



## Short title: Professional document process

### 1. Purpose

To guide the process of development of new professional documents and review of existing documents to ensure that ANZCA professional documents are relevant, best evidence-based, and contemporaneous. This policy provides the process to meet these requirements in an efficient and consistent manner.

### 2. Scope

This policy is intended to apply to the development and review of all ANZCA professional documents. The document structure (framework) for ANZCA professional documents is governed by *CP23 Policy for Professional Document Framework* which should be read in conjunction with this document. It is not intended to apply to endorsement of externally produced guidelines, which are governed by *CP25(G) Policy on endorsement of externally developed guidelines*, nor to endorsement of externally produced educational material and apps, nor to the development of corporate policies. It is not intended to apply to FPM-specific policy document development which is governed by PP01(PM).

### 3. Principles

ANZCA Council oversees the process by which the documents are developed and reviewed. This includes consultation with appropriate key stakeholders, including regional/national committees, the Faculty of Pain Medicine (FPM) Board, the Chapter of Perioperative Medicine (POM), the ANZCA Trainee Committee, special interest groups and other experts and organisations as relevant. Co-developed documents are developed and reviewed with input from the relevant organisations, with the process determined by the ANZCA Executive Committee. Co-badged documents are developed, reviewed, and approved by all stakeholder organisation, with the process determined by mutual agreement.

The college promotes the highest standards based on best available evidence, consultation, and expert consensus. No assurance is given that any particular opinion elucidated through consultation will be reflected in the final version. The resources required for development and revision of some documents are considerable.

The college promulgates documents on only those issues for which there is a clear need and sufficient grounds to support a guideline, policy, or position statement. Where other relevant authorities have promulgated adequately specific documents (for example, in the case of the codes of conduct of the Medical Board of Australia and the Medical Council of New Zealand), there may be no need for duplication. In these cases, endorsement is possible and may be appropriate.

The final published documents are the responsibility of ANZCA Council with delegated oversight throughout the professional document process typically by the Safety and Quality Committee (SQC) and Professional Affairs Executive Committee (PAEC).

Professional documents are supported by a background paper explaining the basis for recommendations made in the professional document.

### 4. Support

Support is provided by the Policy Officer (Professional Documents) throughout the development and review process. The Directors of Professional Affairs (Policy) [DPAs (Policy)] in their advisory role to ANZCA Council and committees support the development of the documents by:

- 4.1 Assessing requests for new documents.
- 4.2 Liaising with ANZCA Council and other relevant individuals and groups.
- 4.3 Editing each document to align with the college's mission statement, clarity of writing and intent, and consistency within and between documents
- 4.4 Ensuring each document is relevant, wherever possible, to all relevant jurisdictions
- 4.5 Reviewing feedback about each document.
- 4.6 Ensuring that ownership of the document is assigned to the relevant oversight committee or group.
- 4.7 Ensuring that each document is structured according to *CP23 Policy for professional document framework* and accordingly assigned a title and coding that complies with the applicable ANZCA classification.

## **5. New document development**

### **5.1 Initiation**

A request for development of a new professional document, including an explanation of the need and benefit, should be directed to the DPAs (Policy) in the first instance. The DPAs (Policy) will evaluate the request in liaison with ANZCA Executive Committee/Council. From the request it should be clear whether the professional document is applicable to ANZCA (including perioperative medicine), FPM, or both.

The decision to develop a new professional document should include consideration of the following criteria:

- Alignment with purpose, vision and strategic plan.
- Potential to make a significant positive impact by increasing safety and/or leading to improved outcomes for patients and the community.
- Importance across the profession and the college.
- Resource requirements and capacity.
- Urgency for development

### **5.2 Approval to proceed**

Usually, professional documents related to matters of clinical safety and quality are referred to SQC, while those pertaining to other matters, including professional practice, are referred to PAEC. PAEC and SQC have a delegated role from council as oversight committees and a delegated responsibility to consider professional documents submitted for approval at each stage of the development and review process until council approves the pilot phase or finalisation.

Any professional document that is controversial or contains material that presents a higher risk to the college will be subjected to a greater oversight by council, including requiring council approval prior to initial consultation with the relevant oversight committee. Determination of the level of required oversight is made by the ANZCA Executive Committee/Council.

Where the development of a new document is supported, the relevant oversight committee will submit a recommendation to council.

### **5.3 Document development group (DDG) appointment**

A new professional document is developed by a DDG. DDG membership will usually include a content expert with leadership capability who will be the DDG Lead (chair), a DPA (Policy) to support the process and additional individuals with subject matter expertise.

An EOI for DDG membership will be shared by usual ANZCA communication channels.

The EOIs will be considered by DPAs (Policy) and the membership of the DDG will be proposed to the oversight committee or group to be approved by council. In addition to having subject matter expertise, the DDG will aim to reflect the diversity of ANZCA including, but not limited to, geographical location, gender, experience, and type of practice.

Where necessary, the DDG will co-opt additional experts, subject to approval of the oversight committee, to:

- Identify relevant evidence.
- Critically review this evidence, reflecting expert members' experience and expertise, and considering the wider economic and medico-political environment in Australia and New Zealand.
- Identify other relevant experts for consultation.
- Develop expert consensus.

Experts may include other fellows and community representatives with relevant expertise (for example, an ethicist or a technical expert).

#### 5.4 **DDG process**

Using the ANZCA template (provided by the policy unit) a terms of reference for the DDG will be approved by the DDG at their first meeting. The contribution of the DDG is recognised as significant and important to ANZCA.

