



**RANZCO**

The Royal Australian  
and New Zealand  
College of Ophthalmologists

# RANZCO Clinical Practice Guidelines Development Framework

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<b>Approved by:</b>	Board	<b>Approval date:</b>	05/ 2017
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## RANZCO Clinical Practice Guidelines Development Framework

### Introduction:

The Royal Australian and New Zealand College of Ophthalmologists (RANZCO), as the peak medical College that trains and accredits ophthalmologists in Australia and New Zealand, is regularly producing and maintaining clinical guidelines for ophthalmology practice. At its recent annual meeting (November 2016), the RANZCO Clinical Standards Committee has decided to develop a framework for guidelines development at RANZCO. This decision aligns with Strategic Priority 4 – Standards: “We will set, monitor, and maintain standards for the provision of the highest quality ophthalmology practice in Australia and New Zealand”. The framework seeks to ensure that all RANZCO Clinical Practice Guidelines (CPG) are:

1. produced to a high quality and evidence-based
2. developed and reviewed in line with the NHMRC clinical practice guidelines development standard, as well as draws on the guidelines development processes of other relevant Australian, New Zealand, and international organisations.

At the end of this document, there is an initial reference list of some of the resources that have been reviewed to inform the development of this framework.

### Key principles:

Below is a list of key principles that inform this framework. These are mostly informed by the NHMRC (1999) and the WHO (2014) key principles for guidelines development.

- The ultimate goal of CPG development is to improve health outcomes for patients.
- CPG should be informed by the best available evidence.
- Guidelines should be informed by multidisciplinary input from all relevant stakeholders, which may include ophthalmologists (general or those with specific interests), other medical practitioners, other relevant scientists, bioethicists, and other relevant health professionals, and patients via patient organisations.
- The guidelines development process should be transparent, documented, follow a clear structure, be reviewed externally to the developing panel, and be up-to-date with a clear date for future review.
- Professional, academic, institutional or commercial conflict of interest must be declared and accounted for, in accordance with NH&MRC’s Guidelines Development and Conflicts of Interest guidance (2012).

## Process for developing RANZCO Clinical Practice Guidelines

The structure below is based on a number of existing structures. The structure is centred on the process as outlined in the NHMRC (1999)'s Guide to the Development, Implementation and Evaluation of Clinical Practice Guidelines. However, it is also informed by more recent clinical practice guidelines development frameworks, including those developed by the World Health Organisation (2014), the NSW Agency for Clinical Innovation (2015), the Scottish Intercollegiate Guidelines Network (SIGN) (2015), McMaster University (2014), the Grading of Recommendations Assessment, Development and Evaluation (GRADE) Project (2008-onwards), and other relevant peer-reviewed publications. (see list of references at the end of this document).

Stage	Further details
<b>1 Definition of topic and existing gap</b>	<p>Defining a topic that is related to clinical decision-making in ophthalmology.</p> <p>Identifying the existing gap in (1) RANZCO clinical practice guidelines and/or (2) other relevant Australian/ New Zealand clinical practice guidelines.</p>
<b>2 Initiating the guidelines development process</b>	<p>Requesting the RANZCO secretariat to initiate the guidelines development process via the Clinical Standards Committee.</p>
<b>3 Panel</b>	<p>Convening and constituting an appropriate, Board-approved panel.</p> <p>Panel membership: NHMRC recommends a multidisciplinary panel that includes, in addition to clinicians from all relevant disciplines, other potential members based on the nature of the guidelines proposed (including: public health policy analysts, health economists, experts in research methods, etc).</p> <p>It is recommended that, when applicable, panels include both internal and external members, however on some topics that may be of exclusive interest to ophthalmologists, an internal-only panel may be appropriate. Please note that all draft guidelines, including those developed by internal-only panels, will be open for external consultation (stage 8).</p> <p>Panel membership:</p> <ul style="list-style-type: none"> <li>• RANZCO Fellows (at least 5): Fellows who initiate the process; Fellows with particular clinical and/or academic interest in the topic; representatives from the relevant Special Interest Group.</li> <li>• External (at least 2): Based on the complexity of the topic as well as relevance to non-ophthalmologists, the Clinical Standards Committee will determine whether an inclusion of external representatives on the development panel would be recommended. As suggested by NHMRC, these may include, as appropriate: clinicians with other expertise; other relevant</li> </ul>

health professionals; representatives of patient/consumer groups; policy/ health economy analyst; representatives of regulatory agencies. In most cases, appropriate external representatives will be recruited via relevant organisations (such as other Colleges, eye health peak bodies, consumer organisations). One external member may be recruited from the RANZCO Lay Reference Group.

