

Scope Document
Bariatric Rehabilitation Position Statement Working Group

Purpose

The Australasian Faculty of Rehabilitation Medicine Faculty Policy & Advocacy Committee (AFRM FPAC) is seeking to establish a Working Group to develop a Position Statement on Bariatric Rehabilitation for an initial period of 12 months. The RACP has limited current positioning on bariatrics – most recently, the RACP [Position Statement on Obesity](#) included a section and a recommendation advocating that governments in Australia and New Zealand should provide equitable access to bariatric surgery in public hospitals for all suitable patients who have severe obesity. This AFRM Working Group would be established for a period of 12 months through an EOI process open to all AFRM members and physicians with relevant expertise. The EOI will also seek a paediatric rehabilitation medicine physician, a public health physician and a Fellow from The Royal Australasian College of Surgeons (RACS) to join the Working Group.

Background/Context

There is a small but growing number of bariatric patients being referred to inpatient rehabilitation services. These often expose limitations in equipment, architecture, and staff expertise. The issue of subsequent management arises at discharge – can they participate in an outpatient program? Can they access a bariatric surgical program? Are they suitable for such an approach? Could we have been involved much earlier in the course? It also important that patients undertaking bariatric surgery have access to psychological and psychiatric support, should they require it. The problem lends itself to an inter-disciplinary approach with rehabilitation medicine involvement in the team, be that at a community primary preventative, pre-surgical prehabilitative, or post-surgery maintenance program. Bariatric rehabilitation has been identified as an important area of future growth in rehabilitation medicine practice and is noted in the AFRM Council Work Plan for 2019-2020. This is an opportunity for the AFRM to take a leadership role in this area alongside medical, surgical, and allied health colleagues.

Alignment

The RACP has limited current positioning on bariatrics: the proposed work of this AFRM-led Working Group will build on the current RACP work on obesity and the section in the College's Position Statement on Obesity which states that governments in Australia and New Zealand should provide equitable access to bariatric surgery in public hospitals for all suitable patients who have severe obesity. In 2011 AFRM developed [Standards for the provision of Inpatient Adult Rehabilitation Medicine Services in Public and Private Hospitals](#).

Deliverables

The Working Group, with support from the P&A Unit, will develop a position statement on bariatric rehabilitation based on up to date evidence from experts and peer-reviewed literature such as [this](#) research paper, *Rehabilitation needs after bariatric surgery* to develop recommendations and define appropriate practice for rehabilitation medicine physicians who specialise in bariatric rehabilitation in Australia and New Zealand. Both inpatient and outpatient rehabilitation and the role of prehabilitation in bariatric surgery will be covered in the position statement. Useful guidelines to draw from are listed below.



- 1) US Clinical Practice Guidelines for the Perioperative Nutrition, Metabolic, and Nonsurgical Support of Patients Undergoing Bariatric Procedures (<https://www.sciencedirect.com/science/article/abs/pii/S1550728919310792>)
- 2) European Practical and Patient-Centred Guidelines for Adult Obesity Management in Primary Care (<https://www.sciencedirect.com/science/article/abs/pii/S1550728919310792>)
- 3) European Guidelines for Obesity Management in Adults 2015 (<https://www.ncbi.nlm.nih.gov/pubmed/26641646>)
- 4) NIH Managing overweight and obesity in adults, systematic evidence review 2013 (<https://www.nhlbi.nih.gov/sites/default/files/media/docs/obesity-evidence-review.pdf>)
- 5) NHMRC guidelines for management of overweight and obesity (guidelines, review and summary) (<https://www.nhmrc.gov.au/about-us/publications/clinical-practice-guidelines-management-overweight-and-obesity>)

The proposed audience is physicians, surgeons, general practitioners and other health professionals who treat bariatric patients.

Stakeholders

Relevant committees within the College's Divisions, Faculties and Chapters as well as relevant Specialty Societies, including:

- AFRM
- AMD
- AYAM
- ACPHM
- PPAC (particularly experts on child bariatrics/obesity/rehabilitation)
- New Zealand Society for the Study of Diabetes
- Australian Diabetes Society
- Gastroenterological Society of Australia
- New Zealand Society of Gastroenterology
- NZ Committee Obesity WP

As RACS are a key stakeholder in the development of this position statement, they will be consulted on the draft position statement and included in the Working Group. Other external stakeholders include general practitioners, allied health, patients and relevant organisations.

Assumptions

- In scope:
 - Development of a position statement on Bariatric Rehabilitation in consultation with relevant College bodies and other stakeholders. This will cover both AU and NZ and adult and paediatric patients.
- Out of scope:
 - The development of clinical guidelines is out of scope
 - Bariatric surgery is out of scope
- Interest and availability of members with relevant expertise to lead this work.
- Resources (financial and staff time):



- Staff capacity: We are proposing to resource this work within the P&A Unit’s allocated resources for DFaC work
- Financial resources: We do not expect significant financial resources being required for this work beyond those already available to the P&A Unit to access relevant resources, hold teleconferences, etc. A representative on the working group from RACS may require payment.

Proposed timeline

Work will commence upon approval of the scope document by AFRM PAC, AFRM Council and CPAC Executive Committee.

P&A will provide policy support to the Working Group, and Member Services will have ownership of establishment of the Working Group including drafting the Terms of Reference, EOI and selection process.

The following table includes approximate timings for the work of this Working Group once its membership has been confirmed by Member Services.

Tasks	Approximate timeline
First teleconference meeting	Within 1 month of membership confirmation
Draft Statement	4 months
Consultation with relevant College bodies and RACP-affiliated Specialty Societies	2 months
Revise draft statement following internal consultation	1.5 months
Consultation with key external stakeholders	2 months
Revise draft statement following external consultation	1.5 months
Final approvals from FPAC, CPAC and PRACP	1 month

Note: Work must be commenced within 3 months of scope approval. After this period, the scope must be resubmitted to CPAC for approval.