The Canadian Urological Association (CUA) has, as part of its mission statement: "Leading evidence-based clinical practice through the development of practice standards and guidelines." In this issue of CUAJ, I would like to draw attention to the CUA guidelines development process and the members who put in the time and effort to draft them.

Our current Guidelines Committee Chair is Dr. Anil Kapoor, who assumed the role this past June. He was handed over the committee by Dr. Tony Finelli, who did an excellent job during his tenure and is remaining on the committee to help with the transition process. The remainder of the committee members are comprised of elected CUA members at large, who are your regional representatives on the CUA Board. Topics for guidelines are identified and then developed by the committee according to the Modified Oxford Centre for Evidence-based Grading System and Guideline Recommendations. The guidelines may be undertaken by the committee members themselves, but may also involve major contributions from non-committee CUA members who are content experts. In some instances, such contributions come from our affiliated organizations, such as Canadian Urologic Oncology Group (CUOG) and Pediatric Urologists of Canada (PUC).

The amount of work required to search the literature and gather the appropriate supporting publications for the guideline should not be underestimated. Larger organizations, such as the American Urological Association (AUA), have an entire methodology team supporting their guidelines process, whereas we rely on volunteer members generously giving of their time and intellect. Once the evidence has been gathered, the guideline is drafted and presented for review by the CUA Board. Once approved by the Board, it must then be approved by all CUA members before it becomes active. Therefore, if you as a member have any concerns or suggestions, you have an opportunity to make them known before the guideline is finalized. The newly approved guidelines are published in CUAJ and posted on the CUA website (www.cua.org).

It should be remembered that guidelines are a tool to help you provide patient care. Guidelines are not meant to establish a fixed set of rules or define the legal standard of care. In addition, the guidelines are not intended to trump physician judgment and patient care should always be individualized. In addition, new information pertinent to patient care continues to accrue, so that the guidelines are reviewed by the committee every five years. Currently, we have 28 guidelines, with one under development.

A very handy way to access the guidelines on your smart phone or tablet is via the CUA app. If you require any information or help in downloading and activating the app, don’t hesitate to contact the CUA Corporate Office. Likewise, if you have ideas for guideline topics please let us know.

Once again, I will use this opportunity to encourage you to attend the upcoming 71st CUA Annual Meeting in Vancouver from June 25 to 28, 2016. It promises to be a great scientific and social event in a fantastic setting. Hope to see you there!