1. PURPOSE

The purpose of this framework is to provide guidance to ANZCA Council, President, Fellows, trainees and staff when developing policies, procedures and guidelines to ensure there is continuity of content and style across the College. For the purposes of this document reference to ANZCA also includes the Faculty of Pain Medicine.

This framework does not regulate the development of College governance documents developed by Council such as the constitution, regulations and committee terms of reference, or the professional documents.

2. INTRODUCTION

As an organisation ANZCA develops different types of policies for different purposes. It is important to differentiate corporate policies, procedures and guidelines for staff, from clinical and technical professional documents and endorsed guidelines developed for the fellowship and trainees. ANZCA also develops policies in partnership with other organisations for collaborative purposes such as the Anaesthesia Continuing Education Coordinating Committee (ACECC).

This document provides the information necessary for ANZCA staff seeking to develop new corporate policies, procedures and guidelines. For further information on the professional documents please see A01 Policy for the development and Review of Professional Documents located at http://www.anzca.edu.au/resources/professional-documents. Further information concerning ACECC can be found on the http://www.acecc.org.au/ website.

The ANZCA policy framework comprises the following components:

3.1 Corporate policy register
Houses all of the College’s corporate policies and procedures.

3.2 Policy hierarchy
Illustrates the relationship between ANZCA’s various policies.

3.3 Corporate policy and procedure development
Provides details on the development of policies and procedures as well as templates.

3.4 Roles and responsibilities
Outlines responsibility for development, access and approval.

3.5 Definitions
Clarifies the terminology surrounding the variety of policies in use at ANZCA.

3. BODY OF FRAMEWORK
3.1 ANZCA CORPORATE POLICY REGISTER

The ANZCA corporate policy register is home to all of ANZCA’s corporate policies and procedures. Any amendments to policies and procedures approved by council and/or the chief executive officer (CEO) are to be uploaded into the collection, ensuring a central location for staff to access policies and robust version control. Access to policies is restricted to read only and all policies are published as pdf's to prevent unapproved editing. Approved changes are to be submitted to the Policy Unit for uploading to the policy register.

3.2 POLICY HIERARCHY

An alternative way of visualising policy is provided as appendix 1.
3.3 POLICY AND PROCEDURE DEVELOPMENT

The policy cycle is a helpful way to conceptualise policy development. Policies evolve along with organisations, and are affected by changes that occur both internally and externally. Once a policy has been adopted, it is continuously evaluated, which informs the ongoing policy development. This ensures policies remain up to date, and relevant to both ANZCA’s day to day business as well as strategic direction.

(Policy cycle: adapted from Ministry of Health NZ)

Policy development at ANZCA follows a rational document development cycle based on this approach and specific to ANZCA’s organisational structure. New policies should be developed with consultation from across the College to ensure affected stakeholders have the opportunity to contribute to the process. Professional document \textit{A01} outlines the process for ANZCA’s professional documents and a similar process is used for developing ANZCA policies. Policy developed for the College should follow the steps below.

3.3.1 Decision for document

Prior to developing a new policy it is important to review what relevant ANZCA documentation already exists. If it is determined that there is a gap it may be appropriate to develop a new policy or procedure. If ANZCA already has a relevant document it may be preferable to review and update an existing policy or procedure rather than developing a separate document. The decision to draft a new document should be made with a unit’s general manager and, dependent on the policy, with other relevant approval.

3.3.2 Who will produce the document

ANZCA units are responsible for generating the necessary administrative policies and procedures to govern their own specific areas of work (for example, time in lieu policy is managed by the Human Resources Unit and the internet, email and computer use policy is managed by the Information Technology Unit). Policies concerning wider corporate governance (for example, intellectual property or privacy) are usually developed within the Department of the CEO.

3.3.3 Research/preliminary consultation

Policy should never be developed in a vacuum. It is important and helpful to scan the current landscape prior to attempting to develop a new policy for ANZCA. It is essential to consider existing ANZCA documents, as summarised in the policy hierarchy above. Other medical colleges, universities, government departments and medical organisations may have resources that can inform the development process.

