The Thoracic Society of Australia & New Zealand
LEADERS IN LUNG HEALTH

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Dear Clinical Guidelines Team,

Thank you for the opportunity to respond to this consultation. The Thoracic Society of Australia and New Zealand (TSANZ) is the only peak body in Australia that represents all health professionals working in all fields of respiratory health. The Society's mission is to lead, support and enable all health workers and researchers who aim to prevent, cure and relieve disability caused by lung disease.

TSANZ has a membership base of approximately 1800 individual members from a wide range of health and research disciplines. TSANZ is a leading provider of evidence-based guidelines for the treatment of respiratory disease in Australia and New Zealand. TSANZ undertakes a large amount of professional education and training, is responsible for significant research administration, and coordinates an accredited respiratory laboratory program.

Please find below the Society's responses to your questions on the NHMRC National Consultation, *Do guidelines make a difference?*

1. **What does guideline impact mean to you?**

TSANZ would like to see guideline recommendations implemented into practice. Examples of this may include:

- performance/quality measure when appropriate.
- changes to hospital policy on clinical practice (supported by an implementation plan and checklist).
- translation into training packages (ranging from webinar through to face-to-face training and endorsed courses)

2. **When starting a new guideline project, do you consider potential impacts of your guideline when:**

a. outlining the purpose of your guideline?
b. outlining the potential benefits of your guideline?

Yes, TSANZ requests all proposers to detail the purpose and potential benefits when they propose a new clinical document. TSANZ specifically asks authors to consider if there is already current and/or sufficient evidence available to produce a clinical document, and if not, to outline the rationale for the development of the guideline or position paper. The proposal is then reviewed by the TSANZ Clinical Care and Resources Subcommittee (CCRS). The CCRS determines if the new clinical document is warranted and confirms the purpose and potential benefits of the document.

3. **Do you discuss guideline impact during the development of your guideline?**

This is not a specific requirement during the clinical document development. Impact may be informally discussed as the working group progresses and considers how to approach the structure and content of the document. A dissemination plan is included in the checklist of the clinical document development, which may indirectly contribute to the guideline impact.

4. **Have you ever tried to measure the impact of your guideline?**

If you have:

a. how did you try to measure impact?

b. When did you try to measure impact?

c. What elements worked well and what was challenging?

d. What did you use (or intend to use) the impact data for?

Each TSANZ document should have a plan to evaluate its impact, which is documented alongside the dissemination plan. The evaluation should consider process, clinical outcomes and policy.

TSANZ has been measuring the impact of clinical documents for several years, examining the following outcomes:

- Altmetric (AM) score (total)
- number of citations (total)
- downloads (annual and lifetime numbers) from *Respirology* (respiratory journal of Asian pacific region)
- number of derivatives developed, e.g., training packages or quality standards
- number of people undertaking training, where relevant
- media mentions
- evidence of impact on health care policy and clinical practice; and
- evidence of impact on patient outcomes.

This process has evolved, and we will be publishing the following impact data in our 2020 annual report: Altmetric (AM) score (total), Number of citations (total), Downloads (annual and lifetime numbers) from *Respirology* (respiratory journal of Asian pacific region).

5. **What do you think is important to consider before initiating work to measure guideline impact?**

TSANZ considers the current landscape of related clinical guidelines or position papers to determine if a further guideline is needed. Often the areas which need clinical guidance are controversial, confusing, or lack direction. Proposals will be collated and considered by the Board based on greatest need, available evidence, and resources.

The TSANZ process requires a dissemination plan for all newly developed clinical documents (guidelines or position papers). This plan will be developed by the TSANZ staff in consultation with the working party;

- In order to enhance access to TSANZ guidelines and position papers, all clinical documents will be made available via the TSANZ website, either in full or as a link to the publication.
- All working parties will be invited to host a TSANZ webinar to present their clinical document. This will be organised with the Continuing Education Officer.
- If applicable, a training course based on the clinical practice guidelines will be developed with the Education and Training Sub-committee.
- For clinical practice guidelines, the working party will be required to create an Audit Standards of Care Template as a companion to the guidelines. This template is to be made available to all TSANZ members. The template must be in the form of a checklist which provide questions for what is required to be compliant.

6. Who would be most interested in the impact of your guideline?

It is anticipated that TSANZ guidelines and position papers will be read and considered by a broad audience including not only the membership of the society, but also other professionals, other professional bodies, government and non-government agencies. From that perspective it is clearly preferable that a consistent approach to assessing the quality of evidence and the strength of recommendations is applied. At this stage a standard approach has not been adopted by the NHMRC. In the interim the TSANZ will recommend that for guidelines (and where applicable position papers) a system of assessment of both the evidence and the strength of recommendations be used. The recommendation currently is to use the GRADE system, as it is internationally recognised, clearly defines the difference between evidence and recommendations and specifies a transparent system for moving from evidence to recommendation.[1,2,3,4]

TSANZ places great importance on clinical documents process, outcomes, and implementation and we are pleased to respond to this consultation. If any further information is required, please don't hesitate to contact me on +61 2 9222 6200 or via clinical@thoracic.org.au.

Yours sincerely,

Doctor Ingrid Laing
Chair, Clinical Care and Resources Subcommittee

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[1] Guyatt GH, Oxman AD, Vist GE, Kunz R, Falck-Ytter Y, Alonso-Coello P, et al. GRADE: an emerging consensus on rating quality of evidence and strength of recommendations. Bmj. 2008 Apr 26;336(7650):924-6. PubMed PMID: 18436948. Pubmed Central PMCID: 2335261.

[2] Jaeschke R, Guyatt GH, Dellinger P, Schunemann H, Levy MM, Kunz R, et al. Use of GRADE grid to reach decisions on clinical practice guidelines when consensus is elusive. Bmj. 2008;337:a744. PubMed PMID: 18669566.

[3] Schunemann HJ, Oxman AD, Brozek J, Glasziou P, Bossuyt P, Chang S, et al. GRADE: assessing the quality of evidence for diagnostic recommendations. ACP journal club. 2008 Dec 16;149(6):2. PubMed PMID: 19071869.

[4] Schunemann HJ, Oxman AD, Brozek J, Glasziou P, Bossuyt P, Chang S, et al. GRADE: assessing the quality of evidence for diagnostic recommendations. Evidence-based medicine. 2008 Dec;13(6):162-3. PubMed PMID: 19043023.