Policy for the development and review of professional documents

Background Paper

1. Statement of intent

The professional documents (hereafter "the documents") of the Australian and New Zealand College of Anaesthetists (ANZCA) stem from ANZCA's Mission to foster safety and high quality patient care in anaesthesia, perioperative medicine and pain medicine. One of the major objectives flowing on from the Mission is to promote professional standards and safety.

The aim of the suite of documents is to identify standards of performance that span clinical and professional practice. They offer guidance to anaesthetists and pain medicine specialists based on best practice and through the development of evidence-based recommendations. They also identify standards that are applicable to healthcare facilities to ensure that safety is not compromised through inadequate resources. Accreditation of training sites is contingent upon compliance with relevant guidelines and position statements.

All anaesthetists, pain medicine specialists, and healthcare facilities are strongly encouraged to endeavour to adhere to, and implement, the recommendations contained within the ANZCA professional documents.

2. Background

The college promotes the highest standards of perioperative care, based on available evidence, consultation, and expert consensus. Many of the current documents are crucial for promoting the quality and safety of care for patients undergoing anaesthesia for surgical and other procedures. Other documents provide guidance on relevant college policies. The documents are a valuable resource for a broad range of stakeholders including Fellows and trainees, specialist international medical graduates, healthcare facilities, training sites, bureaucrats and the wider community.

The documents on college policy must be clear, and precise in stating a plan or course of action that is to be followed. Documents supporting standards, whether they be guidelines or position statements, must be accurate, up to date, ideally reflect best practice, and be evidence-based when possible. Driven by these requirements, *CP24(G) Policy for the development and review of professional documents* describes the process for development and review of the documents.

This revision (2018) was undertaken as part of the regular professional document review cycle. Additionally, changes in governance and committee structures have impacted on the process of development and review. The formation of the Professional Affairs Executive Committee (PAEC) and changes to reporting hierarchy between ANZCA Council, PAEC, and the Safety and Quality Committee (SQC) have necessitated review of the terms of reference for those committees and their delegations. Consequently, the accompanying policy has been updated to reflect current approval pathways for professional document development and review.

Prior to this document's implementation, most ANZCA professional documents were compiled and reviewed through a process coordinated by individual councillors. The process involved consultation with regional/national and other committees, and other experts to produce documents based on expert consensus, however, there was no standardised process or presentation of background information.

In addition to the 'CP24(G)' process, a Director of Professional Affairs (Professional Documents), hereafter "DPA (PDs)" was appointed in 2010, who now contributes substantially to this process.

On occasion the college identifies areas where a more detailed, systematic guideline is desirable and strong supporting evidence is available (for example, Acute Pain Management: Scientific Evidence).

The resources required for development and revision of such documents are considerable and often exceed the requirements of 'routine' ANZCA professional documents. The process outlined in *CP24(G) Policy for the development and review of professional documents* should be tailored to the needs of each document. This may include the use of appendices that identify specific matters where change occurs rapidly, and for the documents to remain contemporaneous and accurate they require more frequent review. Isolating such issues avoids the need to undertake a complete review of the professional document and consequently, saves on resources and is more efficient.

Professional documents are usually reviewed every five years or as required in line with changes in knowledge, practice and technology, as well as to maintain applicability across all jurisdictions in Australia and New Zealand. Under circumstances where it is deemed that there has been little change since the current version the oversight committee may direct a preliminary review to determine whether an abbreviated revision is appropriate.

3. Classification

3.1 In general terms there are three types of ANZCA professional documents whose pathway for development is outlined in the accompanying policy:

3.1.1 Policy documents

These documents deal with matters within the responsibility or authority of the college. They are derived from the overarching mission and the regulations. A policy is a concise, formal and mandatory statement of principle or course of action. Policies support the college's decision making and advocacy with overarching direction at a high level.

3.1.2 Statements

These documents define the position of the college. They may also be referred to as 'Position Statements', particularly if they have social or political implications, and are not prescriptive.

The college produces other 'position statements' that do not form policy or standards, however, they set expectations and may drive change. These must be distinguished from professional documents as their pathway for development differs from that described in the accompanying policy.

3.1.3 Clinical guidelines

Clinical guidelines identify and support standards for anaesthesia and perioperative medicine. These documents require a systematic approach to obtaining the evidence, even if that evidence is limited to expert consensus. Guidelines reflect standards, which may be aspirational, and are not prescriptive.

3.2 Previously, documents were classified as:

3.2.1 A Administrative

3.2.2 PS Professional standards

3.2.3 TE Training and educational

The previously included classification of EX (Examinations) has been removed as those documents are now incorporated into the relevant trainee handbooks. While TE11 retains relevance to a few trainees training under regulation 37, it will, over time, become redundant as all trainees will complete scholar role activities in the vocational training program. Consequently, for the purposes of CP24(G) there is no need to reference new TE documents.

4. Clinical guidelines

4.1 Assessing clinical guidelines

Tools have been developed for producing and assessing clinical guidelines[1,2] and thoroughly reviewed by the National Institute for Clinical Studies. Ultimately, the most important criteria that clinical guidelines should fulfil are: “clinical relevance”, “safety”, and “availability of resources”.[3]

The following attributes, outlined in the above sources, are relevant to ANZCA guidelines:

4.1.1 Statement of requirement:

4.1.1.1 A need for the guideline is established.

4.1.2 Specific aims and purpose:

4.1.2.1 The (clinical) question addressed by the guideline is explicit and clear.

4.1.3 Scope:

4.1.3.1 The patients or practitioners and other affected individuals/organisations (for example, hospitals, staff members of ANZCA) covered by the guideline are described.

