



The Royal New Zealand
College of General Practitioners
Te Whare Tohu Rata o Aotearoa

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Tēnā koe

Asthma & Respiratory Foundation COPD Guidelines 2025 update – RNZCGP Feedback

The Royal New Zealand College of General Practitioners (the College) is the largest medical college in Aotearoa New Zealand with a membership of 6,018 specialist General Practitioners (GPs). Our General Practice Education Programme (GPEP) and Rural Hospital Medicine Training Programme (RHMTTP) trains the specialist General Practitioner and Rural Hospital Doctor workforce. The Medical Council of New Zealand accredits the College to deliver a Vocationally Registered workforce through its Continuing Professional Development Programme, making up 40 percent of the specialist medical workforce. The College is committed to prioritising the reduction of health inequities experienced by Māori, honouring Te Tiriti o Waitangi, and the rights of Māori. To do this we prioritise initiatives that support our members to develop cultural safety capability throughout our Training, Member Professional Development and Quality¹ programmes.

Our members provide first point of contact medical care to patients and their whānau to manage 90 percent of all patient healthcare concerns in the community. Each year approximately 24 million¹ patient contacts are recorded by 1,085 general practice teams working across Aotearoa.

RNZCGP Feedback on the New Zealand COPD Guideline 2025 update

Thank you for the opportunity to provide feedback on the New Zealand COPD Guideline 2025 update.

A College reviewer with a special interest in COPD has assessed the New Zealand COPD Guidelines against the RNZCGP Guideline Assessment Tool and provided feedback appropriateness for specialist GPs and clinical teams working in general practice.

¹ As at June 2025, 972 out of 1085 general practices met the RNZCGP Foundation Standard.

Comments on the guideline:

Principle 1: Guidelines should address a specific healthcare need

RNZCGP Guideline Assessment Tool – for College assessors				
	Questions:	Y/N	Relevant	Important
1	Do the guidelines address a specific health need that is recognised to be of major importance to the eventual users of the guidelines?	Y	Y	Y
2	Does the subject of the guidelines address: (a) an important health need in terms of, for example, high volume, high risk, high benefit? (b) uncertainty in care or new knowledge available? (c) large or undesirable variations in practice? (d) an important economic/resource need?	Y	Y	Y
3	Is there potential for the quality of care and/or health outcomes to be improved by use of the guidelines?	Y	Y	Y
4	Are the benefits expected through use of the guidelines of sufficient magnitude to warrant the effort of implementation?	Y	Y	Y
Notes: <ul style="list-style-type: none"> The importance of the update needs to be clearly communicated to users who have an awareness of multiple earlier iterations. 				

Principle 2: The aims and objectives of the guidelines must be clearly stated and achievable

	Test questions:	Y/N	Relevant	Important
1	Are the aims and objectives of the guidelines clearly stated?	Y	Y	Y
2	Is the clinical issue addressed by the guidelines stated specifically?	Y	Y	Y
3	Is the target patient population clearly identified?	Y	Y	Y
4	Are the healthcare providers who are intended to use the guidelines specified?	Y see below	Y	Y
5	Is the practice setting in which the guidelines will be employed specified?	Y see below	Y	Y
6	Is the health outcome hoped to be achieved by use of the guidelines specifically stated?	Y	Y	Y
7	Are the guidelines realistic and are they achievable in the relevant practice setting?	Y	Y	Y
8	Is the motivation of the developing group clear with respect to: (a) quality improvement? (b) increase/decreased utilisation? (c) solving a local problem?	Y	Y	Y
Notes: <ul style="list-style-type: none"> The updated targets 'health professionals' in a generic manner rather than specifying particular providers, and this is appropriate given the wide relevance. Similarly, the specific practice settings are appropriately not identified beyond community, hospital and training settings. The format as a Quick Reference Guide Update is useful, relevant and evidence based. The limitations of the update are clearly iterated. 				

