The Royal Australian & New Zealand College of Psychiatrists

Your Health in Mind

Best Practice Resources (BPR) Framework

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Best Practice Resources (BPR) Framework

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Purpose

To outline the purpose and proposed approach for the RANZCP's implementation of Best Practice Resources (BPRs).

Background

What are Best Practice Resources?

A 'Best Practice Resource' (BPRs) is an umbrella term referring to a range of potential written and audio-visual resources that provide high-quality and contemporary information to psychiatrists, trainees and the broader community. While the format and specific purpose of a BPR may vary, it is principally defined as a high-quality and evidence-based resource, relevant to the scope of psychiatry practice, developed, endorsed or adapted by the RANZCP.

It should be noted:

- The RANZCP produces a range of resources and multimedia through education and training channels. This framework outlined in this document is not intended as a blanket policy for all resource formats outlined below. It applies specifically to resources that will be developed or recognised by the RANZCP as a 'BPR'.
- Some formats (e.g., podcasts, webinars) will not usually be considered where 'standalone'. Such resources may be considered where they supplement another another resource (e.g., written guideline), or as part of a resource's dissemination and engagement strategy.
- The BPR framework does not consider commercial endorsement requests that would result in a direct monetary gain to the external organisation and/or third party (i.e., clinical resources that require a fee for their access/use).
- Proposals for a BPR (i.e., develop, endorse or adapt) will be assessed subject to the available capacity of relevant committees and staff. The sequence and timelines for evaluating proposal will depend on the Committee for Evidence Based Practice and its assessment of the resource's contemporary relevance, need, and impact.

A 'BPR' may include:[1]

Clinical practice guideline (CPG) *The most methodologically intensive of RANZCP documents. Comprised of evidence-based recommendations to support decision-making in specific clinical circumstances.*	Clinical memorandum (CM) *An evidence-based document briefer than a CPG to support clinical practice. A clinical memorandum may be developed where the development of a CPG is inappropriate, for example, where the volume and quality of evidence is insufficient.*
Professional practice guideline (PPGs) *An evidence- and consensus-based piece of guidance to support professional practice, often through a principles-based lens and outline of high-level considerations for practice.*	Position statement (PS) *A description of the RANZCP's formal view regarding a specific issue, often leveraged in the RANZCP's external submissions and responses to media on contemporary issues and developments.*
Other RANZCP papers/reports *Documents that examine an issue that the RANZCP has yet to establish its position, or highlight issues pertinent to psychiatric care (e.g., workforce shortages). These documents are evidence-based and often relevant to advocacy on contemporary issues.* Webinars, podcasts, and other multimedia* *The RANZCP produces or provides multimedia through a range of channels, for example, via Psych Matters (podcasts) and multimedia available through its CPD offerings.* Continuing professional development (CPD) documents *Documents from the RANZCP's CPD program. This is a self-directed program providing members with educational activities to support high standards of practice. Presently, many CPD materials and activities are externally developed.*	Systematic reviews and umbrella reviews *A systematic review is a highly rigorous synthesis of research evidence for a particular research question or questions. They intend to achieve this via a transparent, reproducible and rigorous methodology that incorporates the findings across all relevant studies meeting the review's pre-specified criteria. Authors may bolster the review's strength (and reduce the potential bias) through prospective registration (e.g., PROSPERO) and use of standardised protocols (e.g., PRISMA Statement).* *An 'umbrella review' leverages multiple systematic reviews. This type of review can provide a level of evidence that is among the highest available in the academic literature.*

[1] Examples and descriptions derived and, where appropriate, reproduced from the Steering Group's Board report (excl. 'Webinars, podcasts, and other multimedia').

Why is the RANZCP adopting a new framework and what is its purpose?

Since 2003, the RANZCP has produced several clinical practice guidelines (CPGs). CPGs are comprehensive documents that guide psychiatrists or other health practitioners in decision-making within a particular area of clinical practice (e.g., RANZCP Anxiety disorders clinical practice guideline). Clinical practice guidelines follow a rigorous and resource-intensive methodology to ensure that their recommendations are based on a careful evaluation of the best available evidence.[1]

The RANZCP's CPGs were developed through the pro bono work of members with topic-expertise to address recognised gaps in evidence-based clinical guidelines. The 2003 CPGs were supported with funding from the Australian National Mental Health Strategy and New Zealand Ministry for Health. The CPGs were later updated without government funding from 2014 to 2018 to account for new evidence and maintain a contemporary relevance.

In 2022, the RANZCP sought to assess whether its approach to CPGs was sufficiently responsive to psychiatrists' needs in an evolving landscape of clinical practice and communication. The RANZCP commissioned Health Research Consulting (hereco) to independently review the RANZCP's CPG development practices. The review was overseen by the Future Development of CPGs Steering Group, chaired by Prof Helen Herrman AO.

The Hereco report and work of the Steering Group highlighted:

- Organisations similar to the RANZCP only develop CPGs that are externally commissioned and funded.[2]
- CPGs produced by other Australasian medical colleges are all externally funded.
- CPGs produced by peak bodies rely on multidisciplinary development groups or committees supported by smaller expert groups for topic/chapter development and specialised support from methodologists, medical writers and editors.[2]
- The production of high-quality CPGs takes approximately 18–30 months, incurring reported costs of approximately $1 million (AUD).[2]
- The information-value of CPGs can vary based on a psychiatrists' communication preferences and informational needs at different stages of their training and career. For example, a CPG may be highly instructive for a trainee but comparatively less so for experienced psychiatrists.[1]
- CPGs often ignore the preferences and lived experiences of health consumers and use inaccessible medical terminology that undermines the accessibility of health information.[1]
- New opportunities have emerged for the synthesis, communication, and clinical implementation of evidence, such as web and smartphone platforms, meta and umbrella reviews, and overviews of systematic reviews.[1]

The Board accepted the hereco report and agreed to the Steering Group's recommendations that the RANZCP:

1. Discontinue the production of CPGs on a self-funded and self-commissioned (i.e., standalone) basis.
2. Continues to advocate for external funding and partnership with leading organisations for collaborative development of CPGs that meet National Health and Medical Research Council guideline standards.
3. Adopt a *Best Practice Resources* approach to provide high-quality and contemporary information to psychiatrists, trainees and the broader community.

Scope and objectives

This aim of this framework is to are to guide the proposal, assessment, prioritisation, approval, and implementation of BPRs. Materials, criteria and processes to support these goals are outlined in the following sections.

