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. The FPM professional documents are governed by the FPM Board, with joint guidelines approved by both FPM and ANZCA.

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 organisations, with the process determined by CP24

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. Developing and revising professional documents requires considerable resources, including time for meetings and contributions to the documents over 6 to 12 months.

The college promulgates documents on only those issues for which there is an identified 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. When endorsed they will be available on the ANZCA website and can also be hyperlinked in ANZCA documents.

The final published documents are the governance responsibility of ANZCA Council with delegated oversight to a committee, 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] 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, college committees and other relevant individuals and groups.

4.3 Ensuring that ownership of the document is assigned to the relevant oversight committee or group.

4.4 Ensuring each document aligns with the college's strategic plan and purpose statement.

4.5 Ensuring that the proposed content aligns with regulations, college policies, and other professional documents

4.6 Editing each document to ensure clarity of writing and intent, and consistency within and between documents.

4.7 Ensuring each document is relevant to all relevant jurisdictions.

4.8 Reviewing feedback about each document.

4.9 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 in the first instance. The DPAs will evaluate the request and may liaise with ANZCA Executive Committee if the proposal is controversial or contains material that presents a higher risk to the college. The request should specify 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

Professional documents related to matters of clinical safety and quality are referred to SQC, while those pertaining to other matters, including professional practice, are generally referred to PAEC. Approval is sought from Council for any matters outside the remit of these committees. 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.

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 to support the process and additional individuals with subject matter expertise.

An Expression of Interest (EOI) for DDG membership is sought via ANZCA e-news. For those not on the ANZCA contact list, including non-anaesthetists, EOIs are sent directly to relevant organisations to seek a nominated representative.

The EOIs will be considered by DPAs and the membership of the DDG will be proposed to the oversight committee 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 chair meetings, co-ordinate the group and the workload distribution within the group. A DPA will be allocated for each DDG, and with the policy unit, will assist the DDG lead as required throughout the process. Please refer to CP24 Appendix 1 for further details on the role of the DDG lead.

The DDG will endeavour to conduct their work in a timely fashion, facilitated by email and video conference meetings. The scheduling of DDG meetings should take into consideration time zones. Meetings should not exceed the allocated time and should generally not exceed 90 minutes.

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.

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 involved in document development.
- Other information as appropriate.

5.7   Stakeholder consultation
The draft professional document and its accompanying background paper will be submitted to the relevant oversight committee for approval. The oversight committee will be asked to consider the release of the professional document and background paper for circulation to stakeholders for initial 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 external stakeholders for their feedback.

The period for this feedback is usually 4 to 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 DPAs. The DDG Lead and the DDG will consider the feedback and revise the draft as required.

Should stakeholder feedback involve only minor (non-substantive) changes (as determined by the DDG lead and DPAs), these will be made, and the document will then be recommended to ANZCA council for a 12-16 week pilot period. Should stakeholder feedback be more substantive then the document will be reviewed by the DDG and then re-presented to the oversight committee at its next meeting.

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 DPAs 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 12-16 weeks.

5.10 DDG review of pilot feedback
All feedback from the pilot period is considered as per section 5.8.

The pilot 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 via the Policy and Communications Unit after which feedback will be retained on file until the next 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 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 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. 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.

Disclaimer

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.

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.

Promulgated (as ADP1):   2009
Reviewed: 2010, 2011, 2012 (interim review), 2018
Current document: Nov 2024

ANZCA website: www.anzca.edu.au

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Appendix 1 – Information for new Document Development Group (DDG) Leads

1. Document Development Group (DDG)

The DDG reports to ANZCA Safety and Quality Committee (SQC) / Professional Affairs Executive Committee (PAEC). Its purpose is to develop a new ANZCA professional document / review an existing ANZCA professional document on *PGxx Title* and accompanying background paper.

The role of the DDG is to:

- Appraise existing literature and guidelines
- Achieve consensus on purpose and scope of the professional document
- Draft a document and background paper for submission to the oversight committee
- Establish a list of relevant stakeholders to include in consultation following the draft stage

The DDG membership will include fellows and other content experts who have an interest in *subject*.

2. DDG Lead

The DDG lead will chair meetings, co-ordinate the group and the workload distribution within the group. A Director of Professional Affairs (Policy) will be allocated for each DDG, and with the policy unit, will assist the DDG lead as required throughout the process.

3. SharePoint

SharePoint is the collaborative platform used for the development and review of ANZCA professional documents.

The DDG Chair should become familiar with using SharePoint to share information, manage content and collaborate with DDG members. Instruction and support for SharePoint utilisation can be provided by the policy unit.

4. DDG meetings

4.1 Preparation

The ANZCA Policy Officer liaise with the DDG Chair regarding availability for meetings. The scheduling of DDG meetings should take into consideration time zones. Meetings should not exceed the allocated time and should generally not exceed 90 minutes.

The Policy Officer will liaise with you in the lead up to each meeting about agenda items and papers. The meeting agenda is prepared by the Policy Officer.

The Policy Officer is responsible for arranging the meeting, distributing agendas and papers.

The Chair is responsible to review and approve each paper. The Policy Officer will work with you to keep everything on track to ensure papers are uploaded on time.

4.2 Agenda and papers

All agenda and papers are uploaded online to ANZCA SharePoint - Policy and Communications Collaboration Workspace.

