

Policy for the development and review of professional documents

1. Introduction

The professional documents (hereafter “the documents”) of the Faculty of Pain Medicine (FPM) of the Australian and New Zealand College of Anaesthetists (ANZCA) (hereafter referred to as the “Faculty”) describe the stance of the Faculty on matters concerning or related to the practice of pain medicine.

2. Purpose

To ensure that the development of Faculty professional documents is responsive to an identified need, widely researched, contemporaneous and evidence based where possible or consensus based, where not.

3. Scope

This policy is intended to apply to the development of new and review of all Faculty professional documents. It is not intended to apply to endorsement of externally produced guidelines, which will be reviewed by the Professional Standards Committee (PSC) in a manner that is consistent with the principles of this policy. A recommendation for their adoption (or otherwise) will then be made to the Board via Professional Affairs Executive Committee (PAEC).

4. Principles

- 4.1. The Faculty aims to promote the highest standards of patient care, including quality and safety, based on available evidence and expert consensus. The Faculty promulgates documents on those issues relevant to the scope of Pain Medicine for which a clear need is perceived. On occasion the Faculty may identify areas where a more detailed, systematic statement is desirable.
- 4.2. PSC has the delegated authority to oversee the process by which Faculty professional documents are developed and reviewed. This includes consultation with internal and external stakeholders and other interested parties as relevant. Cobadged documents are to be developed and reviewed with input from the relevant organisations, with the process determined by the Board.
- 4.3. Professional documents are the responsibility of FPM Board and as such reflect the view of the Board at that time.
- 4.5. Documents will consist of a foreground statement that summarises the Faculty’s stance on the matter and a background paper that explains the basis for conclusions made.

- 4.6. The foreground statement will be available on the Faculty website. Access to the background paper, will also be available for reference.

5. Process of development for professional documents

- 5.1. A request for development of a new professional document should be directed to the Faculty in the first instance, accompanied by an explanation of need and benefit.
- 5.2. The Board through the executive/PAEC determines the need for the development of a professional document and provides the strategic direction.
- 5.3. The criteria to be applied in the decision to develop a new professional document include but are not limited to the following:
- There is alignment with strategic priorities and vision.
 - May make a significant impact.
 - Is of importance across the college.
 - Is likely to increase safety and/or lead to improved quality of outcomes for patients.
 - The issue is of relevance to clinical practice, especially with respect to patient safety and quality of outcomes.
 - The issue is not adequately addressed in existing literature and/or adaptation to the Australian and New Zealand context is required.
 - The issue affects the reputation of the Faculty and/or of specialist pain medicine physicians.
- 5.4. Responsibility for development of the professional document is delegated to the PSC.
- 5.5. The DPA is the project manager for the document, under the direction of the PSC. The functions of the DPA in this context include:
- Establishment of a document development group (DDG) which will usually comprise 4-8 members with recognised expertise following a process of EOI. Each DDG will comprise at least one Fellow who is within five years of Fellowship. Should there be (i) no EOIs then the DPA may select the members of the DDG who will be subsequently ratified by PSC; and, (ii) if no Fellow within five years of Fellowship nominates, advice from the New Fellow representative to the Board will be sought regarding a suitable representative. As much as possible, there will be representation of Fellows across the regions and New Zealand to ensure a breadth of opinion.
 - Liaison with appropriate individuals or groups.
 - Establishment of timelines and milestones.
 - Production of the background paper.
 - Editing of the background paper to ensure alignment with the Faculty's mission statement, clarity of intent, and consistency within and between other documents. Such editing should also ensure that the document is applicable, wherever possible, to all jurisdictions in Australia and New Zealand.
 - Recommendations regarding the foreground statement.
- 5.6. The functions of the DDG include but are not limited to:

- 5.6.1. Identification of relevant evidence for review.
 - 5.6.2. Critical review of 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.
 - 5.6.3. Identification of other relevant experts for consultation. 5.6.4 Development of expert consensus.
 - 5.6.5. Contribution to writing the background paper and formulation of the foreground statement.
 - 5.6.6. Ensuring that the proposed content is consistent with other professional documents, regulations or other college policies.
- 5.7. The DDG is covered by ANZCA and Faculty corporate policies. Administrative support will be provided, usually by staff members supporting the relevant committee. The DDG should conduct as much of its work as possible by email and teleconference. A face to face meeting may be required at least once, typically for one day. Funding requires prior approval by the general manager.
- 5.8 The background paper should include:
- 5.8.1. The justification for the document (purpose and benefit).
 - 5.8.2. A concise review of the issues considered, with sufficient discussion to allow readers to understand the basis for and limitations of all recommendations.
 - 5.8.3. Documentation of literature search strategies and/or methods of expert consensus development.
 - 5.8.4. Lists of publications and other documents reviewed.
 - 5.8.5. Names of all those consulted or otherwise involved in document development.
 - 5.8.6 Other information as appropriate.
- 5.9. The draft professional document (background paper and foreground statement) will be submitted to PSC which may approve these drafts, return them with an indication of areas requiring further work or withdraw them.
- 5.10. PSC and/or PAEC will decide whether further consultation is necessary.
- 5.11. After acceptance by PAEC, the Faculty office will circulate the draft professional document (background paper and foreground statement) to relevant FPM and ANZCA committees and the ANZCA Policy Unit. Feedback will be collated by the Faculty office, and forwarded to the DPA for review and revision, as required.
- 5.12. Definitive versions of the professional document and background paper are submitted to FPM Board via PAEC for final approval.
- 5.13. Following Board approval, the Faculty office will coordinate dissemination of the document (foreground statement and background paper) via the Faculty website.
- 5.14. Feedback on any document should be directed to the PSC.

6. Process of review of existing professional documents

- 6.1. Documents should be reviewed approximately every five years, but this may occur more or less frequently at the discretion of FPM Board.
- 6.2. The process by which documents are reviewed should follow steps 5.4 to 5.13 above.
- 6.3. Where possible, the review group should include at least one member of the original DDG.

Related FPM documents

A01 BP Policy for the Development and Review of Professional Documents Background Paper

Faculty of Pain Medicine Professional Documents

POLICY – defined as ‘a course of action adopted and pursued by the Faculty. These are matters coming within the authority and control of the Faculty.

RECOMMENDATIONS – defined as ‘advisable courses of action’.

GUIDELINES – defined as ‘a document offering advice’. These may be clinical (in which case they will eventually be evidence-based), or non-clinical.

STATEMENTS – defined as ‘a communication setting out information’.

This document has been prepared having regard to general circumstances, and it is the responsibility of the practitioner to have express regard to the particular circumstances of each case, and the application of this policy document in each case.

Professional documents are reviewed from time to time, and it is the responsibility of the practitioner to ensure that the practitioner has obtained the current version. Professional documents have been prepared having regard to the information available at the time of their preparation, and the practitioner should therefore have regard to any information, research or material which may have been published or become available subsequently.

Whilst the College and Faculty endeavours to ensure that documents are as current as possible at the time of their preparation, they take no responsibility for matters arising from changed circumstances or information or material which may have become available subsequently.

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