The Best Practice Resources (BPR) framework

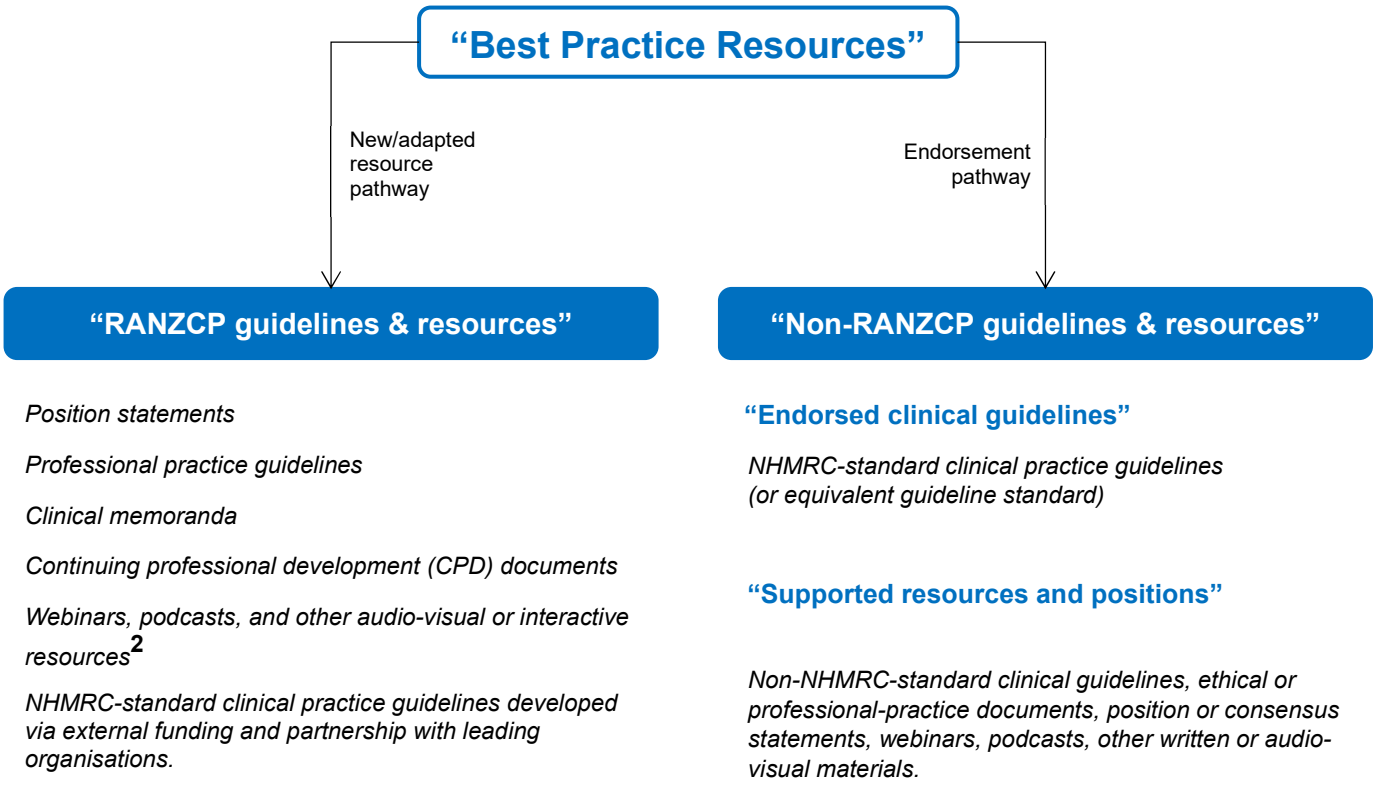
The following sections outline the proposed framework for the RANZCP's implementation of the 'Best Practice Resources' approach. Forms and other reference materials are hyperlinked throughout this document and included in the Appendix.

The following sections outline:

- A classification system for internal and external resources under the scope of a 'Best Practice Resource' (Figure 1).
- Key pathways and decision-making processes for implementing BPRs (Figure 2).
- A summary of key roles and responsibilities in the implementation process (Figure 3).
- A summary of the BPR proposal, assessment, and implementation process (Link).
- A summary of the resource review process (Table 1).

Figure 1

BPR types



[2] Will not typically be considered when 'standalone'. These resources will usually be considered as a supplement to another resource (e.g., written guideline) or as part of another resource's dissemination and engagement.

Figure 2

BPR implementation pathways

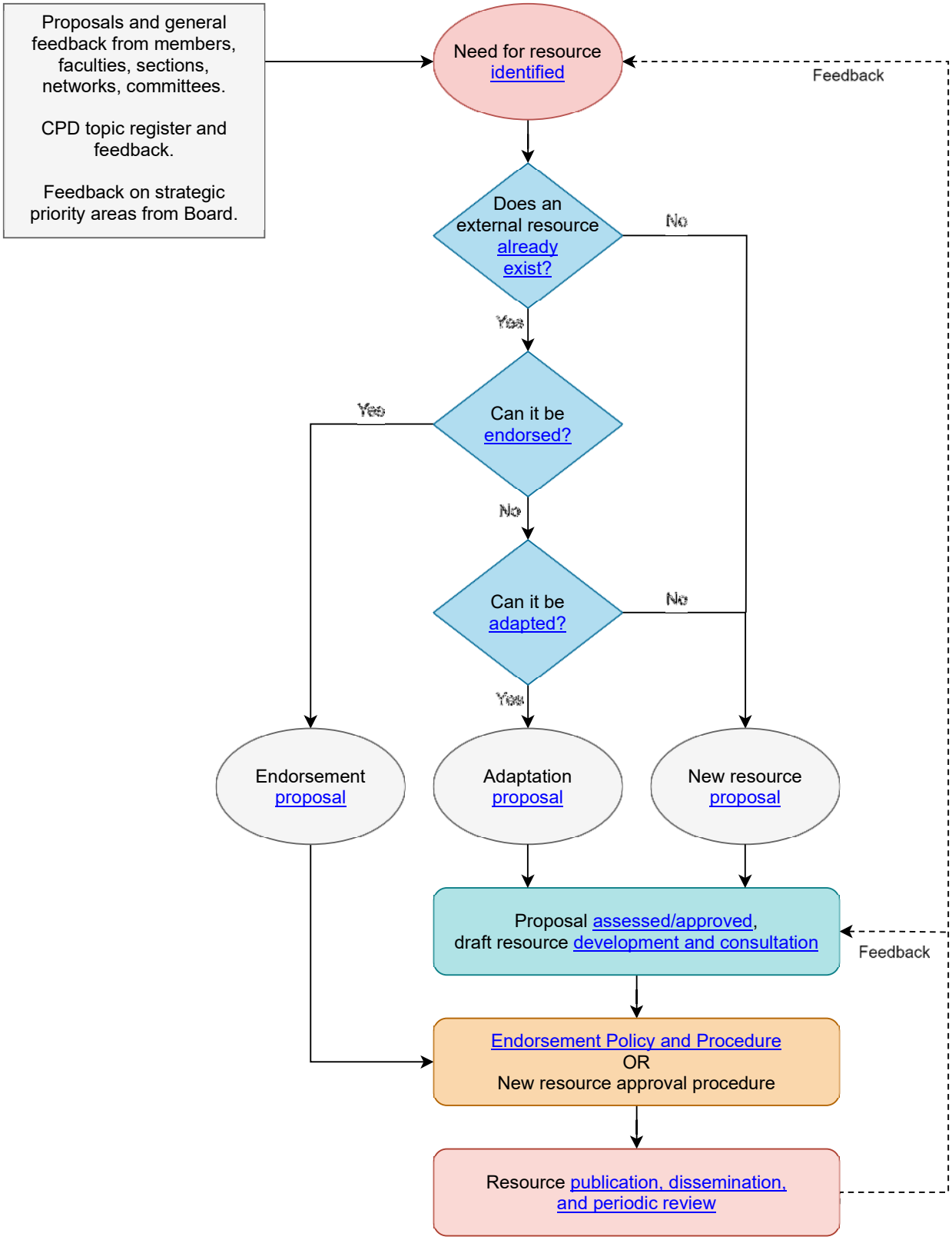
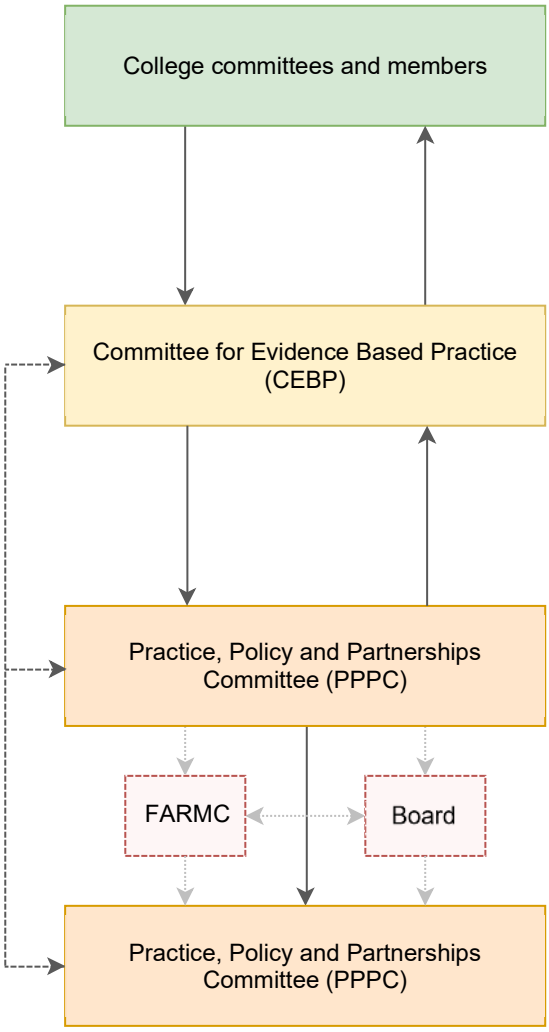


