



Short title: Professional document framework

1. Purpose

The purpose of this policy is to describe the document structure (framework) to be used when writing or revising professional documents produced by the Australian and New Zealand College of Anaesthetists (“the college”). It is to be used in conjunction with *CP24 Policy for development and review of professional documents (CP24 Professional document process)*.

2. Scope

This policy regulates the management and structure of the college’s professional documents, comprising the following document types: standards, policies, position statements and guidelines. See *CP01 Listing of standard abbreviations and definitions for professional documents* for description of terms.

The development and review processes for professional documents is governed by *CP24 Professional document process*.

The following documents are not within the scope of this policy:

- Governance or administrative documents unrelated to the professional document development process.
- Education and training documents (for example curricula, handbooks).
- Responses to government agencies including letters and support documents for position statements.
- Regular college and faculty communications (for example *Bulletin*, e-newsletters).
- Scientific publications (for example, Acute Pain Management: Scientific Evidence, Australasian Anaesthesia).

3. Labelling of documents

The purpose of the following labelling system is to assist in document identification and retrieval. The document must be labelled as a professional or corporate (administrative) document in the first field; policy, standard, position statement or guideline in the second field; and number in the third field. The hierarchy of the second field is described in section 3 above. The code (PM) will be then applied in the fourth position if the document was developed by the Faculty of Pain Medicine, primarily for its use.

Please refer to the table below for labelling of documents using the aforementioned nomenclature:

Field	Nomenclature	Coding
First	Letter	P for professional C for corporate
Second	Letter	D for standard P for policy S for position statement G for guideline
Third	Number	Starting at 01
Fourth	Faculty of Pain Medicine qualifier	blank for ANZCA developed Professional Document (PM) for FPM developed document
Fifth	Primacy	blank for Professional Document BP for Background Paper

4. Principles of document management and structure

This section must be read in conjunction with the documents governing the processes of ANZCA professional document development¹, FPM professional document development² and endorsement of externally developed guidelines³.

All documents must adhere to the ANZCA Records Management Policy (or similar) and its direction on the access, storage, and disposal of records.

The principles outline the key aspects of the structure and core components for all professional documents that ANZCA produces. This provides a systematic approach to college professional documents.

Each professional document will have a Background Paper. Some professional documents will have an appendix for discrete matters that are subject to change more frequently than the body of the professional document.

4.1 Document management and oversight

¹ [CP24](#) Policy for development and review of professional documents.

² [PP01\(PM\)](#) Policy for the development and review of professional documents.

³ [CP25\(G\)](#) Policy on endorsement of externally developed guidelines.

Each new or revised document must have a document custodian (in most cases an oversight committee or group). Management and support for the development process will be provided by the policy unit of ANZCA.

The custodian will ensure provision of clear processes for decision-making, including who is authorised to initiate document development, review, and withdrawal, as well as proposed changes. (See *CP24 Professional document process*).

The custodian must ensure that document development or revision pathway follows the processes described in CP24¹ or PP01².

4.2 Professional document structure

Each new or revised document must use the current ANZCA Professional Document template (available from the policy unit) and have:

- a. Clear *branding* to show it is a college document.
- b. *Labelling* as detailed in item 3 above, followed by;
 - A title that clearly reflects what type of document it is and identifies the context in which it is to be applied, and;
 - Year of current document.

4.3 Sections including:

- a. Statement of purpose (what the document is intended to achieve)
- b. Scope of document (to whom it applies and in what context)
- c. Background (a brief description of the context in which the document has been developed (noting that more detail can be provide in the Background Paper (BP)
- d. Definitions (many definitions will apply across many documents and will be recorded centrally in *CP01 Listing of standard abbreviations and definitions for professional documents*. Local definitions need to be described in this section.)

4.4 Body of document

- a. Section numbering sufficiently precise to facilitate easy reference to key components of the document

4.5 At the end of document:

- a. Related document references, to ensure correct interpretation and application of the document
- b. References in the professional document should be to other professional documents or to other sources where strictly necessary for clarity. Otherwise, references should be included in the Background Paper.

