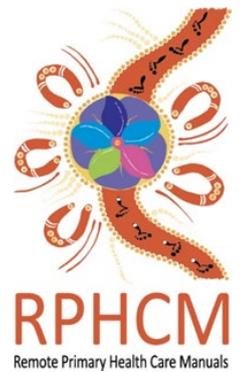


# Remote Primary Health Care Manuals (RPHCM) Project Overview



## 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 that the RPHCM are respected by and popular with remote clinicians. Unlike guidelines in general, adherence to RPHCM guidelines is very high.

## **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 in the suite. 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 vision of the RPHCM. The RPHCM review is an open process and copyright is covered by a Creative Commons license
- Is non-hierarchical, inclusive and based on teamwork
- Values and considers all feedback
- Expects professionalism and commitment from clinicians but never assumes experience or an in-depth knowledge of a topic – the manuals aim to be inclusive, reassuring, and provide specific direction.

## **Principles for updating the RPHCM guidelines**

The review of the RPHCM is overseen by a project Governance Committee and an Editorial Committee. The revision and documentation processes are, as far as practical, consistent with the National Health and Medical Research Council (NHMRC) recommendations for guideline development. The nine key principles outlined in these guidelines 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 reviewers are asked to sign conflict of interest and confidentiality declarations to ensure contributions to the RPHCM are impartial and free from the influence of commercial or other competing interests. Any risks arising from this process are mitigated with the assistance of the project's Governance Committee.

## Roles of Contributor Groups

### **RPHCM Editorial Committee (EC)**

- Ensures that editorial processes, as far as practical, maintain accuracy and quality of the manuals' content, are culturally appropriate and are consistent with the NHMRC 2016 Standards for Guidelines and the supporting Guidelines for Guidelines handbook
- Approve protocol/procedure revisions, the creation of new protocols and the deletion of no longer required protocols based on the assessment of statements of purpose that summarise the demonstrated need, consider new evidence or practices, and the alignment of the protocol to the inclusion/exclusion criteria assigned to the manuals
- Seek guidance from Aboriginal and Torres Strait Islander Health Professionals regarding manual content and review processes
- Seek guidance from Expert Advisory Groups as needed to inform decisions on protocols/procedures that require substantial change, are particularly complex, or are potentially contentious because of, for example, a lack of strong evidence.
- Approve amendments to and endorse final versions of revised and updated protocols and manual layout and presentation.

### **Project team (PT)**

- Group protocols for review based on content and the expertise required to update protocols
- Schedule protocol reviews to meet project timeframes, with consideration of the impacts of updated national and other influencing guidelines on currency of evidence
- Identify and recruit primary and secondary reviewers and advisory group members
- Support Editorial Committee, Expert and Cultural advisory groups, Primary and Secondary reviewers, and Pharmacists through the review process by providing training and assistance with IT and documentation processes (for example content management system, reviewers app and style guide) and secretarial support for committees and groups
- Proof read and edit documents during and after review process, ensuring they comply with style guide
- Oversee and partake in final professional proofing (technical and grammatical)
- Prepare documents for hard copy and electronic publication

### Protocols identified for major review:

- Collate relevant national and significant guidelines and other documents that inform protocol content for consideration by the primary reviewers
- Synthesise recommendations from the reviewers and grade evidence for recommended changes, highlight any inconsistencies or other issues in protocols following primary and secondary review, and present this data, using template, in a format suitable for EC consideration and approval

### Protocols identified for minor review:

- Undertake literature and evidence review of relevant best-practice guidelines and recent research prepare a synthesis of recommended changes for approval by primary expert context reviewer, adapt protocol to reflect updates and prepare for secondary review prior to approval by the Editorial Committee. Direct any major changes to full primary review process.

### **Primary reviewers (PR)**

Two-three levels of review are undertaken for protocols requiring a major review:

1. Research expert review: undertaken by a researcher or tertiary level specialist who may or may not have remote Indigenous context expertise
  - Respond to suggestions, queries or feedback associated with current protocol (may consider remote and/or Indigenous context if appropriate)
  - Critique protocol against current evidence relevant to the topic – existing guidelines, new literature or changes to best-practice since last review (may consider remote context if appropriate)
  - Recommend if and what changes or updates to protocol/procedure are required and provide relevant references to support these recommendations
  
2. Local expert context review: undertaken by a practitioner/researcher with specialist knowledge of topic area and knowledge of Indigenous and remote context
  - Respond to expert reviewers recommendations and the queries or feedback associated with the current protocol, with consideration of remote Indigenous context
  - Provide justification (and references where available) for any recommendations to modify content to remote and/or Indigenous context
  
3. Pharmacist review where required for protocols that reference medicines
  - Review the medicine/s recommended in the protocol against eTG guidelines – any deviation from the eTG will need to be qualified (eg local sensitives, patterns of resistance, prioritising use for certain conditions)
  - Check the dose, timing and any additional information required (eg take on empty stomach,) or warnings (eg serotonin syndrome, oculogyric crisis, monitor LFT)

A local expert primary reviewer will undertake a review of any protocols requiring minor amendments before progressing these protocols to secondary review.

### **Expert Advisory Group (EAG)**

Expert advisory groups will be formed by the project team based on identified need to gain expert and user consensus for protocol content that is complex, contentious or for which there is little evidence. Members of expert advisory groups will be selected to ensure that a suitable mixture of expertise from relevant professional disciplines and researchers/specialists are engaged to inform decision making. Members will be selected to represent the geographical diversity of the user footprint area of the manuals and will include representatives from both government and Aboriginal Community Controlled Health Organisations.