Figure 3

Key roles and responsibilities



- Prepares a **proposal** to develop a new resource or endorse/adapt an existing resource as a BPR.
- Provides clinical expertise in BPR development and implementation.

- Reviews the proposal's resourcing needs, expected benefits, reasons for prioritisation, integration of lived experience and community perspectives, alignment with College's scope/remit.
- Evaluates proposed plan for conflict-of-interest management, appropriate expert/stakeholder inputs in development and consultation process.
- Liaises with **College committees/members** to: (1) Consolidate expert-informed feedback in the CEBP's assessment of proposals to develop, endorse, or adapt a BPR, (2) Identify beneficial areas for BPR development.

- Reviews the CEBP's recommendation to approve or decline a BPR proposal and whether it is supported by an appropriate rationale and internal consultation process.
- The Chair of the PPPC (College Board member) coordinates the PPPC's discussion and evaluation of the proposal's risks.
- Depending on the severity of risks and the nature of advice required, refers proposals to the **Finance, Audit and Risk Management Committee (FARMC)** and/or **Board** to advise on the acceptability of risks and monitoring/management requirements.

- **PPPC** issues direct approval/decline of **low-risk proposals**.
- **PPPC** issues an approval/decline of **higher-risk proposals** on the recommendations of the **FARMC** and/or the **Board**, depending on the magnitude of risks and specific issues for advice. The FARMC and the Board may mutually refer proposals as required.
- Should the PPPC's position (with or without FARMC/Board appraisal) conflict with the CEBP, the PPPC's position is considered provisional until further CEBP consultation to ensure account of all matters relevant to the CEBP's initial recommendation.

Proposal and implementation process

1) Need for resource identified

The need to develop a BPR can come from a variety of sources:

- RANZCP members, faculties, sections, networks, committees or potentially from external bodies.
- The RANZCP's Continuing Professional Development (CPD) program may also yield beneficial resource or topic areas through general feedback or incentivised participation in a CPD-credited topic register. Members involved in the development of BPRs may also have this credited as a CPD activity.
- Board feedback on high strategic priority areas.

2) Preparation of proposal to develop, endorse or adapt a resource as a BPR

Proposals should be prepared with reflection on (1) the availability and quality of resources in the topic area, and (2) resource development requirements weighed against expected benefits and applicability in the clinical and broader socio-cultural context (see Prioritisation framework).

Consideration of these factors will prevent duplication and ensure RANZCP resources are apportioned to the greatest benefit of members.

2.1 The proposer prepares either:

- Proposal to *endorse or adapt* an external resource
- Proposal to develop a *new resource*

3) Proposal assessment

3.1) The CEBP reviews:

- The resource's purpose, expected benefits, alignment with the RANZCP's Strategic Plan, and any reasons for implementation or prioritisation.
- The rationale for the resource in the context of any topic-relevant alternatives.
- Whether resources considered for endorsement/adaptation are supported by a satisfactory quality appraisal process, adhere to the Endorsement Policy and Procedure and do not require alignment with organisations that pose unacceptable risks (i.e., review of *Due diligence checklist* completed by RANZCP staff).
- Feasibility of the project timeline and resourcing requirements for development or adaptation work.
- Clarity of proposed responsibilities for clinical content and appropriateness of expert and stakeholder inputs in the proposed development and consultation process.
- Consistency with the College's Declaring and Managing Conflicts of Interest Guidelines, including transparency in potential conflicts in any external resource to be endorsed/adapted and an appropriate management plan in any development or adaptation work.
- The integration of lived experience perspectives and recognition diverse cultural perspectives in any development or adaptation work.
- Any advice from consultation with the College's Committee for Research (CfR) on matters of methodology and rigour of proposed development or adaptation work.

- Any feedback requested from College committees or stakeholders with specialised knowledge or topic-area expertise relevant to the proposal's assessment, including those with a specialised lived experience knowledge.

3.2) **College staff** seek clarification from the proposer where the CEBP's decision has been deferred due to outstanding queries.

3.3) **The CEBP**:

- Agrees on a recommendation
    - Where a proposal is *declined*, RANZCP staff prepare a letter-of-assessment signed by the CEBP Chair outlining the assessment outcome (i.e., declined), rationale for the recommendation, and summary of consultations undertaken by the CEBP to support its decision-making.
    - Where a proposal is recommended be *approved*, RANZCP staff prepare for the PPPC's review: the proposal, a summary of the CEBP's feedback and any resolved queries during assessment and, where resource development or adaptation work has been proposed, plans for:
        - The formation of a formal working group, committee subgroup, or resource development group, and proposed reporting structure and requirements for the resource's development and implementation.
        - Expert and stakeholder inputs during the resource's development and draft consultation.
        - Agreed mechanisms for progress reporting and management of conflicts of interest.
        - Details relevant to the evidence thresholds or clinical governance in the development of the resource.

