

RPHCM Project Overview

The Remote Primary Health Care Manuals

The Remote Primary Health Care Manuals (RPHCM) are a suite of manuals designed to support high quality clinical practice in primary health care in central, northern and remote Australia, with a focus on Indigenous health. The manuals are produced for primary health care workers – including doctors, Aboriginal and Torres Strait Islander health practitioners, remote area nurses, midwives, nurse practitioners, and allied health professionals. They are widely used in clinical care, health service systems, and education and orientation in the Northern Territory, remote South Australia, Ngaanyatjarra and Kimberley regions in Western Australia, and beyond.

The RPHCM are the:

- CARPA Standard Treatment Manual (STM)
- *Minymaku Kutju Tjukurpa* — Women's Business Manual (WBM)
- Clinical Procedures Manual for remote and rural practice (CPM)
- Medicines Book for Aboriginal and Torres Strait Islander Health Practitioners and Health Workers (MED)
- Reference Book or document for the Remote Primary Health Care Manuals (REF).

The STM and WBM are formally endorsed by government and community-controlled health service providers and health care organisations throughout the Northern Territory. The medicines recommended in the CARPA STM and the WBM are able to be prescribed and administered by nurses, midwives, and Aboriginal and Torres Strait Islander Health Practitioners under the Northern Territory *Medicines, Poisons and Therapeutic Goods Act*. The updating of this legislation is usually announced via the Northern Territory Government Gazette soon after the publication of the latest edition of manuals.

A distinctive feature of these manuals is that they continue to be developed by the users for the users (remote practitioners). They are firmly grounded in both the evidence and the practicalities of remote practice and aim to be:

- In plain English, easy to access
- Helpful and reassuring to practitioners new to remote health
- Current and evidence based
- Culturally appropriate and relevant to remote practice
- Revised with the greatest possible input from remote practitioners.

Evaluations have consistently shown the RPHCM to be respected by and popular with remote clinicians. Unlike guidelines in general, adherence to RPHCM guidelines is very high.

Review process overview

The RPHCM review process takes place in 3 year cycles and involves around 400 volunteers including content and context experts and front-line clinicians. The volunteers undertake roles as primary or secondary reviewers, and/or as members of the editorial committee and working groups. The project team, the governance committee, and the director of the Centre for Remote Health (CRH) are the only non-volunteer contributors to the RPHCM project.

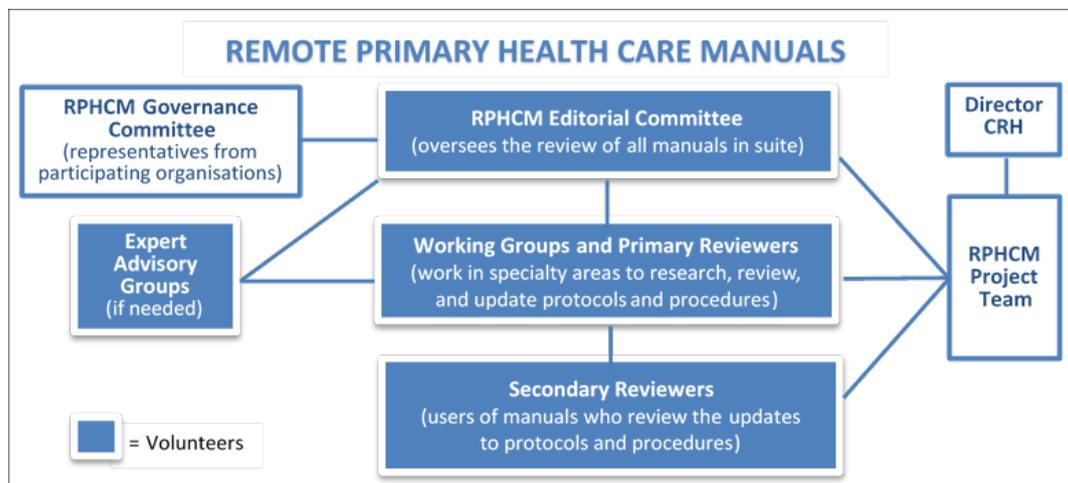
Remote Primary Health Care Manuals (RPHCM)

