



The Problem:

The Department of Health and Aged Care did not have the infrastructure and capacity to convene cross sector, multidiscipline engagement and rapidly provide reliable COVID-19 treatment guidance to clinicians. The National Clinical Evidence Taskforce stepped into that gap.

The National Clinical Evidence Taskforce created the world's first evidence-based living COVID-19 treatment guidelines. The living COVID-19 guidelines provided a calm voice in the chaos and avoided catastrophic loss of life through use of unproven therapies or delayed implementation of effective therapies.

The Taskforce coordinated the voice of the Australian peak health organisations whose members were providing clinical care to people with COVID-19 - through a 100% consensus model.

The multidisciplinary guidelines played a critical role in providing clinical confidence to Australian clinicians and decision makers throughout the pandemic.

Commonwealth Government funding was vital to ensuring that all clinicians had free access to nationally consistent, evidence-based continually up-to-date advice in all settings. It also became a trusted source of information for media and consumers during a period of great uncertainty and at a time of much confusion and misinformation.

ABOUT THE AUSTRALIAN LIVING EVIDENCE COLLABORATION AND THE NATIONAL CLINICAL EVIDENCE TASKFORCE

Best evidence, supporting best care

Researchers from Cochrane Australia, based at Monash University in Melbourne, led the establishment of the Australian Living Evidence Collaboration in May 2018 - bringing together a group of close collaborators and early adopters of the Living Evidence approach in Australia.

Members of the Collaboration committed to evidence-based methods for developing guideline recommendations, embraced innovation and supported a collaborative approach to advancing Living Evidence capacity in Australia, particularly in the disease areas of stroke, arthritis, kidney and diabetes.

In March 2020, ALEC established the National Clinical Evidence Taskforce (NCET or the Taskforce) in response to the rapidly evolving SARS-CoV-2 scenario - at that point, a novel virus with unknown clinical impacts.

ALEC rapidly convened 200+ multidisciplinary contributors from 35 national peak health bodies representing all major clinical groups. The Taskforce provided up-to-date, evidence-based guidance for Australian clinicians caring for people with COVID-19 (the Guidelines). Initial funding in 2020 came from both government (MRFF and Victorian Government) and philanthropy with the Commonwealth Department of Health and Aged Care providing core funding from 2021-2022.

“It was just fantastic to have someone distilling all the evidence that was coming in and writing some high-level national guidelines that we could use as our source of truth, because there was just so much disparate information.”

Taskforce Impact Evaluation Survey February 2022

“If Australia can go for the gold with its national health guidelines, why can't we do it in our country and for other sectors?”

Global Commission on Evidence 2023

KEY PROGRAM OBJECTIVES:

- Unify: Deliver unified, up-to-date, evidence-based national clinical recommendations and guidance to support Australian clinicians caring for people with COVID-19
Guide: Develop practical clinical guidance for the management of post-acute COVID-19, updating as new research emerges
Disseminate: National COVID-19 Clinical Guidelines shared to jurisdictional and local clinical groups, including Clinical Councils, clinical networks, communities of practice, PHNs, etc.
Coordinate & Support: Work closely with the Commonwealth Department of Health and Aged Care to coordinate development of clinical guidance and provide summaries of clinical evidence for new COVID-19 therapeutics
Engage: Ensure the expertise of diverse stakeholder groups are incorporated into national guidance, and increase activities that engage these groups in preparation for implementation
Enhance and diversify: Enhance and diversify consumer engagement at every stage of the guideline development process



KEY ACHIEVEMENTS:



- **200+ recommendations**
- **134 updates, and 23 clinical flowcharts**

(Version 74.1 30 May 2023)



Rapid and rigorous development and approval process - from identification of new evidence to publication of guidance is on average 17 days. Critical evidence can be reviewed faster and the Taskforce development approval process accelerated to under two weeks.



Ongoing successful collaboration with 35 member organisations representing all the clinical professions involved in care of people with COVID in Australia



The transparent Taskforce recommendation processes, involving some of Australia's leading clinicians and researchers and approved by the 35-member organisations led to trust and respect from clinicians and decision makers both in Australia and internationally. *'By clinicians for clinicians'*



The Taskforce consensus recommendation model played a vital role in generating trustworthy clinical guidance in the absence of high quality evidence.

