One of my initial priority tasks as CTO was to examine CDISC standards development and governance processes, making sure we continue to do the things we already do well, while also looking for ways to improve where it makes sense. From the outset it was clear to me that CDISC would benefit from adding some specific quality checkpoints in the process, and identifying a small group of wise advisors to help make sure that our standards work together effectively with minimal overlap, reflect well on our organization and give our user community the best opportunity to use them effectively. So we have established the Standards Review Council (SRC) to help us do just that.

The SRC, which began meeting in March, has been established to help ensure that new cross-team therapeutic area projects get off to a good start, that all standards are determined to be consistent with CDISC process and other CDISC standards before they are posted for comment, and that standards released for provisional or production use have resolved all open issues. I often refer to this council of advisors as the Supreme Court of CDISC, although I’ve only asked them to commit to a one-year term for now, rather than a lifetime appointment.

The SRC currently consists of four appointed members, and the CTO as Chair. I have been fortunate to nominate four of our most respected and experienced contributors who collectively represent the breadth of CDISC standards: Sally Cassells, John Troxell, Diane Wold and Fred Wood. Collectively, this group has wide experience across the range of CDISC standards over the years, and we are very fortunate to have them participate in this important effort. The SRC is scheduled to meet every two weeks to review packages of information prior to posting, and all such packages are required to be submitted to me one week in advance so the SRC has adequate time to prepare for each meeting. We've been reviewing an average of two documents per meeting, with many more queued up in the months ahead thanks to the very vigorous efforts of our volunteers. While we're still working on defining our own operating processes, I've already seen much benefit from our first meetings.

Of course, it's a lot of hard work, for people who are already very busy with CDISC as well as their day jobs. Over the coming months I'll be making available additional details of our schedule, processes, guiding principles, advice and decisions moving forward. For now, I'd like to thank our SRC for their longstanding support of CDISC and their willingness to work with me on this important task as we continue to strive to improve the quality and efficiency of medical research.

Wayne Kubick  
CDISC, Chief Technology Officer