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**The Royal Australasian College of
Physicians' submission to the
University of Auckland**

**2024 Rheumatic Fever and
Rheumatic Heart Disease
Guidelines**

Here-turi-kōkā | August 2024

Introduction

The Royal Australasian College of Physicians (RACP) welcomes the opportunity to submit feedback to the University of Auckland on the 2024 Rheumatic Fever and Rheumatic Heart Disease Guidelines.

The RACP works across more than 40 medical specialties to educate, innovate and advocate for excellence in health and medical care. Working with our senior members, the RACP trains the next generation of specialists, while playing a lead role in developing world best practice models of care. We also draw on the skills of our members, to develop policies that promote a healthier society. By working together, our members advance the interest of our profession, our patients and the broader community.

Key points

The RACP acknowledges the authors for their important work. Rheumatic fever (RF) and rheumatic heart disease (RHD) are perhaps the starkest examples of inequitable health outcomes in Aotearoa.

Our members, including members of the Māori Health Committee and Paediatricians, indicate that overall the guidelines seem very thorough and well put together.

Chapter Specific Feedback

Chapter 1: Cultural Responsiveness

General comments:

- The Māori Health Committee (MHC) of the RACP strongly endorses the development of a national system for coordinating Acute Rheumatic Fever (ARF) care.
- The clear distinction between cultural safety, cultural competency, and Hauora Māori aligns with the approach being taken by the New Zealand Medical Council, as well as the RACP's MHC.
- This chapter recognises the impact that institutional racism and cultural responsiveness has on health outcomes in ARF and RHD. It recognises that children and young people have a right to equitable health outcomes, and it emphasises the critical part that Te Tiriti o Waitangi plays in the realisation of those rights. It offers an evidence-based approach to health practitioners and health service designers.
- With the inclusion of an Indigenous Object in its Constitution in 2023¹, the RACP has made a commitment to promote the principles of Te Tiriti and to achieve health equity for Māori. We affirm that the RACP has a major role to play in the elimination of inequitable health outcomes for ARF and RHD in Aotearoa.

Suggested revisions:

- In the paragraph headed "Inequities between ethnicities..." (page 2), the second sentence would be clearer if it said: "Research with Māori and Pacific peoples in both conditions in Aotearoa..."
- (page 2) Comma after "diagnostic practices" in third sentence.
- In the next paragraph (page 2/3) consider deleting "can" and "may" to make the sentences more direct:
 - "Culturally unresponsive care creates barriers to engagement with health services, promotes non-adherence to medication and reduces access to and uptake of health information. These barriers cause delays in diagnosis and management of sore throats and increases the risk of a..."

¹ The Royal Australasian College of Physicians. Constitution of The Royal Australasian College of Physicians, page 3 (1.1.9). Sydney: The Royal Australasian College of Physicians; 2023. Available from <https://www.racp.edu.au/about/board-and-governance/governance-documents>. Accessed 30 July 2024.

- In the same paragraph (page 2), we suggest “access to and uptake of...” rather than “access and uptake of...”

Chapter 2: Epidemiology

Suggested revisions:

- In the first bullet point (page 4), remove “patients”.
- In the final bullet point (page 6), “having four or more Māori or Pacific grandparents” – the “or more” should be removed, as it seems impossible to have more than four grandparents, unless step-grandparents are included.
- In the final bullet point (page 10), it is mentioned that 26.9% of the cohort had died at the latest follow-up. It would be useful to add an average age at death here.
- We note that in table 2.1 (page 11), there is likely to be an overestimate of rates of Strep A for Māori and Pacific children 5-14 years (second row). This is because programmes are in schools with few non-Māori and Pacific children.
- We also note that there are a lot of repeat references in the References section – these should be revised.

Chapter 3: Risk Factors for Strep A Infection, Acute Rheumatic Fever and Rheumatic Heart Disease

Suggested revisions:

- In the paragraph headed “Access to quality healthcare” (page 5), change “control studies” to “case-control studies”.
- We also note that there are a lot of repeat and unnumbered references in the References section – these should be revised.

Chapter 12: Developmentally appropriate care for Rangitahi

General Comments:

- A chapter focused on care of rangitahi is a great addition to the guidelines. This chapter is a good resource for anyone who provides healthcare to rangitahi in any speciality.
- A member has questioned whether there should be a broad definition of ages when the approaches in this chapter are going to be used/useful (e.g. the broadest definition of Young People being 10-25 years).

Suggested revisions:

- (Page 5, paragraph 2) tinana is misspelled.
- (Page 5, paragraph 4) Benzathine benzylpenicillin is a generic name so does not require capitalisation.
- (Page 7) Table 12.1: Early, middle and late developmental stages do not seem to fit well under Tip 2, which speaks to rangitahi involvement in service design and implementation. The table is an important prompt for clinicians working with an individual young person, to think about where they are at developmentally in different areas, so it is useful to include within the guidelines, but perhaps is not currently in the right place.
- (Page 10 and 11) ‘tamariki’ is used in the singular. It is usually used in the plural (so we suggest deleting the ‘a’ in front of it).

Conclusion

The RACP thanks the University of Auckland for the opportunity to provide feedback on this consultation. To discuss this submission further, please contact the NZ Policy and Advocacy Unit at policy@racp.org.nz.

We note that while an endorsement and the use of the RACP's logo was also sought, we are unable to provide this until a final draft of the 2024 Rheumatic Fever and Rheumatic Heart Disease Guidelines has been provided, following the incorporation of the feedback sought. We look forward to receiving this.

Nāku noa, nā



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