



Policy for the development and review of professional documents

1. Introduction

- 1.1 The professional documents (hereafter “the documents”) of the Australian and New Zealand College of Anaesthetists (ANZCA) promote quality and safety in all domains of anaesthesia practice. They define the college’s requirements for training and for hospitals providing such training, they provide guidance on standards of anaesthesia practice, and convey the college’s position on particular matters.
- 1.2 The following terminology applies to the documents:
 - 1.2.1 “Policy” deals with matters within the authority and control of the college. It formally states principle, plan and/or course of action that is prescriptive and mandatory.
 - 1.2.2 “Statement” defines the position of the college. It describes where the college stands on a particular issue in areas that lack clarity or where opinions vary. A statement is not prescriptive.
 - 1.2.3 “Guideline” offers advice on a particular subject, ideally based on best practice recommendations and information, but may be based on evidence and/or expert consensus. A guideline is not prescriptive.

2. Purpose

To ensure that ANZCA professional documents are relevant and contemporaneous, which requires a rigorous, standardised process. This policy provides the framework to meet these requirements in an efficient manner.

3. Scope

This policy is intended to apply to the development and review of all ANZCA professional documents. It is not intended to apply to endorsement of externally produced guidelines, which are governed by A02 Policy on Endorsement of Externally Developed Guidelines, nor to endorsement of externally produced educational material and apps, nor to the development of corporate policies.

4. Principles

- 4.1 ANZCA Council oversees the process by which the documents are developed and reviewed. This includes consultation with stakeholders, including regional/national committees, the Faculty of Pain Medicine (FPM) Board, the ANZCA Trainee Committee, special interest groups and other experts and organisations as relevant. Co-badged documents are developed and reviewed with input from the relevant organisations, with the process determined by the Executive Committee.
- 4.2 The college promotes the highest standards of perioperative care, based on available evidence, consultation, and expert consensus. Whilst ANZCA professional documents

follow the process outlined in this policy, on occasion the college identifies areas where a more detailed, systematic guideline is desirable and strong supporting evidence is available. The resources required for development and revision of such documents are considerable. The process outlined in this policy can be tailored to the development of these more exhaustive documents.

- 4.3 The college promulgates documents on only those issues for which there is a clear need and sufficient grounds to support a guideline, policy or 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.
- 4.4 The documents are the responsibility of ANZCA Council and no assurance is given that any particular opinion elucidated through consultation will be reflected in the final version.
- 4.5 Documents are supported by a background paper explaining the basis for conclusions made.
- 4.6 For most purposes, reference solely to the document, available on the college website, should be adequate. However, reference to available background papers, where relevant, is encouraged.

5. Process of development

- 5.1 Support is provided by the ANZCA Safety and Advocacy Unit throughout the development (and review) process. The director of professional affairs (professional documents) [DPA (PDs)] in their advisory role to ANZCA Council supports the development of the documents by:
 - 5.1.1 Assessing requests for new documents and discussing them with the President.
 - 5.1.2 Editing each document to ensure alignment with the college's mission statement, clarity of intent, and consistency within and between documents. Such editing should also ensure that the document is applicable, wherever possible, to all jurisdictions in Australia and New Zealand.
 - 5.1.3 Liaising with ANZCA Council and other relevant individuals and groups.
 - 5.1.4 Being a member of each document development group (DDG).
 - 5.1.5 Reviewing feedback about each document.
 - 5.1.6 Ensuring that ownership of the document is assigned to the relevant unit or committee.
 - 5.1.7 Ensuring that each document is assigned a code that complies with the applicable ANZCA classification.
- 5.2 A request for development of a new professional document, including an explanation of need and benefit, should be directed to the DPA (PDs) in the first instance. The DPA (PDs) will evaluate the request in liaison with the President and then relevant committees. From the request it should be clear whether the professional document is applicable to ANZCA, FPM, or both.

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

- Alignment with mission, strategic priorities and vision.
- Potential to make a significant positive impact.
- Importance across the college.
- Potential to increase safety and/or lead to improved outcomes for patients and the community.

