" to the copy editor for review, with a CC to the MP director.
iii. The copy editor completes the copy editing process, final formatting, and references check of the document and sends it back to the CSD chair with a CC to the MP director and coordinator.
iv. The CSD chair and MP director respond to questions/edits from copy editor.
v. Any additional review based on any substantial changes to the document via the copy editor in the final review formatting process may be completed at this time.
vi. MP staff confirm the placement of the document within the Master Documents list, including the status and timing of when the document was approved by the BOD, and they prepare the document for distribution. This step also includes inserting the document into the template that includes the logo and footer; noting which document is being replaced, if applicable; converting to PDF format; forwarding for placement on the ACNM website; and removing and archiving any associated document(s) that the new one replaces.

I. Dissemination of Information

Separate communication strategies may be developed for certain documents to support early notification of the release of an approved document to other specific organizations. Policies related to dissemination of the information in place at the national office will guide this process.

i. MP staff notify Membership and Communications of this updated version for inclusion in ACNM communications to members and so potential news releases can be developed and released according to Membership and Communications Department protocols.
ii. MP staff provide the CSD chair with the final Word and PDF versions of the document in the format used for distribution.

iii. The CSD chair sends thanks to the document authors and to peer reviewers along with PDF copy of the final version.

VI. Development Process for Nonclinical Issue Briefs, Reports, and National Office–Initiated Documents

A. General Process

i. The CEO and president of ACNM identify the need for a document, based on input from ACNM leadership, key constituents, and/or staff.

ii. The MP director or government affairs director, in consultation with ACNM leadership and appropriate division or committee chairs, assigns a primary author and key ACNM stakeholders to assist in defining the primary objectives and key messages of the document.

iii. As necessary, the MP director or government affairs director will use a peer-review process using subject matter experts. The management staff is responsible for ensuring reconciliation of the reviewer comments.

iv. The national office staff will ensure that copy editing is consistent with *JMWH* style, using the Membership and Communications staff or a contracted copy editor.

B. Leadership Approval

i. If a publication is time-sensitive, the ACNM president will determine the approval process.

ii. If timely publication is not required, the document should go to the BOD for approval as an official ACNM document.

VII. Maintenance of Standard-Setting Documents, Position Statements, Clinical Bulletins, and Issue Briefs

Each document must be reviewed at least every 5 years. Earlier review may be mandated by changes in clinical practice or ACNM policy.

A. MP Staff Responsibilities

i. Assign numbering to the document within the Master Documents list, including the date of approval and identification of the author or parties responsible for the document (eg, CSD, Division of Advocacy and Affiliate Support) so that the responsible individuals can be contacted for future reviews or if questions arise.

ii. Prepare the document for distribution by having the document formatted into the appropriate template; noting which document is being replaced, if applicable; converting it to PDF format; ensuring appropriate placement on the ACNM website; and removing and archiving any associated document(s) that the new one replaces.

iii. Notify Membership and Communications of the document for inclusion in ACNM member communications and *JMWH* as appropriate. In addition, Membership and Communications will develop and disseminate potential news releases according to protocols.

iv. Provide the CSD chair with the final Word and PDF versions of the document in the format used for distribution if the document will be maintained in the 5-year cycle process with planned oversight by the CSD.

v. Maintain official versions of all documents and resources and provide notice to the responsible parties for updates as indicated by the 5-year cycle process and/or when other documents supersede it.

vi. For documents determined to be no longer relevant, the MP director will update the Master File list to indicate that the document is retired. The document will receive a retired watermark. Retired documents should be available to members as needed.

VIII. Endorsement Process for Documents Initiated by Other Organizations

The Endorsement Algorithm is attached as Appendix D.

A. About What Might ACNM Be Contacted?

i. Supporting or endorsing documents—position statements, letters of support, etc

ii. Supporting or developing legislation

iii. Providing testimony, amicus curiae, or other input on cases or other legal matters

iv. Important/politically sensitive matters as they arise and are presented to ACNM for consideration.

v. Supporting or endorsing advocacy campaigns:

   a. This includes those seeking support for drugs, devices, or techniques that are pending Food and Drug Administration approval or those already approved by the Food and Drug Administration; these efforts could be funded by drug companies, medical device manufacturers, and other outside organizations

   b. In some cases, ACNM may be contacted in advance, and staff or members may participate in discussions as appropriate with other organizations during the development process in advance of submission of materials for endorsement.