If you have any issues accessing ANZCA SharePoint, please contact the Policy Officer.

4.3 Meetings

Development of the professional document and background paper will be conducted mainly via email exchange and at least one zoom meeting will also be required.

A quorum for a meeting will be a majority of the voting members, noting that in committees with an even number of voting members, this is half plus one. If at any time the number of members is less than a quorum, the DDG may meet only for discussion purposes.

Questions arising at a meeting of the DDG (either in person or by zoom) are decided by a majority of votes of voting members present and voting, with abstentions not being counted in the total number of votes. The Chair has a casting vote in addition to a deliberative vote where there is an equality of votes.

For an electronic vote, questions are decided in the affirmative if at least 75% of all voting members (other than any member on a leave of absence or any member abstaining in writing) vote in favour.

5.   Working functionality

The discussions of DDG are confidential to its members.

Conflicts of interest will be managed in accordance with the ANZCA conflict of interest policy.

The members of the DDG will undertake their work in accordance with relevant ANZCA policies. Bullying, discrimination and harassment will be managed, as relevant, in accordance with the ANZCA Policy on Bullying, Discrimination and Harassment for Fellows and trainees acting on behalf of the College or undertaking College functions (www.anzca.edu.au/about-us/our-culture/corporate-policies).

Checklist for new chairs:

☐	Become familiar with the following documents:
	CP01 Definitions and abbreviations
	CP23 Professional documents framework and Background Paper
	CP24 Professional document process and Background Paper
☐	Check ANZCA SharePoint access and advise ANZCA Policy Officer if you have any problems.
☐	Gain proficiency in using SharePoint including tracked changes and comments

ANZCA Professional Document Development pathways

Based on CP24 Professional document process (2024)

New Professional Document Development pathway

DDG	Prof Docs team	Oversight C'tee	Council
	Need identified and proposal discussed with DPAs Policy. Oversight committee determined		
		Recommendation **to develop** the new Prof Doc taken to Oversight Committee	
			If approved, the recommendation to develop the new Prof Doc is taken to Council
	If approved, the Prof Doc team creates a **Document Development Group** (EOI, recommendations)		
		DDG membership is confirmed by Oversight Committee	
DDG develops the Prof Doc and Background Paper			
		New Prof Doc is submitted to Oversight Committee for **approval for Stakeholder** consultation	
	New Prof Doc circulated to **stakeholders** for feedback (4-6 weeks)		
Stakeholder feedback is collated and considered			
		New Prof Doc with response to feedback is submitted to Oversight Committee for recommendation **to submit to Council for Pilot**	
			New Prof Doc is submitted to council for recommendation to **Pilot**
	New Prof Doc is posted on website for feedback during **Pilot phase** (12-16 weeks)		
Pilot feedback is collated and considered			
		New Prof Doc is submitted to Oversight Committee **for recommendation to council for final approval** and	
			New Prof Doc is submitted to council for recommendation for **Final approval**
	New Prof Doc is posted on website in final form		

Formal Revision of Existing Profession Document Pathway

DDG	Prof Docs team	Oversight C'tee	Council

Need identified and proposal discussed with DPAs Policy.

Recommendation **to revise** the Prof Doc taken to Oversight Committee

If approved, the Prof Doc team creates a **Document Development Group** (EOI, recommendations)

← steps may be merged if revision need was recommended by oversight committee or council

DDG membership is confirmed by Oversight Committee

DDG develops the Prof Doc and Background Paper

Prof Doc is submitted to Oversight Committee for **approval for Stakeholder** consultation, and approval for **Pilot** if only minor changes

Revised Prof Doc circulated to **stakeholders** for feedback (4-6 weeks)

Stakeholder feedback is collated and considered

Minor changes only — N — Revised Prof Doc with response to feedback is submitted to Oversight Committee for recommendation **for Pilot**

Y

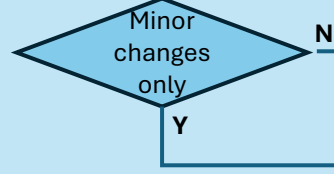Revised Prof Doc is posted on website for feedback during **Pilot phase phase** (12-16 weeks)

Pilot feedback is collated and considered

Revised Prof Doc is submitted to Oversight Committee for **recommendation to council for final approval**

Revised Prof Doc is submitted to council for recommendation for **Final approval**

New Prof Doc is posted on website in final form

Internal Review (IR) of Existing Professional Document pathway

Prof Docs team

Need identified and proposal discussed with DPAs Policy.

If approved, the Prof Doc team may invite a content expert to join the IR group (Prof Doc DPAs, Prof Doc officer)

IR Group revises the Prof Doc and Background Paper

Revised Prof Doc circulated to **stakeholders** for feedback (4-6 weeks) feedback is collated and considered

Revised Prof Doc is posted on website for feedback as **Pilot phase** (12-16 weeks)

Pilot feedback is collated and considered

Revised Prof Doc is posted on website in final form

Oversight C'tee

Recommendation **for Internal Review of** the Prof Doc, and then **Stakeholder consultation,** taken to Oversight Committee

Revised Prof Doc with response to feedback is submitted to Oversight Committee for recommendation **for Pilot**

Revised Prof Doc is submitted to Oversight Committee for recommendation to council for **final approval**

Council

Revised Prof Doc is submitted to council for recommendation for **Final approval**