4.1.3.2 Areas where the guideline might not apply are defined.

4.1.4 Development principles:

4.1.4.1 Clearly defined outcomes.

4.1.4.2 Comprehensive and flexible design.

4.1.4.3 Consideration given to cost of additional resources required.

4.1.4.4 Risks implications.

4.1.5 The language of the documents should be consistent, clear and unambiguous.

4.1.6 Development process:

4.1.6.1 The individuals contributing to the development of the guideline are described and have appropriate expertise and experience.

4.1.6.2 Systematic methods for guideline development are described.

4.1.6.3 The criteria for evidence selection are described ("evidence" in this context should wherever possible include evidence from the literature but may also include expert opinion or accepted best clinical practice).

4.1.6.4 The methods of formulating recommendations are described. The recommendations must be linked to the evidence.

4.1.6.5 Consumers' views have been sought ("consumers" usually implies patients but in this context, may mean anaesthetists and/or hospitals).

4.1.6.6 The guideline has been reviewed by stakeholders external to the College.

4.1.6.7 The guideline has been piloted.

4.1.7 Promulgation

4.1.7.1 A procedure and timeline for guideline review should be in place.

4.2 Evaluation of ANZCA professional documents

Although not currently critical to their accuracy or effectiveness, most of ANZCA's clinical guideline professional documents meet a number of the criteria listed above (at least implicitly if not explicitly), however, in practice, few meet all of them. Not all are compliant with the sixth criterion. Examples of how a guideline can be developed using the above principles are:

4.2.1 The safe sedation practice document developed by an intercollegiate group in the United Kingdom, chaired by the Royal College of Anaesthetists.[4] This is a comprehensive document developed in response to a significant clinical need and resourced accordingly. Most ANZCA documents would not require commitment of resources to this extent.

4.2.2 The Suspected Anaphylactic Reactions Associated with Anaesthesia document developed by the Association of Anaesthetists of Great Britain and Ireland.[5]

4.2.3 ANZCA professional document *PG56(A) Guideline on equipment to manage difficult airways*.

4.3 Evidence and ANZCA clinical guidelines

It is not necessary for clinical guidelines to be solely supported by randomised controlled clinical trials or systematic reviews.[3] In line with the principles of evidence-based medicine, ANZCA clinical guidelines should integrate clinical expertise with the best available research information.[6] Expert consensus is therefore often acceptable and appropriate. However, it is important that expert consensus is not in conflict with any empirical evidence or, if conflict does exist, that this is explicitly addressed. In some circumstances a Delphi process (structured iterative feedback cycles) may be useful. To the extent possible, the process by which consensus has been reached should be described to ensure the following:

4.3.1 It should be repeatable.

4.3.2 It should be demonstrably free from systematic or individual bias.

4.3.3 It should be authoritative.

The process detailed in *CP24(G) Policy for the development and review of professional documents* seeks to fulfil these three principles.

5. Consultation

There are many ways in which ANZCA consults with its Fellows, trainees and others in relation to professional documents. For example, special interest groups have been involved for documents within their area of expertise. Similarly, task forces or working groups set up by ANZCA Council have undertaken extensive reviews of important topics. Such task forces may serve as a valuable resource for consultations.

While the documents are ultimately the responsibility of ANZCA Council, wide consultation is desirable in the development and review of professional documents. The breadth of consultation in the early stages of document development may be focussed in cases where material or feedback is considered sensitive.

References

1. National Health and Medical Research Council. A guide to the development, implementation and evaluation of clinical practice guidelines. Canberra: Commonwealth of Australia, 1999. Available from: http://www.nhmrc.gov.au/guidelines/publications/cp30 Accessed 11 March 2018

2. The AGREE Collaboration. Appraisal of guidelines for research and evaluation (AGREE) instrument. London: The AGREE Collaboration, 2001. Available from: https://www.agreetrust.org/wp-content/uploads/2013/10/AGREE-II-Users-Manual-and-23-item-Instrument_2009_UPDATE_2013.pdf Accessed 11 March 2018.

3. Verkerk K, Van Veenendaal H, Severens JL, Hendriks EJ, Burgers JS. Considered judgement in evidence-based guideline development. Int J Qual Health Care 2006;18(5):365-9.

4. United Kingdom Academy of Medical Royal Colleges. Safe Sedation Practice for Healthcare Procedures, Standards and Guidance, United Kingdom: UK Academy of Medical Royal Colleges, 2013. Available from: https://www.rcoa.ac.uk/system/files/PUB-SafeSedPrac2013.pdf. Accessed 10 August 2018.

5. Association of Anaesthetists of Great Britain and Ireland. Suspected anaphylactic reactions associated with anaesthesia. Anaesthesia 2009; 64:199-211. Available from: http://www.aagbi.org/sites/default/files/anaphylaxis_2009_0.pdf. Accessed 10 August 2011.

6. Craig JC, Irwig LM, Stockler MR. Evidence-based medicine: useful tools for decision making. Med J Aust, 2001;174(5):248-53.

7. The National Institute for Health and Care Excellence. Developing NICE guidelines: the manual. 2014. Available from: https://www.nice.org.uk/process/pmg20/chapter/introduction-and-overview

8. National Health and Medical Research Council. How NHMRC develops its guidelines. Page updated 2016. Available from: https://www.nhmrc.gov.au/guidelines-publications/how-nhmrc-develops-its-guidelines.

Document development group

Dr Vanessa Beavis
Dr Lindy Roberts
Professor David A Scott
Dr Leona Wilson
Dr Peter Roessler (Lead)

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.

Promulgated (as *ADP1 BP*):	2010
Reviewed:	2011, 2018
Interim review:	2012
Date of current document:	September 2019
Owner:	Policy Officer, Safety and Advocacy Unit

ANZCA website: www.anzca.edu.au