

7 September 2015

Dr Niall Johnson
Australian Commission on Safety and Quality in Healthcare
GPO Box 5480
Sydney NSW 2001
niall.johnson@safetyandquality.gov.au

Dear Dr Johnson

The RACGP thanks the Commission for the opportunity to provide feedback on the Discussion Paper *Establishing National Priorities for Clinical Practice Guidelines 2015*. The RACGP is the peak professional body representing over 30,000 members in Australia. We work to support the profession through defining the standards for general practice, delivering education, training and advocacy and by developing guidelines and resources.

We provide comments on the following questions in the discussion paper and survey:

Are there any urgent clinical areas that should have been included in the initial list of clinical practice guideline development topics? If so, what are they and why should they be included?

Clinical guidelines need to provide advice and guidance that reflects the reality of modern clinical practice and our populations' needs. Australia faces a growing problem of multimorbidity and the presence of multiple chronic conditions in a single individual is both common and increasingly the norm in general practice patients.

Whilst the Discussion Paper touches on the management of people with multimorbidity as "one of many contemporary challenges in the health system", the priority list does not include multimorbidity, instead largely focusing on single diseases topics. Single disease specific guidelines do not adequately address the assessment and management of patients with multimorbidity. Furthermore, treatment and management of one disease can often contribute to poorer outcomes of a co-existing disease.

To ensure guidelines are inclusive of common issues faced by GPs, guidelines and resources addressing the management of patients with multimorbidity is required. Whilst we recognise the challenges in producing clinical guidance that reflects the complexity of clinical decision making in these patients, there is an urgent need for the NHMRC and the Commission to focus efforts on addressing the challenge of multimorbidity.

The RACGP believe the Commission and NHMRC also needs to set expectations for other guideline developers in this regard.

Which specific guidelines in your area of interest/expertise would significantly reduce clinical risks, harms or unwanted practice variation in this area?

The RACGP note the inclusion of musculoskeletal pain (including lower back pain) in the 2015 list of topics. General practitioners play a central role in the assessment and management of patients with musculoskeletal conditions. The RACGP would welcome the opportunity to discuss an update of the RACGP's existing [MSK guidelines](#) with the Commission.

Will the draft Expression of Interest form generate the appropriate information for assessing a clinical guideline topic?

Yes. The information requested in the Expression of Interest is reasonable and of sufficient detail to undertake a priority assessment.

Would your organisation consider making an application to have a guideline topic prioritised through this process? How long would it take your organisation to prepare a topic nomination as outlined in the draft Expression of Interest form?

Yes. The RACGP would consider putting forward an application for assessment as a priority area. We estimate an application would take approximately of 6 weeks to prepare and submit.

Do you think it would be useful to have a transparent process for nominating guideline topics so that people submitting a topic can view topics proposed by other agencies or individuals?

Yes. A transparent process where people can view topics proposed by other people may help to improve awareness of activities undertaken across the health sector. It has the potential to improve communication and opportunities for engagement and collaboration between guideline developers.

Additional comments

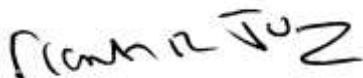
Another area where we believe the NHMRC and Commission have a leadership role to play is in facilitating the integration of clinical guidelines into general practice clinical desktop systems. Clinical decision support (CDS) within desktop systems can provide person specific information presented at appropriate times during a consultation to enhance decision-making in the clinical workflow. Integrating guidelines into CDS is likely to be one of the most effective way to ensure guideline implementation.

Through our OPTIMUS project, the RACGP has been working with vendors who provide clinical information system software to achieve clinical systems that improve the safety, quality and efficiency of care. The integration of guidelines into CDS has been a focus of this project.

Vendors have expressed a willingness to work on integrating clinical guidelines. For this to occur, the requirements of software developers to enable integration of guideline recommendations, such as clarity in language and specificity, need to be taken into account by guideline developers. We believe there is scope for the NHMRC and Commission to work in this space and provide guidance on how this can be achieved.

Thank you for the opportunity to provide comment on establishing national priorities for clinical practice guidelines. The RACGP would welcome the opportunity to discuss our feedback in more detail. Please contact Joanna Ong, Quality Care Program Manager at Joanna.ong@racgp.org.au should you wish to discuss this feedback further.

Yours Sincerely



Dr Frank R Jones
President