

Working Party Statement

1 Introduction

Thank you for your interest in becoming a Queensland Clinical Guidelines (QCG) working party member.

A working party is convened for each clinical guideline. Each working party is multidisciplinary, including consumers and has a minimum of eight (8) members. Participating members will be formally acknowledged in the guideline.

2 Purpose

The purpose of the working party is to identify and provide expert opinion on the scope and content of new or reviewed clinical guidelines.

A draft guideline is developed by the QCG team in collaboration with a relevant clinical expert/s who agree to participate as the lead clinician/s for this guideline.

3 Conflict of interest

All working party members and clinical lead/s are required to declare any actual or potential conflicts of interest (COI). Conflicts should be declared when submitting an expression of interest or as soon as the potential COI arises. For more about COI and how QCG manages declared conflicts of interest see the QCG *Conflict of interest statement* available from: www.health.qld.gov.au/qcg/development#coi

4 Lead clinician role and responsibility

The lead clinician/s provide direction and guidance to the QCG program officer throughout the review of the clinical guideline including:

- Scope definition (e.g. inclusions and exclusions, the intended audience and outcomes)
- The need for further clarification and or consultation with other disciplines and or groups (e.g. microbiology; pharmacology)
- Identifies relevant literature and existing guidelines
- Provides advice about the level of evidence informing the guideline
- Reviews draft documents prior to dissemination for consultation
- Contributes to discussion on clinical matters identified during consultation
- Assists with management of changes suggested during consultation
- Reviews and approves feedback to working party members and the wider audience on suggested amendments
- Reviews the final draft prior to the endorsement process
- Speaks to the completed draft throughout the endorsement process (e.g. attends the QCG Steering Committee and the Statewide Maternity and Neonatal Clinical Network meetings when the final draft is tabled for endorsement)
- Provides guidance and feedback through the development of the associated resources (e.g. education presentation and knowledge assessment, parent information)

5 Working party roles and responsibility

The major contribution of working party members is to review and advise on the clinical content of the draft guideline and supplement including but not limited to:

- Review the guideline's clinical questions and consider whether the topic is adequately addressed
- Review the appropriateness of the guideline's exclusions
- Review the existing outcome measures (auditable standards) identified within the scope for relevance and comprehensiveness
- Identify gaps through benchmarking against other existing guidelines
- Identify new references
- Highlight areas that could be clarified or require further consultation with other disciplines and/or groups (e.g. microbiology, pharmacology)
- How to better address:
 - Professional standards and guidelines
 - Legislation and legal standards
 - Industrial requirements
 - Requirements of associated guidelines or work instructions

Readability is also important and views on the following are encouraged:

- Consistent use of language
- Ambiguity or confusion
- Use of plain English
- Use of acronyms and or jargon
- Grammar and spelling
- Accuracy and errors
- Logical flow of information
- Consumer focus

6 Consultation

Consultation is mainly via email. Each consultation email will be captioned with the word [**Guideline:**] in the subject heading for easy identification. Consultation may also be undertaken by group meetings and or teleconferences if required. You are invited and encouraged to discuss the draft with your colleagues.

Feedback and comments are valued and may be provided via any convenient method including:

- Email
- Track changes on the draft guideline
- Hard copy (scanned and emailed)
- Phone
- In person by appointment

All feedback will be considered for inclusion. During this development process a summary of feedback will be provided following:

- Statewide consultation
- On completion of the endorsement phase

Providing feedback in a constructive and professional manner which offers solutions and or alternatives is most beneficial. Please provide references where possible.

The final version of the guideline will be published on the Queensland Health internet website. Please advise the QCG program officer if you do not wish your name, professional discipline and organisation details to be published on the internet.

7 Formatting

The scope and guideline documents are prepared using an established template. It is not necessary to correct or adjust the formatting. Final formatting will be completed prior to publication.

8 Time frame

QCG is committed to reviewing or completing each guideline within approximately 26 weeks. Therefore it is imperative that deadlines be adhered to and feedback is provided promptly on or before the due date.

9 Development of new clinical guidelines

The usual process for development of new clinical guidelines is illustrated in Figure 1.