It may also be useful to undertake preliminary consultation with key stakeholders (for example, relevant ANZCA units or committees whose work may be affected
by the development of a new policy or changes to an existing one). It is useful to have specific questions to put to stakeholders after doing preliminary research.

3.3.4 **Drafting**
Once a policy or procedure has been approved the relevant policy template or procedure template should be used to guide development. The templates provide instructions on formatting and content; completed examples are available for reference. Questions can be referred to the Policy Unit, policy@anzca.edu.au. In addition, the ANZCA style guide should be adhered to when producing any College document.

3.3.5 **Draft approved by authority**
Once a completed draft has been developed it should be approved by the relevant author. If the draft is not approved it may require additional research and consultation prior to redrafting.

3.3.6 **Full consultation on draft**
The draft should be made available to key internal and external stakeholders for comment as well as more broadly to ensure all stakeholders have an opportunity to provide feedback.

3.3.7 **Draft revised incorporating feedback**
Feedback should be incorporated into the draft as appropriate.

3.3.8 **Final draft approved by authority**
The final draft should be approved by the relevant author.

3.3.9 **Promulgation**
College policies and procedures with relevance beyond a single unit must be made available through the ANZCA policy register. The policy should be provided to the policy officer who will then review and upload it to the appropriate area of the register.

3.3.10 **Review**
Any feedback provided should be compiled with a view to it being included as part of the review process. Policies should be reviewed on a regular basis. ANZCA policies should be reviewed at least every three years, while procedures outlining more detailed activities reviewed at least every two years. Dependent on the requirements of individual units, it may be appropriate to review policies and procedures annually or more frequently as desired.

3.4 **ROLES AND RESPONSIBILITIES**

3.4.1 **Development**
The need for policies may originate from different parts of the College. A unit’s general manager is responsible for determining the need for specific unit policies or authorising policies relevant across the College.

3.4.2 **Access**
All staff are able to access relevant ANZCA policies and procedures through the policy register. Policies are stored in pdf format to ensure security; for access to editable versions please contact the relevant unit.
### 3.4.3 Approval authority

<table>
<thead>
<tr>
<th>Policy/procedure category</th>
<th>Examples of policies in this category</th>
<th>Approval authority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corporate governance</td>
<td>financial delegations, privacy, intellectual property, conflict of interest, bullying, discrimination and harassment, community representation, travel</td>
<td>President/Council/Executive</td>
</tr>
<tr>
<td>Operational</td>
<td>human resources, OHS, finance administration, information technology, records management, communications</td>
<td>CEO/GM</td>
</tr>
</tbody>
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### 3.5 DEFINITIONS

#### 3.5.1 Mission

The College’s mission is “to serve the community by fostering safety and quality patient care in anaesthesia, perioperative medicine and pain medicine”.

The mission statement guides all College activities, including training, examinations, assessment, and facility accreditation. The objectives of the mission can be found [here](#).

#### 3.5.2 Constitution

The College’s constitution sets out the form, reasons and purpose for the College. It defines the objectives of the College and lists the powers vested in the corporate entity to achieve those objectives. Income and property accrued by the College shall be applied solely to achieve the stated purposes.

#### 3.5.3 Regulations

The regulations govern the conduct and management of the College, consistent with the objectives of ANZCA’s constitution. The ANZCA Council is responsible for making, amending and repealing all regulations.

#### 3.5.4 Policy

A policy is a concise, formal and mandatory statement of principle adopted by ANZCA. Policies support the College’s decision making with overarching direction at a high level. As overarching documents, providing strategic direction, policies must be approved by the relevant approval authority. Policies should be reviewed at least every three years to ensure they align with current College direction (operational policies may require more frequent review).