3.4) **The PPPC** assesses the proposal and recommendation:

- Scrutinises the CEBP's recommendation and rationale, including whether it was informed by appropriate consultation with topic experts and other relevant RANZCP stakeholders.
- If the PPPC affirms the CEBP's recommendation to:
    - *Decline* a proposal, the CEBP's letter-of-assessment is co-signed by the PPPC Chair and provided to the proposer.
    - *Approve* a proposal, the Chair of the PPPC (RANZCP Board member) coordinates the Committee's assessment of associated risks. The PPPC considers potential risks in terms of their nature (e.g., financial, reputational, capacity, environmental, legal, strategic, governance), likelihood, consequences, monitoring and management requirements, and acceptability.
        - The PPPC may approve the proposal where its risks are determined by the Committee to be low. The PPPC approves the proposal and the CEBP's letter-of-assessment is co-signed by the PPPC Chair and delivered to the proposer.
    - Where risks are assessed as significant, unclear, or require active and extensive management, the PPPC defers to advice and recommendations from the Finance, Audit and Risk Management Committee (FARMC) and/or Board to approve/decline the proposal. The FARMC or Board may mutually refer proposals for review, as guided by either's view of risk or the nature of advice required.
    - The PPPC seeks advice from the Board where actual or potential high-level risks exist (i.e., with consideration of likelihood and the severity of consequence severity).
- Should the PPPC's position (with or without FARMC/Board appraisal) differ from the CEBP's recommendation, for example, to decline a proposal the CEBP has recommended to be approved, or vice versa:

    - The PPPC's diverging position (i.e., approve or decline) will be considered provisional.
    - The PPPC will confer with the CEBP to ensure that the PPPC have sufficiently accounted for all relevant matters and information supportive of the CEBP's initial recommendation.
    - The PPPC will provide the CEBP with a clear rationale for its diverging position on the proposal.
    - Where appropriate, RANZCP staff will liaise with the proposing group and coordinate further consultations with relevant committees/members to clarify areas of ambiguity or disagreement.
- In the event a proposal has been declined after the CEBP's recommendation it be implemented, correspondence with the proposer or membership on the decision will identify which committee declined the proposal (e.g., PPPC, Board).

4) BPR development/adaptation

4.1) The CEBP:

- Provides oversight and support in the formation of a working group or committee subgroup (if required).
- Provides oversight to the group's conflicts of interest management practices and engagement strategy for relevant expert and stakeholder inputs in the BPR's development and draft consultation.
- Where required, liaises with the RANZCP's Committee for Research (CfR) on methodological matters to provide: (1) strategic guidance the outset of development or adaptation work, or (2) additional scrutiny and verification at its conclusion.
- Provides the PPPC with updates on the BPR's development progress and communicates relevant feedback from the PPPC to the development group.

5) Publication, dissemination, and periodic review

5.1) RANZCP staff work with the BPR development group to prepare a *Dissemination plan*. A draft plan is prepared prior to the Board's assessment of a BPR proposal.

The dissemination plan encourages reflection on the communication and stakeholder engagement strategies needed to maximise the BPR's reach and impact upon publication.

This includes:

- RANZCP communication channels
    - Monthly Psyche newsletter
    - Training and Assessment, Branch newsletters
    - Media releases and social media channels
    - Educational materials
- External stakeholders
    - Government (e.g., Chief Psychiatrists, ministers and departments)
    - Non-government (e.g., mental health organisations)

5.2) RANZCP staff facilitate the resource's publication on the RANZCP website and distribution among internal and external stakeholders identified in the dissemination plan.

5.3) RANZCP staff coordinate the periodic resource consultation and review process outlined in Table 1 below to ensure guidance remains contemporary and fit-for-purpose.

For RANZCP-produced BPRs, this process is guided by an internal resource review that guides decisions on whether a resource should be:

- *Updated* to account for contemporary evidence and perspectives.
- *Archived* or *Rescinded*, if the resource is determined to be outdated and/or contrary to current evidence and an update is expected to serve a limited purpose or benefit.
- *Reformatted* to a different medium for more effective communication or audience engagement.

External resources approved by the RANZCP as either an "Endorsed clinical guideline" or "Supported resource" remain valid as a 'BPR' for a fixed duration. The 'lifespan' of the endorsed resource may be extended should it be re-submitted for assessment (see Endorsement Policy and Procedure).

Table 1.

Process for periodic resource review by type

RANZCP guidelines & resources	Non-RANZCP guidelines & resources
Description Resources produced or commissioned by the RANZCP as a 'Best Practice Resource'	Description Resources produced by an external author/group which have been designated: 1. an *"Endorsed Clinical Guideline"* *2. a "Supported" Resource/Position*
Scheduling The review date for RANZCP BPRs is dependent on the type of resource and its purpose. Clinical memoranda are typically reviewed every 1-2 years, position statements every three years, and professional practice guidelines every 3-5 years. CPGs will be valid for the standard NHMRC lifespan of five years unless otherwise indicated in the guideline's NHMRC approval. Process The BPR's owning committee reviews the resource and recommends its update, archive, rescindment, or reformat after incorporating any feedback from other RANZCP committees and stakeholders.	Scheduling External resources will remain valid as a BPR for a period of 2-3 years as determined at the time of its acceptance as a BPR. NHMRC-standard CPGs (i.e., "Endorsed Clinical Guidelines") will be valid for the duration indicated in the NHMRC approval (Typically a five-year maximum). Process The internal or external (i.e., RANZCP or non-RANZCP) 'proposer' for the initial endorsement will be notified of the resource's valid duration and may reapply for its recognition as a BPR at the

The owning committee's recommendation is implemented after sequential review and approval by the (1) Policy, Practice and Partnerships Committee (PPPC), (2) Finance, Audit and Risk Management Committee (FARMC), and (3) the Board.	conclusion of its approved period (i.e., via the endorsement/adaptation proposal form). The original proposer assumes responsibility for notifying the RANZCP of their intention to renew the resource's endorsement as a BPR. The proposal for re-endorsement is subject to the criteria and approval process outlined in the Endorsement Policy and Procedure.

Appendix – Forms and reference materials

Proposal to develop a new resource

The form content below is for reference use only. For the most up-to-date proposal materials, please contact policy@ranzcp.org.

This form is for a proposal to develop a new resource as an RANZCP 'Best Practice Resource' (BPR).

Proposals should give careful thought to a resource's purpose and value relative to those already available from the RANZCP and beyond. Prior to completing this form, please consider the resource's binational relevance, appropriateness to diverse cultural needs and First Nations peoples, and resourcing requirements.

The lived experience of illness and recovery from consumers, carers and community members provides invaluable insight for the development of equitable, choice-focused mental health care. These perspectives can be incorporated through various strategies, ranging from consultation to co-development. All proposals should consider which strategies and inputs are available and most appropriate to leverage this knowledge.