### **Cultural Advisory Group (CAG)**

A cultural advisory group comprising Aboriginal and Torres Strait Islander health professionals from across the user footprint area of the manuals and representative of a mix of ages and gender will be formed to:

- Review updated protocols that have been identified as culturally sensitive by the EC or users, to ensure that content is culturally respectful and appropriate
- Review and update cultural safety advice featured in manuals
- Review and provide guidance on manual style guide, language and presentation

### **Secondary reviewers (SR)**

Secondary reviews are undertaken by health professionals who are working with health organisations that use the manuals. At least 2 secondary reviewers will review each protocol/procedure to check that the protocols are:

- Easy to read, understand and apply - language, presentation and format is appropriate
- Able to be applied to the remote clinic setting

Secondary reviewers will be selected to ensure that:

- Reviewers represent the professions most likely to use the protocol
- Protocols are relevant to different geographical regions (ie. Top End, Central Australia and other states)
- Protocols are relevant for health professionals working in both Aboriginal Community Controlled Health Organisations and Government managed health services

### **Pharmacy advisory group (PAG)**

The pharmacy advisory group will engage pharmacists from government and community-controlled hospitals and health services from across the user footprint area who will:

- Undertake primary reviews of the medicine related content of protocols (and other relevant supporting information) in the Standard Treatment Manual (STM) and Women's Business Manual (WBM). An alternative pharmacist will review these protocols immediately prior to publication to endorse recommended medicines and dosing
- Undertake primary review of relevant procedures in the Clinical Procedures Manual (CPM)
- Undertake the primary review of the contents of Medicines Book

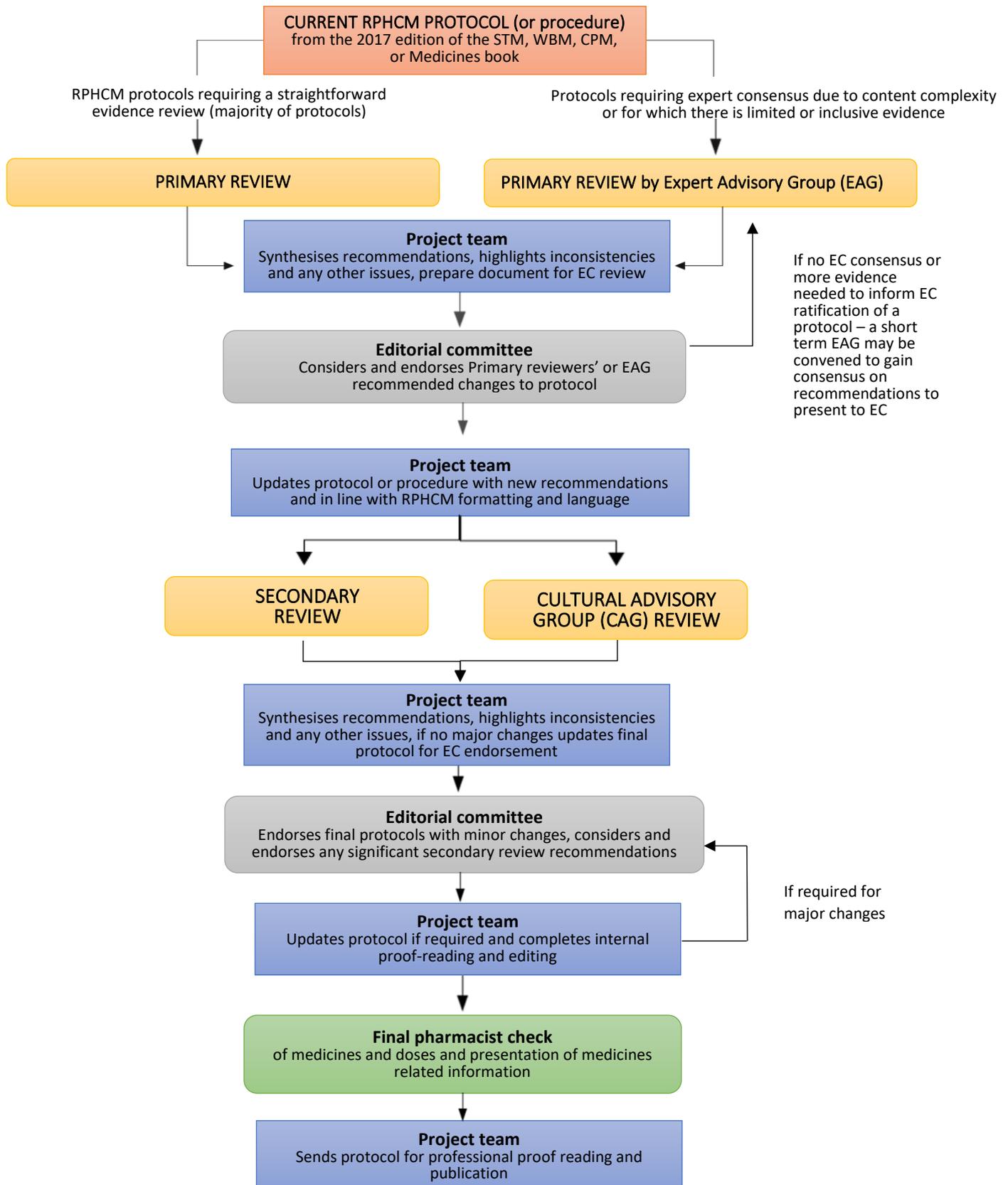
## **Review process overview**

See following:

- 2020 Review process flowchart for protocols requiring major review
- 2020 Review process flowchart for protocols requiring minor review

# Remote Primary Health Care Manuals (RPHCM)

## 2020 Review process flowchart for protocols requiring major review



# Remote Primary Health Care Manuals (RPHCM)

## 2020 Review process flowchart for protocols requiring minor review