Other panel considerations:

- In accordance with RANZCO’s targets, it is recommended that, when possible, guidelines development panels include at least 35% women. This means 2 women on a 5-person panel, or 3 women on a 7-person panel.
- Where there is a RANZCO Special Interest Group or Society of direct relevance to the proposed guideline, the relevant Special Interest Group / Society will be asked to nominate at least 2 members for the panel. The Clinical Standards Committee may nominate further members, and a call-out for interested Fellows via RANZCO e-news may also be appropriate.
- The final make-up of the panel will be approved by the Board.
- Once finalised, each panel will select a Panel Chair. The Chair must be a RANZCO Fellow, and will lead the interaction between the Panel, the Clinical Standards Committee, the RANZCO Board, and RANZCO support staff.
- Conflict of Interest should be declared by any member of the Panel.

<b>4 Defining desirable outcomes</b>	Identifying the desirable health outcomes, and existing barriers
<b>5 Literature review</b>	Reviewing relevant current literature and scientific evidence, and identifying the existing levels of clinical evidence (I – IV).
<b>6 Preliminary draft of guidelines</b>	Drafting clinical practice guidelines, evidence-based and up-to-date.
<b>7 Internal consultation</b>	Once a draft has been produced, RANZCO Fellows will be invited to comment. This will be broadcasted via RANZCO E-News, followed by a 4-week window to submit comments. This will be facilitated via RANZCO support staff.
<b>8 External consultation</b>	<p>Identifying all relevant stakeholders and developing an appropriate consultation strategy. These may include:</p> <ul style="list-style-type: none"> <li>• Relevant patient/ consumer groups</li> <li>• Other relevant Colleges or medical associations</li> <li>• Relevant regulatory bodies</li> <li>• Relevant Industry bodies.</li> </ul> <p>The external consultation, similar to the internal consultation, may also include a focused consultation and/ or a general consultation, utilising online survey tools to receive input. The development panel will be</p>

	required to identify the most appropriate internal and external consultation processes to the guidelines being developed.
<b>9 Finalising the guidelines</b>	Finalising the draft based on outcomes of the consultations. Pending on the consultations outcomes, the Panel may decide to revise or repeat the process, including the literature review and the draft guidelines. If changes based on the consultation round are significant, a second consultation round may be appropriate.
<b>10 Dissemination, review, and evaluation plans</b>	The Panel should formalise an outline for: <ol style="list-style-type: none"> <li>1. Appropriate dissemination strategy</li> <li>2. Evaluation strategy (if applicable); and</li> <li>3. Future review plan.</li> </ol> <p>Once the guidelines have been finalised and before they are released, the Panel should consider what the appropriate review process should include. The current College standard is that guidelines need to be reviewed every 3 years. The Panel can recommend another review framework if appropriate for the specific guidelines, and also recommend an appropriate evaluation process for the implementation of the guidelines.</p>
<b>11 Approval process</b>	Once the guideline is finalised (step 9), and the dissemination, review, and evaluation plans outlined (step 10), the Panel will send the draft guideline to the Clinical Standards Committee for comment, to be included in the submission to the Board for final approval. If more than 6 months have passed since the finalisation of the preliminary draft, it may be required to review the draft and make it available for a second round of consultation, to ensure it is up-to-date.
<b>12 Dissemination and implementation</b>	Dissemination of the guidelines, including dissemination to external parties and website/ media release if applicable.

## Process for endorsing external Clinical Practice Guidelines

There may be instances in which Fellows may identify external guidelines that are relevant to RANZCO without significant modification. A separate process will be introduced to endorse applicable external guidelines. This proposed process is outlined below:

Stage	Further details
<b>1 Identifying external guideline for endorsement and existing gap in RANZCO guidelines</b>	Identifying an external clinical practice guideline that is relevant, up-to-date, covering a topic which RANZCO does not currently have a clinical practice guideline for.
<b>2 Initiating the endorsement review process</b>	Requesting the RANZCO secretariat to initiate the endorsement review process via the Clinical Standards Committee.
<b>3 Panel</b>	<p>Convening and constituting an appropriate, Board-approved review panel.</p> <p>Panel membership: for most reviews of external guidelines to be adopted by RANZCO, an internal committee of RANZCO Fellows with relevant expertise will be appropriate.</p> <p>The Panel should ideally make one of the following recommendations:</p> <ol style="list-style-type: none"> <li>1. The external guideline is relevant, up-to-date, and appropriate for RANZCO to endorse; or:</li> <li>2. The external guideline is relevant and up-to-date, however there are small caveats / comments that need to be stated for RANZCO to endorse. In these instances, it may be appropriate to endorse the external guidelines together with a short statement, detailing any specific caveats or changes; or:</li> <li>3. The external guideline is not up-to-date / not sufficiently robust / not applicable for RANZCO. In these instances, it may be relevant to initiate the development of a new RANZCO guidelines that address the existing gap in RANZCO guidelines.</li> </ol>
<b>4 Approval process</b>	<ul style="list-style-type: none"> <li>• If the determination is positive (options 1 or 2 above): The Panel will report its decision to the Clinical Standards Committee for comment, to be included in the submission to the Board for final approval.</li> <li>• If the determination is negative (option 3): The Panel will report its decision to the Clinical Standards Committee, and may request the RANZCO secretariat to initiate the guidelines development process via the Clinical Standards Committee.</li> </ul>