4.6 Document review:

- a. The need for review of documents will be prioritised based on consideration of the level of significant knowledge or practice change that makes current recommendations outdated. This can include a change in scientific evidence or new college regulations. See *CP24 Professional document process* for further information on review steps and processes.
- b. An exception to the formal review processes is with 'Living Documents'. These are professional documents where content is likely to be updated frequently due to non-controversial administrative requirements (eg new definitions in *CP01*) or where there is a need to apply rapidly changing evidence (eg *PG68(A) Guideline on surgical patient safety for SARS-CoV-2 infection and vaccination 2023*). The DDG for these documents may be developed according to their specific requirements, however promulgation will be approved directly by the oversight group with no 'Pilot' phase.

4.7 Date of promulgation

4.8 Name of the authorising oversight committee or group

4.9 The stakeholders who were consulted (internal and external)

4.10 History of document review

4.11 Appendix if required

4.12 Background Paper

Each professional document should have a Background Paper which:

- a. Outlines the background for the professional document
- b. Expands on the rationale for the inclusions therein
- c. Describes the development process, including the sources of evidence (literature review process etc.)
- d. References limited to support of statements made in the document and limited number supporting further reading if required
- e. List of DDG and expert group members

4.13 Administrative Steps in document development are outlined in *CP24 Professional document process*

- a. The decision to draft a new document should be made with the Director of Professional Affairs (DPA – Policy) in association with the council. This may be supported by a recommendation from the relevant oversight committee or group.
- b. Prior to developing a new document, it is important to review what relevant college documentation already exists. If it is determined that there is a gap it may be appropriate to develop a new document.
- c. If the college already has a relevant document, it may be preferable to review and update an existing one rather than develop a separate document.

- d. Once approved for pilot or final version, professional documents are considered operational and must be made accessible through the college website

4.14 Administrative considerations in document review (to be noted in conjunction with *CP24 Professional document process*)

- a. All feedback received should be collated and considered as part of the review process to inform further iterations.
- b. Documents should be comprehensively reviewed based on priority and a periodic review of linked references (see 'd' below). Priority will be based on changes in practice areas, available evidence and priorities for review.
- c. The document custodian (oversight committee or group) should liaise with the DPA – Policy if it is thought that an earlier review is warranted.
- d. A 'citation web-link' review will occur for all professional documents at least every two years to ensure that web-based citation links are still valid.
- Link access dates should be updated where still valid (using 'accessed on [date])
 - Should a link be found to be 'broken' then the link should be corrected if the same content is addressed and with an updated 'accessed' date
 - Should the content of a link be found to be an updated version of an original reference document then the new link should be provided with an 'accessed' date and a statement "This link has been updated, however the content has not yet been formally reviewed by ANZCA".

5. Concerns or comments

Should there be any concerns about the Professional Document Framework, the DPAs – Policy may be contacted on +61 3 9510 6299 or via profdocs@anzca.edu.au. Requests must be in writing and resolution of concerns will be sought as promptly as possible.

6. Definitions

A glossary of terms is available in *CP01 Listing of standard abbreviations and definitions for professional documents*.

7. Related documents

CP01 Listing of standard abbreviations and definitions for professional documents

[CP24 Policy for the development and review of professional documents](#)

[CP25\(G\) Policy on endorsement of externally developed guidelines](#)

[PP01\(PM\): Policy for the development and review of professional documents](#)

[ANZCA Business Records Policy](#)

[ANZCA Privacy Policy](#)

[ANZCA Intellectual Property Policy](#)

[ANZCA Copyright Guidelines](#)

This document is accompanied by a Background Paper which provides more detailed information regarding the rationale and interpretation of the Professional document framework.

Professional documents of the Australian and New Zealand College of Anaesthetists (ANZCA) are intended to apply wherever anaesthesia is administered and perioperative medicine practised within Australia and New Zealand. It is the responsibility of each practitioner to have express regard to the particular circumstances of each case, and the application of these ANZCA documents in each case. It is recognised that there may be exceptional situations (for example, some emergencies) in which the interests of patients override the requirement for compliance with some or all of these ANZCA documents. Each document is prepared in the context of the entire body of the college's professional documents, and should be interpreted in this way.

ANZCA professional documents are reviewed from time to time, and it is the responsibility of each practitioner to ensure that he or she has obtained the current version which is available from the college website (www.anzca.edu.au). The professional documents have been prepared having regard to the information available at the time of their preparation, and practitioners should therefore take into account any information that may have been published or has become available subsequently.

Whilst ANZCA endeavours to ensure that its professional documents are as current as possible at the time of their preparation, it takes no responsibility for matters arising from changed circumstances or information or material which may have become available subsequently.

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