CPD recognition is available for DDG members and information regarding this will be provided to them.

The DDG lead will co-ordinate the group and the workload distribution within the group.

The DDG will endeavour to conduct their work in a timely fashion, facilitated by email and video conference meetings.

Face to face meetings will not usually be necessary. Prior approval of the chief executive officer will be required in the exceptional event that such a meeting is considered necessary.

The DDG will develop a professional document and accompanying background paper. The DDG will develop an appendix as required.

The DPA (Policy) is responsible for ensuring none of the proposed content conflicts with regulations, college policies, or other professional documents.

Logic control, broader environmental analysis and editorial support is provided by the policy unit to ensure that all professional documents and background papers comply with the ANZCA policies and style guide.

#### 5.5 **Professional document**

The document must be concise and provide clear direction. The structure of the document should follow the framework outlined in CP23.

The professional document will be developed using the ANZCA template available from the policy unit.

References are to be cited in the background paper. References should be kept to the minimum necessary (see *CP23 Policy for professional document framework*).

The draft of the professional document will be submitted to the oversight committee for approval to circulate to stakeholders for initial consultation.

#### **5.6 Background paper**

The background paper should include:

- A justification for the professional document (purpose and benefit).
- A concise review of the issues considered, with sufficient discussion to allow readers to understand the basis for and limitations of all recommendations. Importantly it should indicate any relevant issue or information considered but not included.
- Documentation of literature search strategies and/or methods of expert consensus development.
- Lists of publications and other evidence reviewed. References are to be limited to those supporting statements within the document and suggested further reading as required.
- Names of all those consulted or otherwise involved in document development.
- Other information as appropriate.

#### **5.7 Stakeholder consultation**

After acceptance by the oversight committee, the Policy Officer (Professional Documents) will circulate the draft professional document and accompanying background paper to stakeholders including regional/national committees, and relevant groups for their feedback.

The period for this feedback is usually 6 weeks.

#### **5.8 Review of stakeholder feedback**

Feedback on the initial draft will be collated by the Policy Officer (Professional Documents) and forwarded to the DPA (Policy). The DDG Lead and the DDG will consider the feedback and revise the draft as required.

While integral to the drafting process, verbatim feedback whether de-identified or otherwise, is not to be included in the background paper. Should any significant or sensitive issues arise during the consultation phase, further liaison with relevant oversight committees and/or council is encouraged, prior to submission of final drafts.

#### **5.9 Pilot phase**

Following approval of the final draft by the DPA (Policy) and council (or the oversight committee or group acting under delegated authority from council) the Policy Officer (Professional Documents) will publish the professional document and its accompanying background paper as a pilot document on the college's website.

The pilot professional document will be considered operational. The pilot period is typically 16 weeks.

#### **5.10 DDG review of pilot feedback**

All feedback from the pilot period is considered as per section 5.8.

The professional document and its accompanying background paper is submitted to the oversight committee and then council for final approval.

#### **5.11 Final version**

Following council approval, the Policy Officer (Professional Documents) will publish the final versions on the college website.

Feedback on any document is welcome at any time and should be directed to the DPAs (Policy) via the Policy and Communications Unit after which feedback will be retained on file until scheduled review.

## **6. New appendix**

Some documents contain one or more appendices consisting of tools or content that is potentially subject to more frequent change. These may be developed with a new professional document or may be developed to support an existing professional document.

The process will follow as per new professional document development section 5.

## **7. Document review process**

Professional documents should be as current as possible to be relevant and useful.

Review of documents should occur in a reasonable timeframe and are subject to the resource constraints required to undertake and oversee the reviews.

The need for new professional documents and the need to review existing documents must be balanced according to capability and urgency. If additional resources are needed, then approval of the Chief Executive Officer is required.

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. The DPAs (Policy) will provide advice on a prioritisation schedule via the relevant oversight committees for council endorsement.

## **8. Types of reviews**

Documents may be deemed to be no longer relevant, suitable for internal review or suitable for comprehensive review.

### **8.1 Withdrawal**

Where a document is no longer relevant (for example, its content has been superseded) the DPAs (Policy) may recommend via the relevant oversight committee to council that the document is withdrawn or amalgamated with another document.

### **8.2 Comprehensive review**

Where there is a significant change in scientific evidence or college policy, the professional document and background paper should undergo a comprehensive review following the processes outlined in section 5.

### **8.3 Internal review**

Where there are minimal or no significant changes in scientific evidence or college policy, the professional document may be considered for internal review.

The DPAs (Policy) will undertake the review, seeking expert advice when required, and submit to the oversight committee as per item 5.2. There should be no change in overarching policy direction. Should new or different evidence emerge during the internal review the DPAs may determine a comprehensive review is required and submit this to the oversight committee for consideration.

### **8.4 Review of appendices**

Appendices may be edited without the need for a review of the entire professional document. Consideration should be given for the need of a comprehensive review, internal review, or withdrawal of the appendix.

### **8.5 Review of references**

Web-based references and citations within the professional document and the background paper and appendices will be reviewed every 2 years to ensure the weblinks are accurate. This will be completed by the policy unit with oversight by the DPAs (Policy). See *CP23 Policy for professional document framework*.

**This document is accompanied by a background paper (CP24BP) which provides more detailed information regarding the rationale and interpretation of the Policy.**

*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](http://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.*

*While 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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