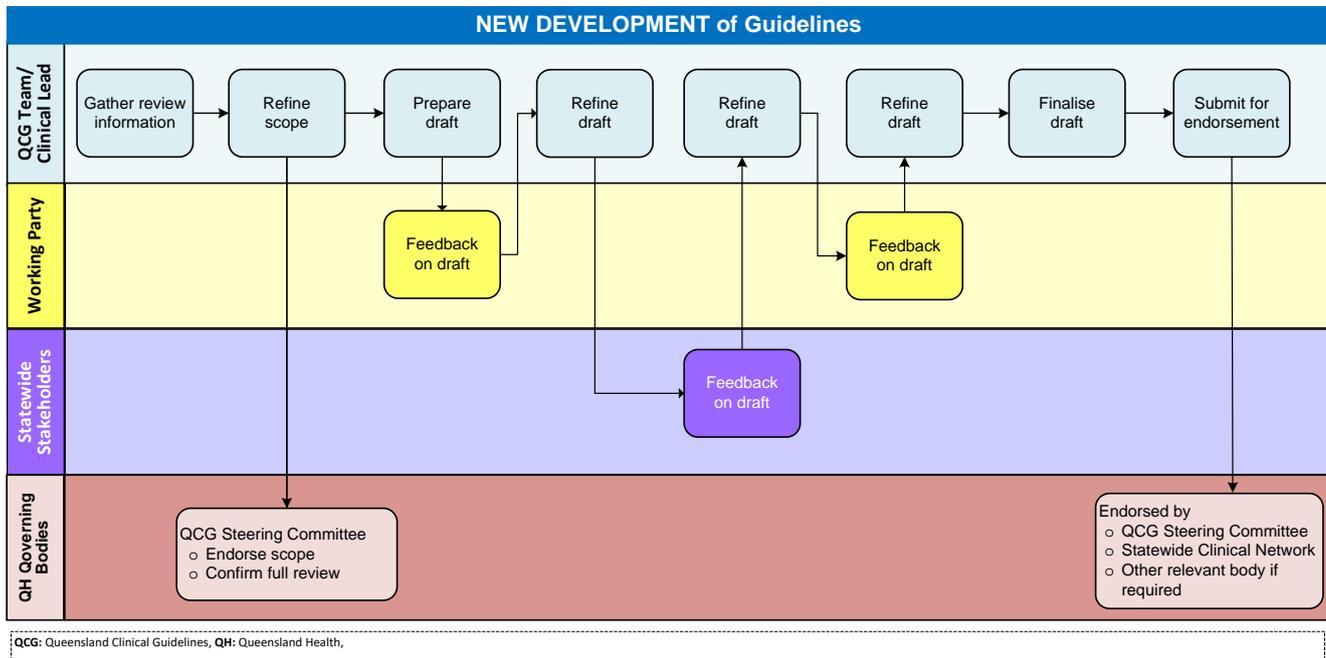


Figure 1. Development process for new clinical guidelines

10 Review of published clinical guidelines

Published guidelines may be reviewed as either a 'Full review process' or a 'Peer review process' as illustrated in Figure 2. Full review process for published QCG clinical guidelines and Figure 3 Peer review process for published QCG published guidelines

10.1 Full review

A full review is undertaken where it has been identified there is new or emerging evidence to support current recommendations or recommend changes to practice. An EOI is distributed for working party involvement and statewide consultation is undertaken.