5.3 Approval pathways. The committees reporting directly to Council that have a delegated responsibility from Council for development or review of professional documents, referred to as oversight committees within this document, include the Safety and Quality Committee (SQC), and the Professional Affairs Executive Committee (PAEC). Usually, professional documents related to matters of clinical safety and quality are referred to SQC, while those pertaining to other matters are referred to PAEC. Where these committees are not appointed by Council as DDGs they will serve as the committee to which the DDG must report.

5.3.1 For new professional documents, Council approval is required prior to publication during the pilot phase, and for release of the final version. Any professional document that is considered to be 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. Determination of the level of required oversight is made by the President.

5.3.2 For review of existing professional documents Council approval is generally required only for the release of the final version. SQC and PAEC assume the Council-delegated task of reviewing, editing and circulating the documents prior to that stage.

Where the development of a new document is supported, the President or nominee will present a recommendation to ANZCA Council, along with a proposal for a DDG. DDG membership will usually include an experienced Fellow with recognised relevant expertise (not necessarily a councillor) who will be the DDG Lead, the DPA (PDs) to support the process and additional individuals as appropriate. One of the above college committees is usually nominated, either as the DDG or as the group to which the DDG reports. Subsequently, additional individuals may be co-opted to the DDG, subject to the approval of ANZCA Council or committee to which the DDG reports.

5.4 Where necessary, the DDG will convene an expert group to:

5.4.1 Identify relevant evidence.

5.4.2 Critically review this evidence, reflecting expert group members' experience and expertise, and taking into account the wider economic and medico-political environment in Australia and New Zealand.

5.4.3 Identify other relevant experts for consultation.

5.4.4 Develop expert consensus.

5.5 Using the ANZCA template, terms of reference of the expert group will be developed by the DDG and approved by ANZCA Council or the oversight committee. The expert group

includes all DDG members and may include other fellows along with one or more community representatives with relevant expertise (for example, an ethicist or a technical expert). Administrative support will be provided, usually by staff members supporting the relevant committee. The expert group will conduct as much of its work as possible by electronic means and teleconference. If a face to face meeting is deemed necessary by the DDG Lead then this is to be included in the terms of reference and would usually need to occur only once, typically for one day. Funding for such a meeting requires prior approval by the chief executive officer.

- 5.6 The document must be concise, provide clear direction and be referenced.
 - 5.6.1 Some documents contain one or more appendices consisting of tools or content that is subject to change. These may be edited without the need for a full comprehensive review of the entire document.
- 5.7 The background paper should include:
 - 5.7.1 A justification for the document (purpose and benefit).
 - 5.7.2 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.
 - 5.7.3 Documentation of literature search strategies and/or methods of expert consensus development.
 - 5.7.4 Lists of publications and other evidence reviewed.
 - 5.7.5 Names of all those consulted or otherwise involved in document development.
 - 5.7.6 Other information as appropriate.
- 5.8 Logic control, broader environmental analysis and editorial support is provided by the Safety and Advocacy Unit to ensure that all professional documents and background papers comply with the ANZCA style guide. The DDG is responsible for ensuring none of the proposed content conflicts with regulations, college policies, or other professional documents.
- 5.9 The draft document: The DDG is responsible for ensuring appropriate consultation at each stage of development. This may at times include relevant external stakeholders such as other societies or colleges, community representative groups, manufacturers, and jurisdictional authorities. Once prepared, the draft professional document and background paper should be submitted to ANZCA Council or the relevant oversight committee, for consideration as per item 5.3 above. ANZCA Council may approve these drafts for the next stage of development, return them with an indication of areas requiring further work or withdraw them.
- 5.10 Initial post-draft consultation: After acceptance by ANZCA Council (or the relevant oversight committee in the case of a review), the Safety and Advocacy Unit will circulate the draft professional document to regional/national committees, the FPM Board, ANZCA Trainee Committee and relevant special interest groups for comment and feedback, accompanied by the background paper for information. Feedback will be collated by the Safety and Advocacy Unit and forwarded to the DDG Lead for review and revision of the draft as required, in consultation with the expert group as necessary. 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 to ANZCA Council or oversight committees, with changes arising from the consultation phase tracked.