B. ACNM Staff Member Conducts Initial Review

i. Responsible reviewers

   a. Clinical Issues

      1. ACNM staff: director of MP or designee
      2. Volunteer structure: Division of Advancement of Midwifery

   b. Legislative and regulatory issues

      1. ACNM staff: director of advocacy and government affairs or designee

2. Volunteer structure: Division of Advocacy and Affiliate Support

c. Health policy issues, which includes issues related to patient safety, quality of care, client communications, and general issues such as human rights and gender issues
    1. ACNM staff: MP director, director of advocacy and government affairs or respective designee
    2. Volunteer structure: appropriate division/committee chair

ii. Key questions for reviews:
    a. Does it have an impact on our members and/or sexual and reproductive health?
    b. Should ACNM be involved in or take a stand on the issue?
    c. Is the document consistent with ACNM's organizational mission, values, and policy agenda?
    d. Who is the request coming from, and who else is supporting it?
    e. Is there a commercial interest in the request?

iii. Factors to be considered in reviews:
    a. Importance or relevance of the issue to the members and those we serve
    b. Time frame for response
    c. Length of time ACNM will be involved in the initiative (eg, a one-off sign-on or long-term campaign)
    d. Involvement of partnering organizations
    e. ACNM staff or member participation in the document/position being considered
    f. Will reassessment of the endorsement be needed in the future?
    g. Whether this subject passes the "no-brainer" test – for example, 'of course, we should endorse this right away. No need for further discussion.'

C. Staff Develops an Action Plan Based on the Specifics of This Circumstance

i. The goal is to identify the highest level of expertise within the time frame and resources available commensurate with the level of technicality and importance of the issue.

ii. When a process is moving quickly or where ACNM's position is clear, ACNM staff in collaboration with the CEO may make the decision to endorse or not endorse and then inform the president and the BOD.

D. Convening an Endorsement Work Group

On complex issues, staff will prepare background documents and convene an endorsement **work group**.

i. Background documents include:
    a. Summary of the issue
    b. Development and review process

c. Any controversies identified
d. Who initiated the request and who is funding/backing it
e. Positions for and against the issue

ii. The Endorsement Work Group includes:
   a. ACNM representatives to other agencies/organizations, as appropriate. An ACNM representative engaged in the development of the document that is being reviewed for endorsement may be included in the review and may serve as a content expert.
   b. ACNM MP director
   c. Appropriate division/committee chair and the BOD liaison to that division
   d. Content experts (1-2) if other reviewers do not have content expertise
   e. The BOD president, who is to be made aware of the endorsement request and may elect to participate in discussion or provide relevant information.

iii. Participants of the Endorsement Work Group are to keep discussions and documents confidential during the endorsement review process.

iv. The Endorsement Work Group will send a recommendation to the president and CEO to endorse, oppose, or remain silent.

v. Final endorsement actions are completed by the president and the CEO or their designee.

E. Politically Sensitive or Controversial Issues: BOD and Volunteer Structure Involvement

When contemplating ethical or politically sensitive or controversial issues, every attempt will be made to communicate and facilitate discussion with the BOD and the Ethics Committee leadership, including the:

- Nature of the issue
- Recommended action (endorsement, opposition, or remaining neutral)
- Timeline for the response

F. Announcement of Sensitive or Controversial Issues

When decisions to support sensitive or controversial issues are announced, every attempt will be made to recognize that there may be members who do not agree with the decision of ACNM. In this case, forums for member discussion will be created.

Document(s) will be uploaded to the ACNM Documents section of the ACNM website under Professional Resources, as applicable.

Appendix A: Comment Form

(Documentation of internal or external reviewer comments)

Name of commenter	Comments	Responses

Appendix B: Document Finalization Checklist

(To be completed by the chair of the committee or task force charged with the review or development)

Date of request for review:
Reason for review:
Date of final Board of Directors submission:
Name of document:
Purpose:

Alignment With Strategic Goals:
List of committees and individuals involved in the review process (add additional pages as necessary):
1.
2.
3.
4.
5.
Challenges identified and/or recommendations for future action:

Was consensus reached by the reviewing bodies?

Total costs (if any) associated with the review:
Are recommended changes clearly highlighted?
Is document ready for Board approval?

Appendix C: Request for Development (Revision) of Documents

(to be submitted to the CSD chair)

Date of request:
Name of member making the request:

Topic for development or name of document for revision:

Rationale for the request (Include description of the issue and reason it requires an ACNM document developed or revised)

Background information (include any ACNM-related statements, documents)
Are there any other statements by other organizations on this topic or issue that you are aware of? If so, please list them and attach them if available.
Recommendation for format with rationale: (position statement, clinical practice bulletin, handbooks)

Recommendation of potential author(s) (individual(s) with expertise in area)
Name and contact information:

Decision and Rationale of the Clinical Standards and Documents Committee:

Appendix D: ACNM Endorsement Algorithm