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The process involves dividing the protocols and procedures from the current edition of the RPHCM suite into content areas, and allocating them to small Working groups made up of clinicians with an interest in the area. Under the direction of the Working group Primary reviewers are invited to examine the evidence supporting each protocol and procedure, and recommend updates if needed. The updated versions are then reviewed by secondary reviewers to ensure they are suited to the remote health context. After approval by the Working groups the updated versions are checked and endorsed by the editorial committee.



Flowchart of the RPHCM project

The culture of RPHCM

The RPHCM review process takes place within a culture that was developed and established around the CARPA STM and WBM and shared by the other manuals. The RPHCM culture:

- Has a focus on supporting the remote health practitioner to improve health service delivery to remote areas, with the ultimate aim of helping to improve the health and wellbeing of the people who live there
- Understands that effective health delivery in remote areas is dependent on a commitment to cultural safety and respect
- Encourages the sharing of information and resources, and open collaboration with organisations, research bodies and other relevant parties that share the RPHCM main focus. The RPHCM review is an open process and copyright is covered by a Creative Commons license
- Is non-hierarchical, inclusive and team work based
- Values and considers all feedback
- While expecting professionalism and commitment from clinicians, never assumes experience or in-depth knowledge of a topic – the manuals aim to be inclusive, reassuring, and directive.

Principles for updating the RPHCM guidelines

RPHCM revision and documentation processes are as far as practical consistent with the National Health and Medical Research Council (NHMRC) recommendations for guideline development. The NHMRC nine key principles are:

- The guideline development and evaluation process should focus on outcomes
- The guidelines should be based on the best available evidence and include a statement concerning the strength of recommendations. Evidence can be graded according to its level, quality, relevance and strength
- The method used to synthesise the available evidence should be the strongest applicable
- The process of guideline development should be multidisciplinary and include consumers early in the development process. Involving a range of generalist and specialist clinicians, allied health professionals and experts in methodology and consumers has the potential to improve quality and continuity of care and assists in ensuring that the guidelines will be adopted

- Guidelines should be flexible and adaptable to varying local conditions
- Guidelines should consider resources and should incorporate an economic appraisal, which may assist in choosing between alternative treatments
- Guidelines are developed for dissemination and implementation with regard to their target audiences. Their dissemination should ensure that practitioners and consumers become aware of them and use them
- The implementation and impact of the guidelines should be evaluated
- Guidelines should be updated regularly.

National Health and Medical Research Council. A guide to the development, implementation and evaluation of clinical practice guidelines. Canberra: NHMRC; 1998.

Conflict of interest and confidentiality declarations

Volunteers who elect to become members of the editorial committee, working groups, and/or primary reviewers are asked to sign conflict of interest and confidentiality declarations to ensure contributions to the RPCHM are impartial and free from the influence of commercial or other competing interests. The current declaration is adapted from the NHMRC document and altered it to suit RPHCM structure and activities.

The Editorial Committee

The Editorial Committee is made up of highly experienced and respected past or practicing remote clinicians. They are multidisciplinary, have knowledge of a variety of remote area geographies, and different areas of specialisation. The committee includes Indigenous membership or input, and a consumer representative. The committee oversees all aspects of the RPHCM review process and is responsible for:

- Ensuring review processes follow best-practice guideline development principles
- Maintaining the accuracy, quality, and accessibility of the manual content
- Ensuring manual content is relevant and context appropriate
- Determining the need for and timing of revisions based on new evidence or practice
- Establishing Working Groups and supporting them to identify primary reviewers; each member provide sponsorship of a number of working groups
- Considering and resolving complex or contentious issues regarding manual content passed on by Working groups and/or convening Expert Advisor Groups as needed
- Assisting in the recruitment of Primary and Secondary reviewers, and members of Expert Advisory Groups

The editorial committee meets via teleconference on a monthly basis, and comes together in Alice Springs for two day face to face meetings several times a year depending on need and budget.