All forms are processed by RANZCP staff and reviewed by the Committee for Evidence-Based Practice. Forms and contact details should be emailed to policy@ranzcp.org

Proposed by:	
Date of proposal:	Ref #: *For Compliance & Policy Department use.*
Resource topic:	
Audience: *trainees, early career psychiatrists*	
Format ☐Webinar ☐Fact Sheet ☐Report ☐Professional Practice Guideline ☐Clinical Memorandum ☐Position Statement ☐ Podcast ☐Other (please provide details)	
For all individuals involved in preparing this proposal. Please outline any potential conflicts of interest as they relate to the proposed resource's development and publication. *For further guidance, please refer to the RANZCP and NHMRC guidelines.*	*Please provide details.*
Has an environmental scan on this topic been conducted to assess what resources already exist? Choose an item. *If so, please outline why the resource should be developed over the endorsement or adaptation of any topic-relevant alternatives.*	*Please provide details.*

Objectives, alignment, and prioritisation

Please outline the resource's purpose, expected benefits, alignment with the RANZCP's Strategic Plan and any reasons for its prioritisation: *For areas of consideration, refer to the Prioritisation Framework*	*Please provide details.*
CEBP FEEDBACK *(Any questions to be addressed by the applicant)* *Please leave blank for CEBP to complete.*	

Governance and process

What committee will have responsibility for the proposed resource's clinical content?	*Please provide details.*
How will knowledge from lived experience perspectives be incorporated in development?	*Please provide details.*
Will the resource be applicable to Australia and Aotearoa-New Zealand? If so, how will it account for diverse cultural perspectives and needs?	*Please provide details.*
What is the proposed consultation plan for the draft resource (e.g., RANZCP committees and other internal/external stakeholders)?	*Please provide details (e.g., RANZCP Committees, external stakeholders)*
What is the proposed process for the resource's development? *Please provide details, including:* *(a) Any individuals proposed to be involved in the development work* *(b) Their respective roles/relevance in the project (e.g., clinical expertise, lived experience, consumer, community, or cultural knowledge, methodological support)* *(c) Any proposed methodology, framework, or project plan to develop the resource*	*Please provide details (e.g., RANZCP Committees, external stakeholders)*
Please outline the proposed methods for disclosing and managing potential conflicts of interest. *Note: An appropriate strategy should:*	*Please provide details.*

- *Establish a clear and shared understanding of individual roles and responsibilities.* - *Be responsive to potential conflicts at any stage of the development process.* *For further guidance, please refer to the RANZCP and NHMRC guidelines.*	
What kind of resources are required for the resource's development and implementation?	*Please provide details (e.g., experts in the field, RANZCP staff, IT support, graphic design).*
What timelines are required? Is there a specific date that the resource could be completed by that would increase its impact?	*Please provide details (e.g., to align with an international day or annual event)*
For Committee for Evidence-Based Practice	
Does the BPR require a: ☐ Sub-Group ☐ Working Group ☐ Steering Group ☐ Other (please specify)	*Please provide details.*
Which Committee/s should the group undertaking the development work report to?	*Please provide details.*
Please indicate any areas to be addressed or clarified: ☒ Proposed development process ☒ Committee responsible for clinical content ☒ Expert and stakeholder inputs in development and consultation ☒ Conflict of interest management ☒ Resource requirements and project timeline ☒ Binational relevance and responsiveness to diverse cultural needs ☒ Engagement and integration of lived experience perspectives	*Please provide details.*
Additional comments:	*Please provide details.*

Dissemination and implementation

Could the resource be integrated into Continuing Professional Development?	*Please provide details.*
Who are the external stakeholders who would be interested in the resource?	*Please provide details.*
Do you have any suggestions as to how the resource could be promoted that would increase its impact?	*Please provide details.*

EXECUTIVE MANAGEMENT FEEDBACK

Are the development requirements indicated above clearly outlined and consistent with the described scope, format, and complexity?	*If not, please provide details.*
Are there any barriers to the RANZCP providing necessary resources or administrative supports to implement the resource?	*If so, please provide details.*
Does the proposed resource pose any risks that require further consideration, a management plan, or affect overall feasibility?	*If so, please provide details.*
Does the proposed resource present any post-implementation issues? Is it sustainable?	*If so, please provide details.*
Is this resource aligned with the RANZCP's vision, values, and strategic priorities?	*If so, please provide details.*
Are there any additional comments regarding this proposal?	*If so, please provide details.*

Executive management sign off

Reviewed on:	
Sign-off from:	

CEBP recommendation to PPPC

☐ Progress	
☐ Progress at future date	
☐ Do not progress	

☐ Further information required	*If so, please provide details (e.g., clarity of proposed roles and responsibilities, management of conflicts of interest, development process and requirements, subgroup/working group requirements).*

CEBP sign off

Reviewed on:	
Sign-off from Chair:	

Proposal to endorse or adapt an external resource

The form content below is for reference use only. For the most up-to-date proposal materials, please contact policy@ranzcp.org.

This form is for the proposal to endorse or adapt an external written or audio-visual resource as an RANZCP Best Practice Resource (BPR).

Proposals should give careful thought to a resource's purpose and value relative to those already available from the RANZCP and beyond. Prior to completing this form, please consider the resource's binational relevance, appropriateness to diverse cultural needs and First Nations peoples, and resourcing requirements.

The lived experience of illness and recovery from consumers, carers and community members provides invaluable insight for the development of equitable, choice-focused mental health care. These perspectives can be incorporated through various strategies, ranging from consultation to co-development. All proposals should consider which strategies and inputs are available and most appropriate to leverage this knowledge.

All forms are processed by RANZCP staff and reviewed by the Committee for Evidence-Based Practice. Forms and contact details should be emailed to policy@ranzcp.org.

Proposed by:	
Date of proposal:	Ref #: *For Compliance & Policy Department use.*
Resource name:	
Publication date:	
Publishing organisation:	
If available, please provide URL/s to the resource or relevant information:	
Has this resource previously been endorsed by the RANZCP? *Please specify if this proposal is for the re-endorsement of an existing Best Practice Resource.*	*Please provide details.*
For all individuals involved in preparing this proposal:	*Please provide details.*

Please outline any potential conflicts of interest as they relate to the proposed resource's development and publication. *For further guidance, please refer to the RANZCP and NHMRC guidelines.*	

Objectives, alignment and prioritisation

Please outline the resource's purpose, expected benefits, alignment with the RANZCP's Strategic Plan and any reasons for its prioritisation: *For areas of consideration, refer to the Prioritisation Framework*	*Please provide details.*
CEBP FEEDBACK *(Any questions to be addressed by the applicant)* *Please leave blank for CEBP to complete.*	
For RANZCP Staff: Is this a resource that the RANZCP has been involved in? Is endorsing the resource within the remit of the RANZCP? *Complete due diligence checklist and attach to the end of this document.*	

Governance

Please outline the clinical governance structure of the organisation:	*Please provide details.*
Please outline any policies and processes governing the management of conflicts of interest in the resource's production: *If unavailable, please outline how competing interests can be identified and managed.* *For further guidance, please refer to the RANZCP and NHMRC guidelines.*	*Please provide details.*
Please outline the funding sources obtained to develop the resource:	*Please provide details.*
Does the intended use of the resource require agreement or license from the intellectual property owner?	*If yes, please provide details on any fees, intellectual property release agreements, and any other relevant details.*
For Committee for Evidence-Based Practice	
Does the provided information adequately address the endorsement policy?	*Please provide details.*