Principle 3: Guidelines should be based on the scientific evidence and should clearly state the strength and source of that evidence

	Test questions:	Y/N	Relevant	Important
1	Are the guideline recommendations based on scientific evidence?	Y	Y	Y
2	Was the process: (a) Explicit evidence-based? (b) Evidence-based? (c) Global subjective agreement/consensus? (d) Unclear or no process evident?	Y see below	Y	Y
3	Were the methods used to collect, evaluate and synthesise the scientific evidence valid?	Y see below	Y	Y
4	Has any rationale been provided for evidence not included as part of the scientific evidence?	Y	Y	Y
5	Has the scientific evidence been graded to reflect the quality of the studies?	N	Y	Y
6	Have the recommendations been graded to reflect the quality of the evidence?	N	Y	Y
7	Have sources of scientific bias been considered and, if so, have the potential effects been discussed?	N see below	N	N
8	Does the evidence support a quantitative assessment of the benefits, harms and costs of different treatment options?	Y	Y	Y
9	Has a structured technique been used to reach professional consensus and how valid is the professional consensus?	Unclear, see below	N	N
10	Were persons with the appropriate expertise involved in collecting, evaluating and synthesising the scientific evidence?	Y	Y	Y
11	Do the guidelines state explicitly any value judgements made in combining the evidence?	N see below	N	N
Notes: <ul style="list-style-type: none"> • Statements in the 'Guidelines review' section address the process of using appropriate quality sources without being a systematic review nor a grading of level of evidence. This is appropriate given the resources used and the purpose of the review for a Quick Reference Guide. • Appropriate resources are identified for further assessment. • Bias is appropriately addressed by providing references 'only when they differ from COPD-X guidelines or GOLD.' • The guideline does not specify the structured technique used to reach consensus, and this is appropriate for a Quick Reference Guide. • The only reference to a value judgement is the avoidance of medication preferences by listing alphabetically. 				

Principle 4: Guidelines should be developed by a multidisciplinary panel that includes representatives from all key groups

	Test questions:	Y/N	Relevant	Important
1	Have representatives from groups expected to use the guide-lines been included in the development process?	Y see below	Y	Y
2	Are the skills, qualifications and expertise of the persons who developed the guidelines satisfactory for the type of guideline produced?	Y	Y	Y
3	Were all key stakeholders represented?	Y	Y	Y
4	Were the guidelines reviewed independently by relevant experts or outside panels prior to their publication/release?	Y	Y	Y
5	Was the process of selection satisfactory and was a Specialist GP with knowledge and skill in the subject and guideline process involved?	unknown		
Notes: <ul style="list-style-type: none"> The largest target group for this guide are likely to be general practitioners. There was only one general practitioner in the group. Furthermore, given that a target group are those involved in training facilities, it is unclear who in the group represent this target. 				

Principle 5: Guidelines should be flexible and adaptable to local conditions

	Test questions:	Y/N	Relevant	Important
1	Are the guidelines flexible enough to allow for differences in factors such as: (a) Target populations? (b) Geographical and clinical settings? (c) The presence of multiple complicating factors? (d) Patient/doctor preferences?	Y	Y	Y
2	Do the guidelines promote health equities for Māori?	Y	Y	Y
3	Do the guidelines identify any exceptions, which might be made in terms of their application?	Y	Y	Y
4	Do the guidelines address areas of uncertainty by providing broad treatment boundaries, thereby allowing for clinical judgement?	Y	Y	Y
4	If guidelines have been adapted to meet local needs, have the links with the supporting scientific evidence been maintained?	Y	Y	Y
Notes: <ul style="list-style-type: none"> Māori representation on the group is noted, and equity issues are well reflected in a thorough specific section. 				

Principle 6: Resource implications should be considered in the development and use of guidelines

	Test questions:	Y/N	Relevant	Important
1	Is any information provided regarding the estimated costs of developing and maintaining the guidelines?	N	N	N
2	Have resource implications been considered in these contexts?: (a) Health outcomes (b) Patient satisfaction (c) Provider satisfaction (d) Cost of development and implementation (e) Effects on the health care team (f) Total organisational impact	<i>Partially, see below</i>	Y	N
Notes: <ul style="list-style-type: none"> Issues of variable access to, for example, spirometry, pulmonary rehabilitation, holistic healthcare professional services, and health literacy/education are discussed, without detail on resource implications. This is beyond the scope of a Quick Reference Guide. 				