Working Groups

Working Groups are formed around content areas from across the manuals (eg Diabetes). Their focus is on both the content and the context of the protocols/procedures. Working groups assess recommendations from Primary Reviewers, and feedback from Secondary Reviewers.

Primary Reviewers

Primary reviewers are principally content experts but strong preference is given to reviewers who also have expertise in the Indigenous/remote health context. Primary reviewers will ideally be familiar with existing guidelines, emerging research and/or expert opinion related to the topic.

Secondary reviewers

Secondary reviewers are mainly users of the manuals, either remote primary health care practitioners or suppliers of support services. The focus of their review is check how useful and practical the updated protocol or procedure is for the manual user, and whether it can be practically carried out in the Indigenous or remote context.

Expert Advisory Groups

When needed Expert Advisory Groups may be established to deal with protocols that require substantial change, are complex, or are contentious, eg due to a lack of strong evidence or lack of agreement between experts.

Governance Committee

The Governance Committee is made up of representatives of the organisations who have ownership of the individual manuals in the suite: the Centre for Remote Health (MED, REF, and publisher of the RPHCM), Central Australian Rural Practitioners Association (CARPA STM), Central Australian Aboriginal Congress (WBM) and CRANaplus (CPM). The committee operates under a joint venture agreement and aims to ensure these organisations are aware of and supportive of RPHCM developments, and that there is information sharing, coordination and consistency between participating manuals. They also assist with recruiting project team staff.

Project team

The review process is supported by the RPHCM project team, based at the Centre for Remote Health. The team usually consists of a project manager, a coordinating editor, two project officers and a support officer.

Funding

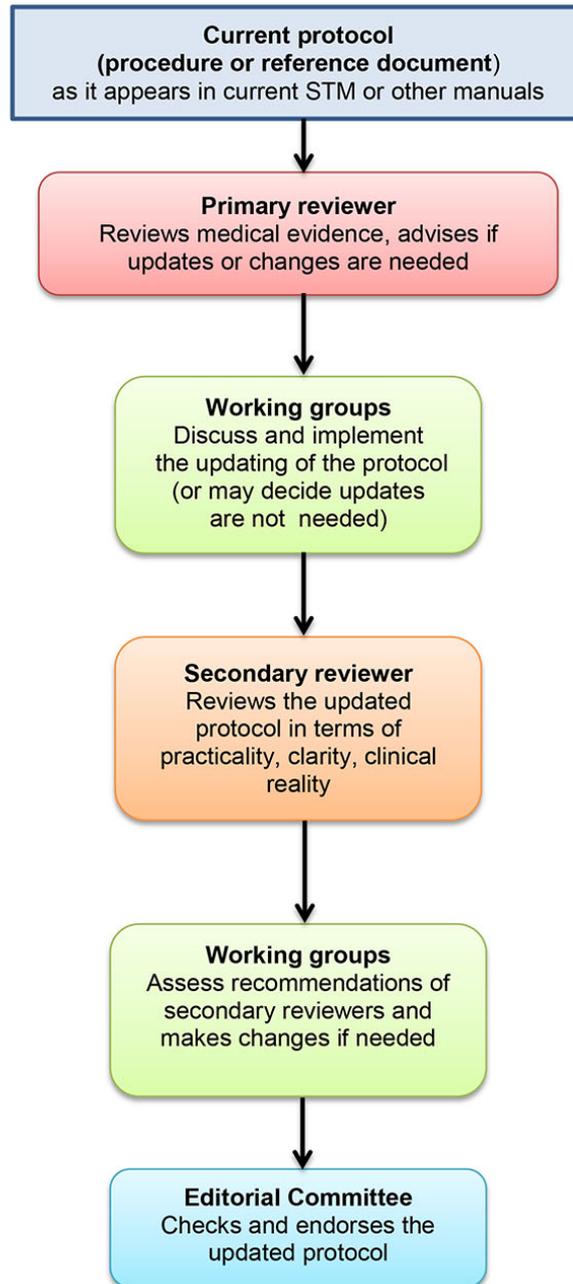
The Remote Primary Health Care Manuals project is funded by the Australian Government Department of Health, and administered through Flinders University and the Centre for Remote Health.