Additional comments:

Quality appraisal

Please outline: 1. Any formal or informal steps taken to evaluate the quality and transparency of the proposed resource. 2. If an environmental scan of topic-relevant alternatives has been undertaken. 3. If applicable, why the resource should be endorsed/adapted over other topic-relevant alternatives. *If endorsement/adaptation of a CPG is being proposed, see Appraisal of Guidelines for Research Evaluation (AGREE) II Checklist.*	*Please provide details, including any formal or informal assessment.*
Appraisal of Guidelines for Research Evaluation (AGREE) II Checklist The AGREE is a tool to assist in the assessment of the methodological rigor and transparency of a guideline. It aims to ensure guidelines are high-quality, ultimately improving health care. The tool is free to access and can be applied to guidelines in any health area. *Read more at: http://www.agreetrust.org/*	

Adapting a resource

When endorsing a resource, it is important to consider if there is a need to adapt it to the Australasian context. The ADAPTE Manual and Resource Toolkit for guideline adaptation is a useful resource if the guideline is proposed to be adapted.

Is it proposed that the external resource be adapted to the Australasian context?	*If yes, please provide details and **complete the remainder of this form**.*
Which committee will have responsibility for the resource's clinical content?	*Please provide details.*
How will knowledge from lived experience perspectives be incorporated in the adaptation?	*Please provide details.*
Will the adapted resource be applicable to Australia and Aotearoa-New Zealand? If so, how will it account for diverse cultural perspectives and needs?	*Please provide details.*
What is the proposed consultation plan for the draft adaptation (e.g., RANZCP committees and other internal/external stakeholders)?	*Please provide details (e.g., RANZCP Committees, external stakeholders)*
What is the proposed process for the resource's development?	*Please provide details.*

Please provide details, including: *(d) Any individuals proposed to be involved in the development work* *(e) Their respective roles/relevance in the project (e.g., clinical expertise, lived experience, consumer, community, or cultural knowledge, methodological support)* *(f) Any proposed methodology, framework, or project plan to develop the resource*	
Please outline the proposed methods for disclosing and managing potential conflicts of interest. *Note: An appropriate strategy should:* - *Establish a clear and shared understanding of individual roles and responsibilities.* - *Be responsive to potential conflicts at any stage of the development process.* *For further guidance, please refer to the RANZCP and NHMRC guidelines.*	*Please provide details.*
What kind of resources are required for adaptation?	*Please provide details (e.g., experts in the field, RANZCP staff, IT support, graphic design).*
What timelines are required? Is there a specific date that the resource could be completed by that would increase its impact?	*Please provide details (e.g., to align with an international day or annual event)*
Does the intellectual property owner of the adaptation source material require oversight or approval in the development or publication of the adapted work?	*If yes, please outline the requirements and how this will be managed*
For Committee for Evidence-Based Practice	
Does the BPR require a: ☐ Sub-Group ☐ Working Group ☐ Steering Group ☐ Other (please specify)	*Please provide details.*
If required, which Committee/s should the group undertaking the adaptation work report to?	*Please provide details.*
Please indicate any areas to be addressed or clarified: ☒ Proposed development process ☒ Committee responsible for clinical content ☒ Expert and stakeholder inputs in adaptation development and consultation	*Please provide details.*

☒ Conflict of interest management ☒ Resource requirements and project timeline ☒ Binational relevance and responsiveness to diverse cultural needs ☒ Engagement and integration of lived experience perspectives	
Additional comments:	*Please provide details.*

Dissemination and implementation

Could the resource be integrated into Continuing Professional Development?	*Please provide details.*
Who are the external stakeholders who would be interested in the resource?	*Please provide details.*
Do you have any suggestions as to how the resource could be promoted that would increase its impact?	*Please provide details.*
For Committee for Evidence-Based Practice	
Additional comments:	*Please provide details.*

EXECUTIVE MANAGEMENT FEEDBACK

Are the development requirements indicated above clearly outlined and consistent with the described scope, format, and complexity?	*If not, please provide details.*
Are there any barriers to the RANZCP providing necessary resources or administrative supports to implement the resource?	*If so, please provide details.*
Does the proposed resource pose any risks that require further consideration, a management plan, or affect overall feasibility?	*If so, please provide details.*

Does the proposed resource present any post-implementation issues? Is it sustainable?	*If so, please provide details.*
Is this resource aligned with the RANZCP's vision, values, and strategic priorities?	*If so, please provide details.*
Are there any additional comments regarding this proposal?	*If so, please provide details.*

Executive management sign off

Reviewed on:	
Sign-off from:	

CEBP recommendation to PPPC

☐ Progress	
☐ Progress at future date	
☐ Do not progress	
☐ Further information required	*If so, please provide details (e.g., clarity of proposed roles and responsibilities, management of conflicts of interest, development process and requirements, subgroup/working group requirements)*

CEBP sign off

Reviewed on:	
Sign-off from Chair:	

Prioritisation framework

The preparation or assessment of BPR proposals should consider:

1. **Practice needs and potential implementation benefits**
   - *1.1. Relevance to areas of practice that engender significant workload challenges, such as intensive clinical management, high consultation volume, or acute/complex patient presentations.*
   - *1.2. Relevance to areas of practice that pose significant challenges for consumers/carers (e.g., costs) or have potential for significant positive intervention impact..*
   - *1.3. Potential to provide greater clarity or consistency where there is uncertainty or controversy regarding what constitutes best practice.*
   - *1.4. Whether the proposal leverages new or emerging evidence that provides a strong basis and benefit for re-evaluating current practice.*
   - *1.5. Whether contemporary events or attitudes pose an unreasonable risk to clinical implementation or overall utility (e.g., changes in health policy/infrastructure, acceptability to clinicians/consumers)*
   - *1.6. The breadth and inclusivity of practice relevance*
     - *1.6.1. Practice in Australia and Aotearoa New Zealand, and across federal and state/territory jurisdictions*
     - *1.6.2. Clinicians of varying levels of training, expertise and career-stages.*
     - *1.6.3. Applicability across subspecialties of psychiatric practice*
     - *1.6.4. Improvement to psychiatric education, training, and continuing professional development.*

2. **Community and public health needs**
   - *2.1. Implications for established areas of community or public health need.*
     - *2.1.1. Conditions of high prevalence, concerning incidence trends, economic costs, severe functional impairment, and high risks of mortality or other significant corollary issues.*
     - *2.1.2. Demographics or groups that have poor health outcomes or are underserved by existing healthcare practices or infrastructure.*
   - *2.2. Potential to advance the RANZCP's existing commitments to community health and wellbeing.*
     - 2.2.1. *Accessibility and equity of psychiatric care*
     - *2.2.2. Māori and Aboriginal and Torres Strait Islander health outcomes*
     - *2.2.3. The recognition and integration of lived experience in routine practice*
   - *2.3. Relevance and responsiveness to contemporary socio-cultural context and events*
     - *2.3.1. Mitigates the risks of social, political, or legislative developments with an immediate potential for harm to consumers, clinicians, healthcare delivery, standards of care, or reputational damage to the practice of psychiatry.*
     - *2.3.2. Responsive to significant lived experience concerns or advocacy (i.e., consumer/carer-relevant), media commentary/debate, or where there is an otherwise robust expectation from the community that the RANZCP provide guidance.*

3. Resource development requirements

3.1. Whether the proposed resource's format and scope are appropriate to the topic's complexity, volume of new/emerging evidence, and speed of the evidence stream.