Principle 7: The means of ensuring that guidelines reach their target audience should be outlined

	Test questions:	Y/N	Relevant	Important
1	Are the means specified by which the guideline will reach the target audience?	Y	Y	Y
2	Does the dissemination strategy appear to be appropriate for the type of guideline being promulgated?	Y	Y	Y
Notes:				

Principle 8: Strategies for implementing the guidelines should be specified

	Test questions:	Y/N	Relevant	Important
1	Have appropriate strategies for implementation of the guideline been specified?	N see below	Y	N
2	Are there any specific local issues relevant to guideline implementation?	Not specified	N	N
3	Have the potential barriers to and promoting factors of the guideline been identified and, if so, has a suitable strategy been chosen to overcome or utilise them?	Y see below	Y	Y
4	Overall, can we implement this guideline?			
Notes: <ul style="list-style-type: none"> The implementation strategy is generic and vague: 'will require communication, education, and training strategies.' This may be appropriate for the purposes of a Quick Reference Guide. Barriers and promoting factors are partially addressed in various sections, with appropriate brief reference to strategies to respond. 				

Principle 9: The process behind the development, dissemination, implementation and evaluation of guidelines should be fully documented

	Test questions:	Y/N	Relevant	Important
1	Are full details provided of the processes behind the development of guidelines?	Y	Y	Y
2	Have key persons or groups that developed, funded or endorsed the guidelines been identified and disclosed?	Y	Y	Y
3	Were any potential biases, agendas and/or conflicts of interest of panel members noted and, if so, how were these accounted for?	Y	Y	Y
4	Are the sources of information used to develop the guidelines adequately referenced?	Y	Y	Y
5	Has a rationale been provided for how and why particular dissemination and implementation strategies were selected?	Y	Y	Y
Notes: <ul style="list-style-type: none"> Competing interests are documented 				

Principle 10: The effect of guidelines should be evaluated to determine if the aims and objectives have been achieved

	Test questions:	Y/N	Relevant	Important
1	Are the guidelines in actual use in their targeted practice setting?	Y	Y	Y
2	Is there appropriate information technology in place to capture and analyse the patient data?	Y	Y	Y
3	Have relevant review criteria been identified to assess the impact of guidelines on patient outcomes? Are these review criteria adequate?	N	N	N
4	If the impact of guidelines on patient outcomes has not been evaluated, have the guidelines been able to change attitudes or reduce practice variation?	See below		
5	Has the guideline planned to evaluate: (a) Health outcomes (b) Patient satisfaction (c) Provider satisfaction (d) Cost of development and implementation (e) Effects on the health care team (f) Total organisational impact			
Notes: <ul style="list-style-type: none"> While there are some references to the impact of COPD in New Zealand population groups, this is not extensive, nor is it important in a Quick Reference Guide. Evaluation of the impact of the guidelines will be important and is outside the scope of this guideline. 				

Principle 11: Guidelines should be regularly reviewed and revised

	Test questions:	Y/N	Relevant	Important
1	Are the persons/groups responsible for reviewing and updating the guidelines identified?	N see below	N	N
2	Do the guidelines provide publication dates for the supporting evidence?	Y	Y	Y
3	Do the guidelines mention a specific date for scheduled review or suggest an expiry date?	Y	Y	Y
Notes: <ul style="list-style-type: none"> The document states guidelines review will be in 2030 or earlier (according to new evidence) with no further detail. 				

Principle 12: Guidelines should be written in clear, concise language and be presented in an easy-to-use format

	Test questions:	Y/N	Relevant	Important
1	Are the major recommendations of the guidelines clear and unambiguous?	Y	Y	Y
2	Are the benefits, harms and costs of the recommendations presented in an explicit way?	Y	Y	Y
3	Does the guideline document use headings, indexes, lists, flow charts or other devices to enhance clarity?	Y	Y	Y
4	Do the guidelines make use of a structured abstract format to present the key information?	N	Y	Y
5	Do the guidelines offer a multi-tiered approach to providing information: complete document containing methodology, evidence and references; short summary of the principal recommendations for healthcare professionals; short summary of the principal recommendations for patients?	N see below	N	N
Notes: <ul style="list-style-type: none"> The abstract appears to be a 6-line paragraph on page 1 which states the aim and has no further summary detail. The document is a guideline update and therefore is a summary rather than full guideline resource. Therefore, further summary sections are not required. 				

Summary

Thank you for the opportunity to provide feedback on the update of the 2025 review of the New Zealand COPD Guideline.

We note the extensive work by the multidisciplinary working group and acknowledge the usefulness of this important update.

If you require further clarification, please contact Maureen Gillon, Manager Policy, Advocacy, Insights – Maureen.Gillon@rnzcgp.org.nz.

Nāku noa, nā



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¹ Ministry of Health, 2024 data.