#### 3.5.5 Procedure

A procedure is the official method of fulfilling a policy’s objectives and may include a series of actions in a specific order. Mandatory steps required to implement or comply with a policy, may be revised frequently in line with changing business needs. As procedures tend to be process and operationally oriented they must be approved by the CEO. Procedures should be reviewed at least every two years.
3.5.5.1 Process
The term “procedure” (3.5.5) is preferred to process. A process is also a systematic method for accomplishing a task.

3.5.6 Guideline
A guideline offers advice in relation to a particular topic. Guidelines provide best practice recommendations and information to assist individuals however adherence is not mandatory.

3.5.6.1 Endorsed guidelines
These are guidelines developed by external organisations on aspects of the practice of anaesthesia and perioperative medicine of use to ANZCA Fellows and trainees that the College has formally approved at the council level.

3.5.6.2 Guides
ANZCA produces guides for staff that are usually more detailed than a guideline and provide extensive direction to staff in support of College policies. The ANZCA style guide for example provides detailed guidance for staff, Fellows and trainees producing written or pictorial material on behalf of the College.

3.5.6.3 Clinical guidelines
The College publishes clinical guidelines categorised as professional documents. See 3.5.7.1.

3.5.7 Professional documents
The professional documents define the College’s requirements for training and for hospitals providing such training, provide guidance to the College’s Fellows on standards of practice, define the College’s policies, and serve other purposes that the College deems appropriate. Professional documents are also referred to by government and other bodies, particularly with regards to accreditation of healthcare facilities. Currently, most ANZCA professional documents are of three types:

3.5.7.1 Clinical guidelines
Clinical guidelines provide guidance on the standards of practice. These documents demand a systematic approach to obtaining evidence, even if limited to expert consensus.

3.5.7.2 Policy documents
These documents deal with matters within the authority and control of the College. A01 Policy for the Development and Review of Professional Documents is an example of a document in this category.

3.5.7.3 Statements
Statements define the position of the College on certain matters such as PS40 Statement on the Relationship between Fellows, Trainees and the Healthcare Industry.
3.5.8 Educational documents
Educational documents are informative resources produced by the Faculty of Pain Medicine for Fellows and trainees. Educational documents strive to provide broader learning in aspects of pain medicine, education and practice.

4. CHANGES TO ANZCA POLICY FRAMEWORK
The College may modify or amend the policy framework at any time. Formal notice of amendments will not ordinarily be given, but the current policy framework will be available via the College policy register. The latest version of the framework can be accessed via the College policy register or by contacting the Policy Unit policy@anzca.edu.au or 61 3 9510 6299.

5. CONTACTS
The policy unit manages the policy register and is responsible for updating versions and ensuring quality control. Any questions or concerns about the framework, register or the policy development process can be directed to the Policy Unit at policy@anzca.edu.au or 61 3 9510 6299.

6. CHANGE CONTROL REGISTER
The change control register should be updated to include each new version of the policy. Revisions to the document that are not considered new versions should be marked as 1.1 or 1.2. These types of revisions may be minor changes that do not in effect change the policy, such as reformatting or changing contact details of relevant policy owners.

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<th>Approved by</th>
<th>Approval Date</th>
<th>Sections Modified</th>
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<td>Executive</td>
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<td>CEO</td>
<td>March 11, 2014</td>
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APPENDIX 1

ANZCA Policy Hierarchy

- **mission**
- **constitution**
- **regulations**
- **policy:**
  - professional documents*,
  - college guidelines**, ACECC guidelines, endorsed guidelines
- **operational procedures**

- **legislation/regulation**
- **community expectations**
- **changes in knowledge, practice and technology plus broader policy landscape e.g. government’s health reform agenda, ASA professional documents**
- **expectations/obligations regarding accountability, justice, transparency, best practice**

* A01 categories: administrative, examinations, professional standards, technical, training and education
** e.g. code of professional conduct, privacy policy, community representation (Aust)

Last updated: 18 January 2012