- **Establishment and ongoing management of 14 standing panels and working groups**, covering primary, acute, critical, and aged care settings; as well as paediatric and pregnancy care panels; and a consumer panel
- **TGA** - to assess data submitted to TGA to facilitate and align the timing of Taskforce recommendations with anticipated regulatory decisions
- **PBAC** - to reference outcomes and augment PBAC recommendations with available evidence on treatment candidacy decisions
- **Medicines Shortages** - to understand treatments under supply shortages, and communicate alternative treatments or interim adjustments until supply normalises
- **Living with COVID Taskforce** - swiftly developed Pathways to Care flowchart resource collaborating with Health Pathways and RACGP.



Taskforce guidance was the trusted and default source of evidence-based advice for clinicians, the media and consumers across the country. Clear, free and accessible guidance via multiple platforms - website, social media, electronic direct mail and SMS notifications.



Development of joint guidance prepared in collaboration with ICEG on personal protective equipment for health care workers during the COVID-19 pandemic. The independent and scientifically robust Taskforce guidance was critical to acceptance by the sector.



More than 200 leading clinicians volunteering their time from across disciplines and across urban, regional and remote Australia



- Innovative and adaptive response to changing needs or pandemic context including:
- Development of clinical flowcharts, decision tools, prescribing guides and FAQs
 - Sophisticated communications in regard to web design, electronic direct mail, visual aids and social media activity
 - Effective media management of complex and topical issues i.e. infection prevention and control, hydroxychloroquine and ivermectin.



KEY METRICS:

712,000+ website users
1.67+ million page views from
200+ countries and territories

145,000+
flowchart views

500+
clinical questions via website,
email and panellists

200+
contributing clinicians

26,000+
hours of unpaid time

1-2 week
average meeting frequency

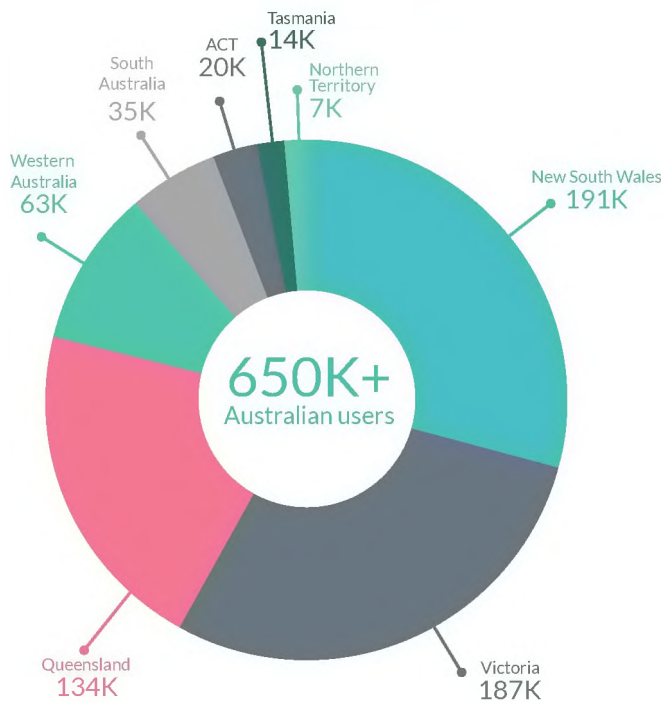
270+
clinical panel meetings

75+
Guidelines Leadership Group meetings

65+
Steering Committee meetings

82
regular communiques with average
open rate of 50%

26% above
industry average of <24 %



A useful and trusted resource for Federal and state health departments and clinical decision makers

RECOMMENDATIONS

The Commonwealth Government must provide funding for up-to-date, multidisciplinary clinical guidelines for routine clinical practice and in emergencies. This can be achieved by the funding of ALEC and its 64-members including ALL the major clinical organisations and strong consumer representation. To:

- ✓ Ensure a dedicated and sustainable model for developing and maintaining evidence-based clinical guidelines both routinely, and during crises.
- ✓ Maintain the capacity and convening power of bringing a combination of clinical and research experts together to solve complex problems swiftly without comprising scientific rigour
- ✓ Engage with key stakeholders and organisations across the health sector with a multi-disciplinary but unified approach; having everyone in the same initiative and onboard with the approach
- ✓ Maintain credible, transparent, independent and rigorous scientific methods and processes for the development of clinical guidance

Contact

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For further information, please view our [NCET 2020-23 summary](#).