Following are

- A simplified flowchart of the RPCHM review process
- A detailed flowchart of the RPCHM review process.

Reviewing the RPHCM to create new editions: simplified flowchart of the content review

This is a basic outline of the process of updating protocols, procedures and reference documents for the manuals. A more detailed flowchart with explanations of the roles of each group is available.



The process is overseen by the Editorial Committee and facilitated by the RPHCM Project Team

REMOTE PRIMARY HEALTH CARE MANUALS DOCUMENT REVIEW CYCLE

Remote Primary Health Care Manuals Editorial Committee

Quality

- Ensure review process follows best-practice guideline development principles
- Invite Editorial Working Group chairs and assist them to set up Editorial Working Groups
- Assist Editorial Working Groups to identify Primary Reviewers
- Members act as sponsors for Editorial Working Groups, providing Editorial Working Group Chairs with support and a conduit to the Editorial Committee
- Decide which documents need to be reviewed
- Consider requests to add, remove, or move documents within the suite of manuals
- Assign documents to working group clusters based on content areas
- Provide advice on difficult issues – including setting up Expert Advisory Groups if needed
- Endorse revised documents

↓ Document lifecycle

↔ Relationships

Expert Advisory Groups

Clarity

- Content experts convened by Editorial Committee as needed to resolve complex content issues

Editorial Working Group Chairs

- Set up Editorial Working Group, ensure group is working to schedule
- Identify Primary Reviewers, assign document/s for review/revision, provide support where needed, ensure they are working to schedule
- Liaise with project team support person, Editorial Committee sponsor, Chairs of related Editorial Working Groups, Expert Advisory Group as needed
- Manage content management system (CMS) based discussions to promote outcomes and decisions, and ensure resolution or escalation of content issues

Editorial Working Groups

Content, Context, Consistency

- Help Chair identify and support Primary Reviewers
- Assess changes recommended by the Primary Reviewer for accuracy (evidence base), consistency across documents, and applicability to the remote context
- Use CMS to review, discuss and finalise primary review of documents
- Open documents for secondary reviewer, and where appropriate invite Secondary Reviewers
- Use CMS to discuss, and accept or decline suggestions from Secondary Reviewers
- Provide reviewed documents to Editorial Committee for endorsement
- Be alert for significant changes to the evidence or accepted best-practice between review and publication
- Proofread finalised documents prior to printing

Primary Reviews

Content

- Identify current evidence relevant to the topic – existing guidelines, new literature or changes to best-practice since last review
- Complete evidence review document summarising these findings, taking into account the remote/Indigenous context
- On CMS – recommend changes to existing protocols and procedures in line with results of evidence review
- Respond to suggestions or queries from Editorial Working Group or Secondary Reviewers
- Be alert for significant changes to evidence or accepted best-practice between review and publication

RPHCM Project Team

Completion

- Support Editorial Committee, Editorial Working Group Chairs, Editorial Working Groups, Primary Reviewers
- Identify, recruit, support Secondary Reviewers
- Manage CMS and train others in its use
- Edit and proof documents, ensuring they comply with style guide
- Prepare documents for hard copy and electronic publication

Secondary Reviews

Context

- Review documents, considering any or all of
 - Language, flow, useability
 - Practicality in a remote clinic
 - Suitability for users from different health professions
 - Content or formatting errors
 - Consistency across documents
- Use CMS to discuss revised documents, seek clarification about changes, identify errors, suggest further changes

