

# **Physiotherapy Clinical Practice Guidelines for people with Spinal Cord Injury**

## **Project management committee - Terms of Reference**

### **Background**

The John Walsh Centre for Rehabilitation Research has been awarded a grant from icare to develop Clinical Practice Guidelines for people with Spinal Cord Injury (SCI). A project outline is provided in Appendix 1. The project commenced in May 2019 and will continue until April 2022. A project timeline is provided in Appendix 2.

The project has two committees, a guideline development committee (working group) and a project management committee. The terms of the project management committee are outlined below.

### **Committee Name**

Project management committee for the Physiotherapy Clinical Guidelines for people with SCI.

### **Type of committee**

The Project management committee is a special project committee. The duration of the committee will be the same as the duration of the project - May 2019 to April 2022.

### **Purpose of the committee**

The purpose of the Project Management committee is to oversee the process, management, governance and rollout of the Clinical Guidelines project

### **Scope**

In scope:

- Oversee the process, management, governance and rollout of the Physiotherapy Clinical Guidelines Project.
- Provide recommendations about the about the process, management, governance and rollout of the Physiotherapy Clinical Guidelines.

Out of scope:

- Decisions about the clinical questions covered in the clinical guidelines. This will be the responsibility of the working group.
- Decisions about the recommendations within the clinical practice guidelines for Physiotherapists and Consumers. This will be the responsibility of the working group.
- Approval of the clinical guidelines for physiotherapists and consumers. This will be the responsibility of the working group.

### **Membership**

Project management committee membership will include a chairperson, representatives of the guideline funding agency, a consumer and content experts (clinical guidelines, SCI physiotherapy, SCI research/evidence).

Key responsibilities of the Project management committee members include (adapted from NICE 2014):

*All members:*

- Contribute to meetings including reading and approving the minutes.
- Declare relevant conflicts of interest
- Contribute and provide strategies for resolution of issues with the project should they occur.
- Consider and contribute to suggestions about parties to review and provide feedback on the guidelines.
- Approve terms of reference.

*Chair:*

- Contribute to drafting of terms of reference.
- Facilitate participation of Project management committee members.
- Manage conflicts of interest.
- Update the Project management committee on project milestones and developments between meetings.
- Organise work flow of the Project management committee should tasks be required.

*Content Experts:*

- Apply their knowledge to assist the group to carry out the project to the highest standard possible.
- Provide advice on best practice in the area in which they are expert.
- Assist the Project management committee in understanding best practice in the area which they are expert.

*Consumers:*

- Provide advice and recommendations about consumer issues and concerns related to the project

## **Authority**

The role of the Project management committee is to make recommendations about the management and conduct of the project. The committee does not have authority over the content or final recommendations of the project.

## **Meeting arrangements**

The Project management committee will meet every six months for the duration of the project. Attendance may be in person, via phone or teleconference. Attendance of all Project management committee members at all meetings is not expected. If a Project management committee member is absent the chair will update the absent member.

## **Reporting**

Minutes of the Project management committee will be taken and circulated to members. They will also be circulated to icare (with any confidential or sensitive information removed).

## **Resources and budget**

No budget is allocated for the Project management committee aside from transportation to and from meetings for consumer members.

### **Managing conflicts of interest**

Project management committee members are required to declare conflicts of interest. This is an ongoing process and should be updated if circumstances change. Conflicts of interest will be managed by a conflicted Project management committee member leaving the room when a decision or recommendation is made related to the conflicts of interest. The conflict of interest and management will be recorded in the minutes. A conflict of interest document will be circulated to all Project management committee and guideline development committee (working group) members.

### **Review**

Terms of reference of the Project management committee will be reviewed on a yearly basis.

## Appendix 1

### Project Outline

This project will produce the first clinical practice guidelines for the physiotherapy management of people with spinal cord injuries. There are no known similar guidelines that are specifically for physiotherapists. The project partners will be consumers with spinal cord injury, physiotherapists working in the spinal cord injury services in NSW, physiotherapists and other health professionals working in the community, and senior spinal cord injury academics.

The project will require some background preliminary work but there will be three distinct phases. The details of the background preliminary work as well as the three phases are outlined below.

