PROGRESS REPORT TEMPLATE

To confirm the intention to seek the National Health and Medical Research Council (NHMRC) approval for a clinical practice guideline, the developer must submit a progress report approximately 6 months (and not later than 3 months) before the draft guideline is released for public consultation. NHMRC will inform the developer in writing if any major issues or gaps in the development process are identified within 4- 8 weeks from receipt of the progress report.

> The progress report should be submitted electronically to NHMRC at: clinicalguidelines@nhmrc.gov.au
>
> Please ensure the full guideline title is included at the start of the progress report. The progress report should not exceed 15 pages in length.

If delays occur in the guideline development which alter the timeframes for the public consultation and/or final submission dates, further progress reports may be requested by NHMRC.

Governance and stakeholders

1. List the key organisation or organisations responsible for development and publication of the guideline.
2. List the sources of all funding for the development of the guideline and its publication.
3. Describe the processes for ensuring editorial independence from funders.
4. List all the people involved in the guideline development process (including discipline/expertise, organisational affiliation and role in the guideline development process).
5. Describe the processes to be used for declaration and management of competing interests for all people involved in the guideline development process.
6. Describe the processes that will be/are being used to ensure consumer perspectives are incorporated in the guideline.
7. List the organisations (if any) that will be approached to endorse the guideline.

Scope and purpose

8. List the clinical research questions which are being addressed by the guideline that inform the evidence review.
9. List the population groups to which the guideline recommendations will apply and any population subgroups for whom specific information may be required (such as risks or treatment considerations).
10. List any issues (such as particular risks, treatment considerations or sociocultural considerations) identified as relevant to Aboriginal and Torres Strait Islander peoples or any other groups (eg culturally and linguistically diverse (CALD) groups) which will be considered as part of the guideline scope, and describe how these issues have been addressed in the evidence review and formulation of recommendations.

Evidence review

11. List the names of the evidence experts who will be involved in the search and appraisal of the literature (if not provided at 4).
12. List the publication date cut points (as month/year) for all evidence searches, including any differences if multiple searches were completed as part of the evidence review process.

Recommendations

13. List the types of recommendations which have been or will be derived from the clinical questions. For example, these may include recommendations based on a systematic evidence review, recommendations developed where a systematic evidence review was conducted and low quality or no evidence was identified (and consensus processes may have been used) and recommendations developed to provide additional information to support recommendations where a systematic evidence review was not conducted (sometimes called practice points or points of note).
14. Describe the process which will be used to reach expert or group consensus in the development of recommendations.

Consultation

15. Indicate whether any recommendations will specify the use of medicines or services that are currently not available or restricted in Australia, and how the relevant authority/ies will be consulted.
16. List any organisations/individuals that will be specifically approached to provide comment on the guideline.
17. Describe the processes that are in place to collaborate with organisations that are producing/have produced advice in related areas. For example they may be involved in the review of evidence, review of drafts, and/ or notified when potentially conflicting recommendations are proposed.

Dissemination and implementation

18. List the organisations/agencies who will be responsible for the implementation of the final guideline.
19. Provide a summary of the dissemination plan for the final guideline.
20. List the tools and resources that will be developed to accompany the guidelines.

Key dates

21. Provide the start and end dates for the public consultation period.
22. Provide the intended submission date of the final draft guideline for NHMRC approval.

General

23. Summarise any difficulties or delays which have been encountered in progressing the development of the guideline to date.
24. Provide details of any controversial or contentious issues associated with the guideline content or development process.