3.2. RANZCP resources and relationships to develop a high-quality resource in the topic area.

3.2.1. Securement of necessary funding to support resource development.

3.2.2. Skills and expertise from the committees and membership to support the endorsement/adaption/development.

3.2.3. Pre-existing stakeholder engagement and opportunities for strategic collaboration (i.e., governmental or reputable external stakeholders/groups) to support the resource's development or clinical implementation.

Endorsement policy and procedure

1. Purpose

The RANZCP's maintains a suite of 'Best Practice Resources' comprised of self-developed and external clinical guidance documents and audio/visual resources. The purpose of this policy is to outline the process and requirements governing the RANZCP's endorsement of a 'Best Practice Resource' produced by external organisations and/or third parties.

2. Scope

This policy has been developed as a reference for RANZCP members, committees and staff, and external organisations and/or third parties. This policy is intended for clinical resources (e.g. clinical practice guidelines, consensus/position statements, clinician summaries, webinars, podcasts). The endorsement process for non-clinical resources is not covered by this policy (e.g. training events). Please note that the RANZCP does not endorse strategies and frameworks. For continuing professional development (CPD) resource endorsement, please refer to the CPD endorsement procedure policy.

3. Prerequisites for 'Best Practice Resource' endorsement

For the purpose of this policy, the RANZCP endorsement procedure is the process that the RANZCP undertakes to assess the quality of resources produced by external organisations and/or third parties against pre-determined standards or criteria.

For a resource to be considered for endorsement, it must:

- be relevant to the scope of practice of a specialist psychiatrist and be based on sound clinical and evidence-based principles
- include psychiatrist involvement in the resource's development and/or consultation
- not conflict with any existing RANZCP guidance
- include information on all direct and indirect funding provided (e.g. pharmaceutical companies)
- include declaration or transparency in the disclosure of any conflict of interests if identified and the steps taken to manage these interests.
- demonstrate the resource's overall quality, expected benefit to practice/community, and rationale for endorsement over other topic-relevant alternatives.

4. Commercial endorsement

Commercial endorsement occurs when an organisation or third party receives a benefit through association with the RANZCP. This potential benefit may include monetary or non-monetary gains (e.g. RANZCP endorsement may have the potential to be viewed as adding legitimacy to the organisation or third party).

The RANZCP will not consider commercial endorsement requests that would result in a direct monetary gain to the external organisation and/or third party (i.e., clinical resources that require a fee for their access/use).

All endorsement requests will be subject to an internal due diligence process to ensure that endorsements do not require alignment with, or benefit to, external organisations and/or third parties that pose an unacceptable risk of reputational damage to the profession or the RANZCP.

5. Types of endorsement

A clinical resource may be endorsed under this policy as either:

- An *"Endorsed clinical guideline"*, or
- An *"Supported resource"*

Endorsed clinical resource

The RANZCP's designation of an "Endorsed clinical guideline" is reserved for external clinical guidelines that have developed in accordance with the National Health and Medical Research Council's (NHMRC) guideline development principles and standards, or a demonstrably equivalent development standard.

Supported resource

The RANZCP may consider designating a resource a "Supported resource" where it meets the conditions outlined in *Prerequisites for endorsement* and has been recommended for endorsement but does not satisfy the requirements of an "Endorsed clinical guideline".

6. Procedure

If a resource has previously been endorsed, this does not mean that there is automatic endorsement or support for future versions of the resource. An application must be made each time and will be judged on its individual merits, as if for the first time.

The resource's intellectual property ownership remains that of the external organisation and/or third party. Please note that the RANZCP reserves the right to:

- Withdraw an endorsement, and archive or rescind a resource at its discretion.
- If applicable and practicable, republish the resource on the RANZCP website.
- Integrate the resource into adjacent RANZCP educational and continuing professional development (CPD) programs and resources.

All requests for endorsement under this policy are to be submitted via the Best Practice Resources Endorsement/adaptation proposal form.

Endorsement applications should provide sufficient detail and any supplementary materials that:

- Provide access to a complete copy of the resource proposed for endorsement.
- Detail the 'applicant' proposing the resource's endorsement (e.g., RANZCP committee/group, member/s, or external organisation and/or third parties)
- Identify any potential conflicts of interest among the applicant/s relevant to the RANZCP's endorsement of the resource.
- Demonstrate the resource's purpose and details of its expected benefits.
- Outline the clinical governance system employed during the resource's development and a system of identifying and managing conflicts of interest reconcilable with RANZCP policy.
- Details of how the resource was funded (if applicable).
- The rationale for endorsement over other topic-relevant alternatives.
- Details of any quality appraisal strategies or supporting materials that substantiate the resource's overall quality as a clinical resource.

For a step-by-step approval process, see Figure 1.