## Resources list

Australian Clinical Guidelines Portal. (2017). Available at:

<https://www.clinicalguidelines.gov.au/portal> (Accessed: 10 April 2017)

Academic Committee of the Irish Association for Emergency Medicine (2011) Development of Clinical Guidelines - A Guide for Clinicians.

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Hegarty, J., Savage, E., Cornally, N., Byrne, S., Henn, P., Flynn, M., McLoughlin, K. and Fitzgerald, S. (2015) A systematic literature review to support a framework for the development of standards for clinical practice guidance, Cork, Ireland: National Clinical Effectiveness Committee of the Department of Health (An Roinn Sláinte) & University College Cork.

Hill, J., Bullock, I., and Anderson, P. A. (2011) Summary of the Methods That the National Clinical Guideline Centre Uses to Produce Clinical Guidelines for the National Institute for Health and Clinical Excellence. *Annals of Internal Medicine*, 154:752-757.

Institute of Medicine, Graham, R., Mancher, M., Wolman, D. M., Greenfield, S., & Steinberg, E. (Eds). (2011) *Clinical practice guidelines we can trust*. Washington (DC): National Academies Press.

Irving, G. (2016) 'The AGREE Reporting Checklist is useful for assessing the quality of clinical practice guideline development', *BMJ*, 353.

McMaster University (2014) GIN-McMaster Guideline Development Checklist. Available at: <https://cebgrade.mcmaster.ca/guidecheck.html> (Accessed: 6 December 2016).

National Clinical Effectiveness Committee (2015) *Standards for Clinical Practice Guidance*, Dublin: Department of Health (An Roinn Sláinte).

National Health and Medical Research Council (NHMRC) (1999) *A guide to the development, implementation and evaluation of clinical practice guidelines* Canberra: NHMRC. Available at: <https://www.nhmrc.gov.au/files/nhmrc/publications/attachments/cp30.pdf> (Accessed: 7 December 2016).

National Health and Medical Research Council (NHMRC) (2011) *Procedures and requirements for meeting the 2011 NHMRC standard for clinical practice guidelines*. Melbourne.

National Health and Medical Research Council (NHMRC) (2012) *Guidelines development and conflicts of interest: identifying and managing conflicts of interest of prospective members and members of NHMRC Committees and working groups developing guidelines*. Available at: [https://www.nhmrc.gov.au/files/nhmrc/file/guidelines/developers/nh155\\_coi\\_policy\\_120710.pdf](https://www.nhmrc.gov.au/files/nhmrc/file/guidelines/developers/nh155_coi_policy_120710.pdf) (Accessed: 27 March 2017)

National Health and Medical Research Council (NHMRC) (2011) Procedures and requirements for meeting the 2011 NHMRC standard for clinical practice guidelines: Summary for developers. Melbourne.

National Health and Medical Research Council (NHMRC) (2014) Australian Clinical Practice Guidelines: 2014 Annual Report, Canberra: NHMRCNH165).

NSW Agency for Clinical Innovation (ACI) (2015) Developing and Implementing Clinical Guidelines, Chatswood: ACI.

Qaseem, A., Forland, F., Macbeth, F. and et al. (2012) 'Guidelines international network: Toward international standards for clinical practice guidelines', *Annals of Internal Medicine*, 156(7), pp. 525-531.

Scottish Intercollegiate Guidelines Network (SIGN) (2015) Guideline development in fifty easy steps, Edinburgh: SIGN.

Scottish Intercollegiate Guidelines Network (SIGN) (2015) SIGN 50: A guideline developer's handbook, Edinburgh: SIGN.

Shiffman, R. N., Shekelle, P., Overhage, J. M., Slutsky, J., Grimshaw, J. and Deshpande, A. M. (2003) 'Standardized reporting of clinical practice guidelines: a proposal from the Conference on Guideline Standardization', *Annals of Internal medicine*, 139(6), pp. 493-498.

World Health Organisation (2014) WHO Handbook for Guideline Development. Available at: <http://apps.who.int/iris/handle/10665/145714> (Accessed: 7 December 2016).

#### Record of amendments to this document

Page	Details of Amendment	Date amended
Entire document	Finalised and approved by Board	05/2017