

# The National Health and Medical Research Council (NHMRC) consultation on the production and publication of trustworthy clinical practice guidelines in Australia: APNA submission

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**1 February 2016**

The Australian Primary Health Care Nurses Association (APNA) welcomes the opportunity to contribute to the NHMRC's consultation on the production and publication of trustworthy clinical practice guidelines in Australia. We are providing this submission on behalf of our membership, Australian primary health care nurses.

## APNA Submission

### 1. Do you agree with the key challenges identified in this paper?

APNA agrees with the key challenges identified in the NHMRC's draft discussion paper dated November 2015.

Specific comments on these key challenges are as follows:

#### Inefficiency

APNA agrees that the system for developing and implementing guidelines is inefficient in Australia. We believe the following factors contribute to this inefficiency:

- a lack of dedicated funding committed to the development of clinical guidelines
- a lack of clarity around the amount and the quality of evidence that is required to inform the development of clinical guidelines
- a lack of specific timeframes for regular review of clinical guidelines.

#### Poor quality

APNA strongly agrees that undeclared and unmanaged conflicts of interest are extremely common. This has a significant impact on the degree to which clinical guidelines reflect an unbiased and purely evidence-based approach to practice.

### **Lack of capacity**

APNA believes there may be a disproportionate contribution to the development of clinical guidelines by the academic community. These academics are often highly experienced in the conduct of research and undertaking systematic reviews, but can have limited knowledge of current clinical practice and work conditions. This raises significant risks for the development of high quality up-to-date clinical guidelines.

Systematic reviews are excellent tools for the development of clinical guidelines; however, they can be extremely time consuming and require extensive dedicated resources. It should also be acknowledged that systematic reviews are highly reputable and publishable, providing good scholarly output for academics whose positions may be funded based on numbers of publications; the potential for conflict of interest in such circumstances is significant.

### **Lack of investment in information technology**

APNA agrees that the investment in technology needs to be improved; however, clinical guidelines also need to reflect the environment of the user. For example, if an environmental scan determines that a particular primary health care setting operates predominately with a paper-based records system, this may mean that a paper-based guideline remains the most appropriate format.

### **Inaccessibility**

APNA agrees that guidelines are often difficult to navigate. It is our understanding that comprehensive and lengthy guidelines may be difficult to use in health settings where clinicians are commonly under intense time pressures.

APNA believes that steps to improve accessibility should be combined with measures to promote awareness of the guidelines; even if a guideline is made accessible it will have far greater impact if clinicians (particularly new or inexperienced clinicians) are fully aware of its existence.

### **Obsolescence**

APNA agrees that obsolescence is a major issue in the implementation of clinical guidelines. Guidelines are often superseded quickly and this has a significant impact on their usability and effectiveness.

## **2. Do you agree with the actions proposed in this paper?**

APNA agrees with all actions proposed in the NHMRC's draft discussion paper. APNA also welcomes the NHMRC's efforts to address obsolescence and make the guidelines as accessible as possible.

Specific comments on the proposed actions are as follows:

### **Improving efficiency**

APNA believes that the efficiency of the system could be improved with the following actions:

- dedicated funding for the development of clinical guidelines
- expert teams, comprising clinicians as well as researchers or program managers
- representation from a variety of health care settings in a range of geographies.

### **Improved quality and building capacity**

APNA believes that a structured and formal reporting system for conflicts of interest is an essential part of system transparency.

APNA also believes that teams of academics who regularly work together should not automatically be granted responsibility for guideline development. Membership to working groups within Centres of Research Excellence (CRE) should be independently assessed and allocated, based on the expertise of the individual, their contact and experience of clinical practice, and their diversity.

Systematic review training should be broader than that offered to those undertaking a Cochrane review. Cochrane reviews are extremely time intensive and make use of a specific methodology that might not be relevant or feasible for the development of all clinical guidelines.

### **Investing in information technology**

APNA believes that the increasing use of tablets and laptops by healthcare professionals as part of patient interactions means it is important clinical guidelines published online are easily viewed and navigated on mobile devices.

### **Making guidelines more accessible and dealing with obsolescence**

APNA welcomes the idea of piloting a 'living guideline'; we will be very interested in observing the outcomes and recommendations arising from this pilot program.

### **3. Do you support the draft 2015 Standards for Guidelines?**

APNA fully supports the draft 2015 Standards for Guidelines.

To improve readability of the document we would suggest that all principles (with the exception of principle 3) be punctuated as per the following example: '1. To be relevant and useful for decision making, guidelines will' – the change being to insert a comma before the words 'guidelines will'.

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## About APNA

Australian Primary Health Care Nurses Association (APNA) is the peak professional body for nurses working in primary health care. APNA champions the role of primary health care nurses; to advance professional recognition, ensure workforce sustainability, nurture leadership in health, and optimise the role of nurses in patient-centred care.

APNA is bold, vibrant and future-focused. We reflect the views of our membership and the broader profession by bringing together nurses from across Australia to represent, advocate, promote and celebrate the achievements of nurses in primary health care.

Nurses in primary health care contribute to a healthy Australia through innovative, informed and dynamic care.

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