- 5.11 Pilot Draft: Following acceptance of the results of the initial post-draft consultation by ANZCA Council or the relevant oversight committee, the Safety and Advocacy Unit will coordinate dissemination of the final draft (“pilot”) document via the college’s website, accompanied by the background paper. The professional document will be considered operational for a pilot period of approximately six months.
 - 5.11.1 Feedback on any document is welcome at any time and should be directed to the DPA (PDs) after which it will be retained on file until scheduled review. Documents are reviewed at the end of the pilot period, with feedback invited from regional/national committees, the FPM Board, ANZCA Trainee Committee and relevant special interest groups.
- 5.12 Final version: The DDG and oversight committee (if relevant), will consider all feedback received during the pilot period. This will inform drafting of the definitive versions of all professional documents and background papers submitted to ANZCA Council for final approval.
- 5.13 Following approval, the Safety and Advocacy Unit will provide the CEO with copies of the document and background paper to ensure that operational requirements are in place, following which it will coordinate dissemination of those documents via the college’s website. The usual timeframe for developing a new professional document to the pilot stage is between six to twelve months.

6. Process of review

- 6.1 Where documents remain relevant they are reviewed approximately every five years, but this period may vary at the discretion of ANZCA Council. Where a document is no longer relevant (e.g. its content has been superseded) the DPA (PDs), after liaison with the President, may recommend to Council that the document is withdrawn.
- 6.2 The document review process should align with the development process outlined in Section 5 (above), except that ANZCA Council may determine that a pilot period is not required. Where it is considered that there has been very little change since the current version the oversight committee may suggest a preliminary review to determine whether a comprehensive or abbreviated review is to be performed.
- 6.3 Where possible, the review group should include at least one member of the preceding DDG.
- 6.4 Proposed changes to existing documents must be tracked when presented for consideration to ANZCA Council or relevant oversight committee, unless a major rewrite is undertaken.
- 6.5 Minor typographical and editing changes that do not change the intent or meaning of the document are accepted to be the responsibility of the Safety and Advocacy Unit prior to dissemination.

This document is accompanied by a background paper (A01BP) which provides more detailed information regarding the rationale and interpretation of the Policy.

Related ANZCA documents

A01BP Policy for the Development and Review of Professional Documents Background Paper

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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Appendix 1

Glossary of terms:

Anaesthesia – includes general anaesthesia, major regional anaesthesia, and (IV or parenteral) sedation

Anaesthetist - registered specialist anaesthetist, SIMG, vocationally registered (NZ only), anaesthesia trainee, JCCA credentialled GP

Document owner – the staff unit(s) and/or committee(s) that are responsible for the development, review and updating of specific documents. Owners of a document may delegate the (re)writing to another group (e.g. a document development group or project group) but retain responsibility for decision-making about their document.

Guideline – a document that offers advice on a particular subject, ideally based on best practice recommendations and information, but may be based on evidence and/or expert consensus. A guideline is not prescriptive.

Policy – a document that formally states principle, plan and/or course of action that is prescriptive and mandatory.

Professional document – a document that contains information relevant to the clinical, administrative and ethical practice of Anaesthesia and/or Pain Medicine. As opposed to other college statements professional documents are developed/reviewed in strict accordance with the accompanying policy, whereas others are developed/reviewed using different pathways.

Sedationist – any practitioner administering sedation within their scope of practice.

Stakeholders – those impacted by any ANZCA professional documents.

- Internal – ANZCA and FPM staff, fellows, trainees, SIMGs, regional/national committees, special interest groups.
- External – any person, group or institution that is not internal. Examples include the community (including community representatives), the societies (noting individual members may also be internal stakeholders as ANZCA Fellows and trainees), jurisdictions, regulatory bodies, training sites, universities and other colleges.

Standard – a level of quality or achievement against which activities or behaviours can be judged. ANZCA's standards are derived from its Mission Statement and may be aspirational in which case they operate as guidelines, and are not prescriptive.

Statement – a document that describes where the college stands on a particular issue. This may include areas that lack clarity or where opinions vary. On occasions such documents may be referred to as Position Statements. Statements are not prescriptive.

Appendix 2

Disclaimer for professional documents:

It is the responsibility of each practitioner to have express regard to the particular circumstances of each case, and the application of ANZCA professional 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 documents. Where anaesthetists, in good faith endeavour to comply with these documents but are prevented from doing so due to factors beyond their control then they should not be held accountable. 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 they have 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.