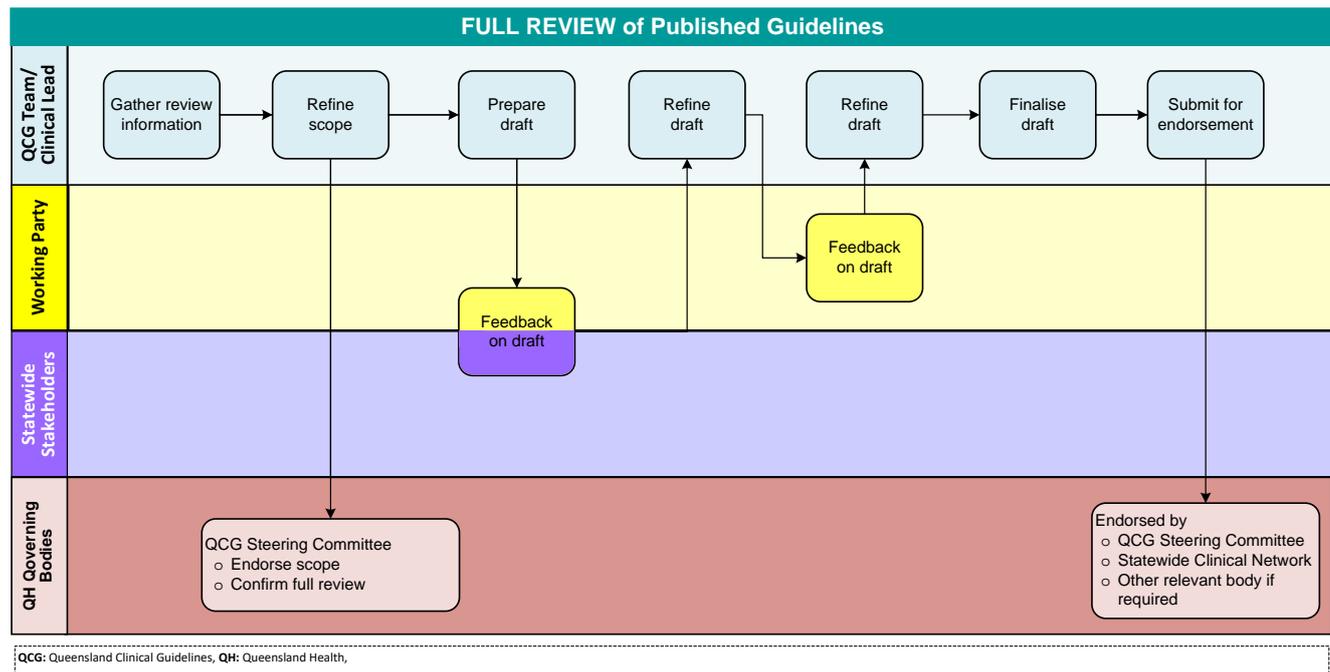


Figure 2. Full review process for published QCG clinical guidelines

10.2 Peer review

A peer review of the current version of the guideline is undertaken where it has been identified that there are no significant changes to evidence, and/or minimal changes to guideline content are required. An expert panel is identified to review the guideline and ensure currency of practice. No additional working party or statewide consultation is undertaken.

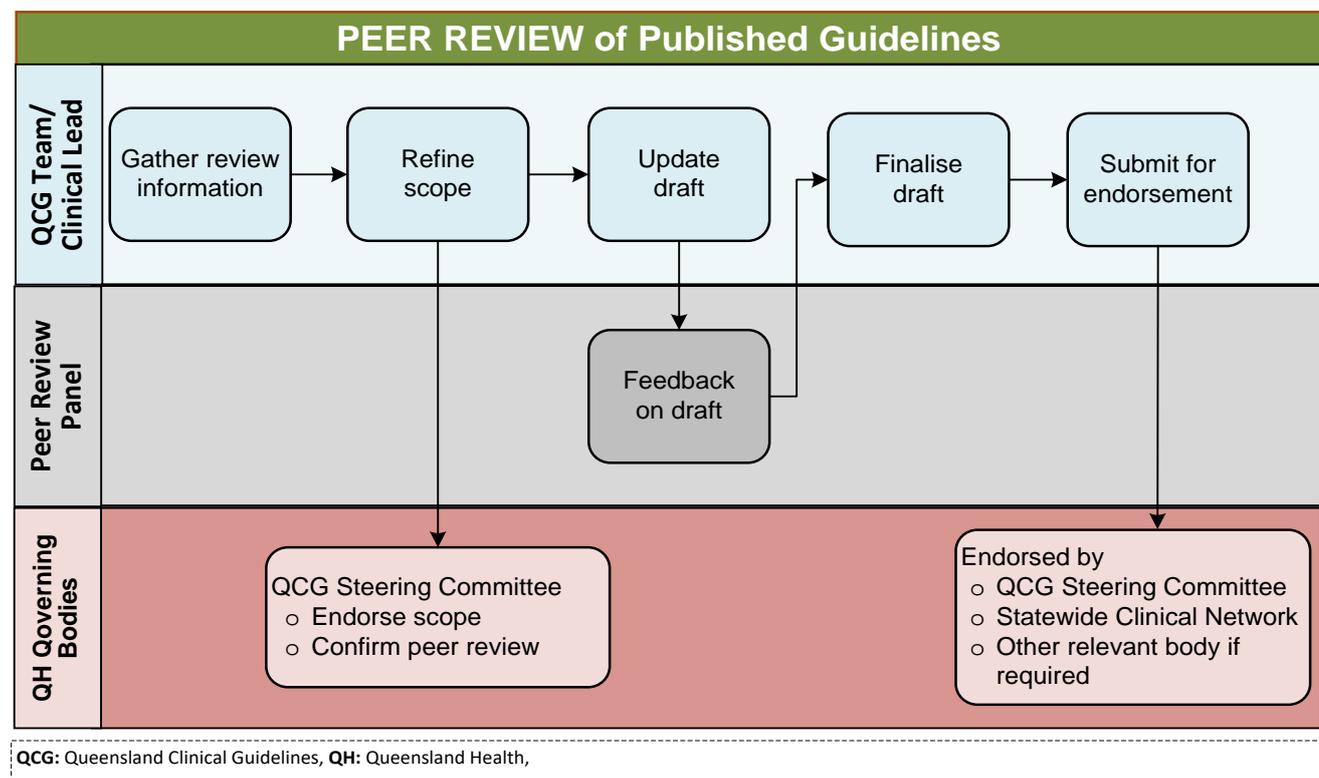


Figure 3 Peer review process for published QCG published guidelines