#### **BACKGROUND PRELIMINARY WORK: Defining committees, governance, structure and overall project plan.**

*Aim:* The aim of the background preliminary work is to ensure processes and procedures are put in place for the overall management of the project. This will be important for good governance as well as for ensuring buy-in from all key Stakeholders from the beginning of the project.

*Processes:* The preliminary phase will involve:

- forming a guideline development group (working group).
- forming a Project management Committee.
- identifying one representative from all Stakeholders to engage in the review of the guidelines.

#### **PHASE 1: Qualitative research and analysis to better understand physiotherapists', other healthcare providers' and consumers' perspectives and priorities; and to understand the reasons why different types of therapies are and are not currently provided.**

*Aim:* This phase is essential for understanding current practice, and in particular, understanding the sorts of therapies provided by physiotherapists and the types of therapies consumers desire.

*Processes:* Phase one will involve:

- obtaining ethical and site-specific approval for the qualitative research
- developing the methodology and interview guides for the physiotherapists, other healthcare providers and consumers that will underpin the qualitative data collection process.
- collecting qualitative data through focus groups and interviews with physiotherapists, other healthcare providers and consumers to determine:
  - their perspectives, experiences of, and satisfaction with, physiotherapy interventions following spinal cord injury.
  - their perspectives on evidence-based practice and clinical practice guidelines related to the physiotherapy management of people with spinal cord injury.
  - their priorities for physiotherapy practice.
- collecting qualitative data through focus groups and interviews with consumers to determine how much time and effort they are willing to devote to physiotherapy and the current interventions that they are participating in. This information is essential for making decisions about worthwhile treatment effects.
- synthesising and coding the data collected during the focus groups and interviews.

- documenting the findings and making recommendations for the clinical practice guidelines.

## **PHASE 2: Systematic reviews, consensus meetings, guideline development and launch.**

*Aim:* This phase is complex and involves the development of the guidelines per se. Preliminary work will occur at the same time as Phase 1. The findings from Phase 1 will be used to help identify the PICO questions.

*Processes:* This will involve:

- regular meetings (every 2- 3 months) of the Working Group to plan and complete this phase.
- periodic meetings (every 6 months) of the Project management Committee for overall project management.
- developing a Technical document that details the methodology that will be used to develop the guidelines per se. This will be important for transparency and for reducing bias.
- developing the physiotherapy questions (PICOs) relevant to the guidelines.
- collating the evidence.
- assessing the evidence.
- discussing and developing a consensus on the evidence and making recommendations for practice.
- compiling two written documents containing the clinical practice guidelines; one appropriate for physiotherapists and the other appropriate for consumers.
- seeking feedback from all Stakeholders and interested parties about the guidelines.
- launching the clinical practice guidelines.
- conducting a survey of physiotherapists, other healthcare providers and consumers to evaluate satisfaction with the guidelines.

## **PHASE 3: Translating the physiotherapy clinical practice guidelines into practice.**

*Aim:* This phase is important for ensuring the guidelines are fully implemented. It is also important for auditing and evaluating the impact of the guidelines.

*Processes:* Phase three will involve:

- regular meetings of the Working Group (every 2-3 months) to plan and complete this phase
- periodic meetings (every 6 months) of the Project management Committee for overall project management.
- intensive work with the key-Stakeholders to ensure that they use their networks to help disseminate and implement the guidelines.
- developing the methodology and interview guides for the physiotherapists, other healthcare providers and consumers that will underpin the qualitative data collection process.
- collecting qualitative data through focus groups and interviews with physiotherapists and other healthcare professionals to determine the barriers and enablers to the implementation of the clinical practice guidelines. This information will be used to guide the rollout of the guidelines and further refine some of the below strategies.
- collecting qualitative data through focus groups and interviews with consumers to determine the barriers and enablers to the implementation of the clinical practice

guidelines. This information will also be used to guide the rollout of the guidelines and further refine some of the below strategies.

- synthesising and coding the data collected during the focus groups and interviews.
- documenting the findings and making recommendations for the strategies to be used to encourage adherence with the clinical practice guidelines.
- disseminating and evaluating the clinical practice guideline