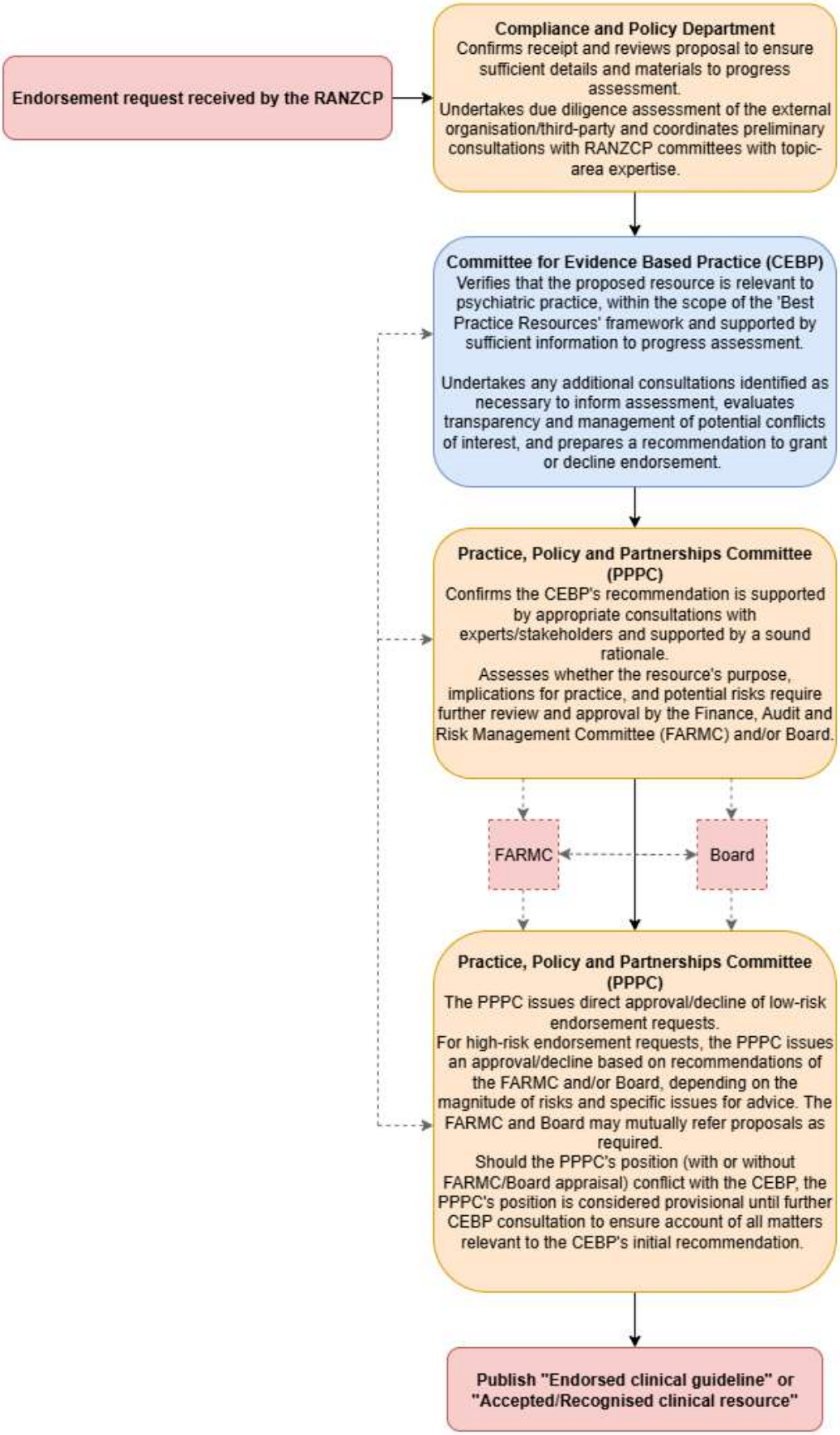


Figure 1. Flowchart of RANZCP endorsement process

7. Non-endorsement

On some occasions the RANZCP will review documents and may provide feedback for consideration as a requisite for considering the document for endorsement at a later date. In these cases, the RANZCP will provide formal feedback to the document originator outlining the RANZCP feedback and a request to review the revised document again prior to considering endorsement. The external organisation and/or third party can then decide if they wish to revise the document or to remove the endorsement request.

For those documents that have been reviewed and assessed as not suitable for RANZCP endorsement, a formal written letter will be provided to the document originator, outlining the reason(s) for the RANZCP decision.

8. Contact and Enquiries

For all enquiries about the RANZCP endorsement policy, please contact the RANZCP's Compliance and Policy Department via policy@ranzcp.org.

References

1. Kisely S, Herrman H, Chamoli S, Hemachandra D, Lawn S, Bajurny L, et al. Determining the future role of clinical practice guidelines: The experience of Australia and New Zealand. Australian & New Zealand Journal of Psychiatry. 2024:00048674241253475.

2. Health Research Consulting (hereco). Review of approaches for the development of high quality, evidence-based clinical practice guidelines for psychiatry. 2023.

3. American College of Cardiology and American Heart Association. Methodology Manual and Policies From the ACCF/AHA Task Force on Practice Guidelines. American College of Cardiology and American Heart Association; 2010.

4. American Psychological Association. Professional practice guidelines: Guidance for developers and users. The American psychologist. 2015;70(9):823-31.

5. Atkins B, Briffa T, Connell C, Buttery AK, Jennings GL. Improving prioritization processes for clinical practice guidelines: new methods and an evaluation from the National Heart Foundation of Australia. Health Research Policy and Systems. 2023;21(1):26.

6. Australian Health Ministers' Advisory Council. Establishing National Priorities for Clinical Practice Guidelines: Australian Health Ministers' Advisory Council; 2015 [Available from: https://www.safetyandquality.gov.au/sites/default/files/migrated/Establishing-national-priorities-for-clinical-practice-guidelines-2015-Discussion-paper.pdf.

7. Australian Living Evidence Consortium. The Living Guidelines Handbook: Guidance for the production and publication of living clinical practice guidelines. Australian Living Evidence Consortium; 2022.

8. Eccles MP, Grimshaw JM, Shekelle P, Schünemann HJ, Woolf S. Developing clinical practice guidelines: target audiences, identifying topics for guidelines, guideline group composition and functioning and conflicts of interest. Implementation science. 2012;7:1-8.

9. El-Harakeh A, Morsi RZ, Fadlallah R, Bou-Karroum L, Lotfi T, Akl EA. Prioritization approaches in the development of health practice guidelines: a systematic review. BMC health services research. 2019;19:1-10.

10. Mounesan L, Sayarifard A, Haghjou L, Ghadirian L, Rajabi F, Nedjat S. A manual for prioritizing the topics of clinical practice guidelines for family physicians. International Journal of Preventive Medicine. 2016;7(1):64.

11. National Institute for Health and Care Excellence. Developing NICE guidelines: the manual: National Institute for Health and Care Excellence London; 2014 [Available from: https://www.nice.org.uk/process/pmg20/chapter/introduction.

12. Oxman AD, Schünemann HJ, Fretheim A. Improving the use of research evidence in guideline development: 2. Priority setting. Health Research Policy and Systems. 2006;4:1-7.

13. Reveiz L, Tellez DR, Castillo JS, Mosquera PA, Torres M, Cuervo LG, et al. Prioritization strategies in clinical practice guidelines development: a pilot study. Health Research Policy and Systems. 2010;8:1-10.

14. Richter Sundberg L, Garvare R, Nyström ME. Reaching beyond the review of research evidence: a qualitative study of decision making during the development of clinical practice guidelines for disease prevention in healthcare. BMC health services research. 2017;17:1-14.

15. Sanabria AJ, Pardo-Hernandez H, Ballesteros M, Canelo-Aybar C, McFarlane E, de Guzman EN, et al. The UpPriority tool was developed to guide the prioritization of clinical guideline questions for updating. Journal of clinical epidemiology. 2020;126:80-92.

16. Schünemann HJ, Wiercioch W, Etxeandia I, Falavigna M, Santesso N, Mustafa R, et al. Guidelines 2.0: systematic development of a comprehensive checklist for a successful guideline enterprise. Cmaj. 2014;186(3):E123-E42.

17. Viergever RF, Olifson S, Ghaffar A, Terry RF. A checklist for health research priority setting: nine common themes of good practice. Health research policy and systems. 2010;8:1-9.

18. World Health Organization. WHO handbook for guideline development: World Health Organization; 2014 [Available from: https://iris.who.int/handle/10665/145714.

19. Deering K, Brimblecombe N, Matonhodze JC, Nolan F, Collins DA, Renwick L. Methodological procedures for priority setting mental health research: a systematic review summarising the methods, designs and frameworks involved with priority setting. Health Research Policy and Systems. 2023;21(1):64.