Document Framework Policy

1. Purpose

The purpose of this policy is to describe the conceptual framework for managing documents produced by the Australian and New Zealand College of Anaesthetists including the Faculty of Pain Medicine ("the college"). It is to be used for the classification, custodianship, creation, development, review, indexing, retrieving, depositing, storing and disposing (withdrawal) of college documents, as relevant.

2. Scope

This policy regulates the management of the college's professional documents, comprising the following document types: policies, position statements, guidelines, standards, as well as corporate policies authored by the college[1]. (See Appendix 2: Glossary for definitions of terms).

The following documents are not within the scope of this policy:

- Governance documents, such as the *ANZCA Constitution*, strategic plan, regulations, committee/role terms of reference, ANZCA Council charter, which are developed by the council or delegated by ANZCA Council to its committees.
- Governance documents delegated to the faculty, including faculty bylaws.
- Record of events (for example committee meeting minutes).
- Reports (for example financial, annual).
- Media releases.
- Education and training documents (for example curricula, handbooks).
- Responses to government agencies including letters and support documents for position statements.
- Regular college and faculty communications (for example *Bulletin*, e-newsletters).
- Scientific publications (for example, *Acute Pain Management: Scientific Evidence*, *Australasian Anaesthesia*.

[1] Whilst the college makes every effort to avoid conflict between documents any such conflict is addressed in the ANZCA Constitution clause 7.3.3

3. Labelling of documents

The purpose of the following labelling system is to assist in document identification and retrieval. The document must be labelled as a professional or corporate document in the first field; policy, standard, position statement or guideline in the second field; sequential number in the third field; and discipline in the fourth field. The hierarchy of the second field is described in section 3 above.

Please refer to the table below for labelling of documents using the aforementioned nomenclature:

Field	Nomenclature	Coding
First	Letter	P for professional C for corporate
Second	Letter	P for policy S for position statement G for guideline D for standard
Third	Number	Starting at 01
Fourth	Discipline in brackets	(G) = general (all disciplines) (A) = anaesthesia (PM) = pain medicine (POM) = perioperative medicine (DHM) = diving and hyperbaric medicine

Examples of the labelling system are available in Appendix 1.

4. Principles of document development

This section must be read in conjunction with the documents governing the processes of ANZCA professional document development[2], FPM professional document development[3] and endorsement of externally developed guidelines[4].

[2] CP24(G) Policy for the development and review of professional documents.
[3] PP01(PM) Policy for the development and review of professional documents.
[4] CP25(G) Policy on endorsement of externally developed guidelines.

All documents must adhere to the ANZCA Records Management Policy and its direction on the access, storage, and disposal of records.

The principles outline the key aspects of the development, review, and withdrawal processes for all documents that ANZCA produces. This allows a systematic approach to college outputs and allows each unit to develop their own process, provided it conforms to the general principles.

Each document must use the document template and have:

- A document custodian.
- **Clear branding** to show it is a college document.
- **Labelling** as above.
- **A title** that clearly reflects what type of document it is and identifies the context in which it is to be applied.
- **Related document** references, to ensure correct interpretation and application of the document
- **Clear processes for decision-making**, including who is authorised to initiate development, revision, and withdrawal, as well as proposed changes. (The processes to be followed are outlined in section 4.1 below).
- Date of promulgation.
- Date of current document.
- **Timelines for regular review.** The periodicity of review will be determined by the anticipated change in currency of document content. It is recommended, however, that all documents undertake a review as outlined in 4.2 below.
- **Processes for review** that include the following:
    - Input from relevant content and process experts,
    - Consultation and review of feedback provided both during the review process and from time to time outside of the regular review cycle.
    - A mechanism for recording the latter to ensure it is available as part of the subsequent review.
    - Input from relevant stakeholders across the college, as well as external stakeholders as approved by council/board.
- Processes for withdrawal, if required. Any such process should be guided by considerations of currency of content, and the existence of a pathway for flagging, considering, proposing, and approving withdrawal.
- Name of the authorising body.
- **The stakeholders** who were consulted (internal and external).

4.1 Steps in document development

- The decision to draft a new document should be made with the head of a college business unit for corporate documents, or the director of professional affairs (DPA), professional documents in association with the ANZCA president/FPM dean for professional documents.
- Prior to developing a new document, it is important to review what relevant college documentation already exists. If it is determined that there is a gap it may be appropriate to develop a new document.

- If the college already has a relevant document, it may be preferable to review and update an existing one rather than develop a separate document.
- Full consultation will be required on the draft document, which should be made available to key internal and external stakeholders for comment as well as more broadly to ensure all stakeholders have an opportunity to provide feedback. Where relevant the unique perspectives of First Nations' peoples of Australia and New Zealand should also be sought.
- Feedback should be considered and incorporated into the draft document as appropriate.
- The final document must be approved by the document owners.
- Once finalised, the document can be promulgated.
- Professional documents must be made accessible through the college website
- Corporate documents with relevance beyond a single business unit must be made accessible through the Corporate Policy Register.

4.2 Document review

- All feedback received should be collated and considered as part of the review process to inform further iterations.
- Documents should be reviewed on a regular basis.
- Corporate documents should be reviewed at least every three years, commencing with consideration of the need for review by the document custodian. Procedures outlining more detailed activities may need to be reviewed at least every two years or more frequently as deemed appropriate.
- Professional documents should be considered for review every five years. The process of review as outlined in CP24(G)/PP01(PM) is rigorous, evidence-based, and resource-intensive as well as time consuming. The document custodian may liaise with the DPA, professional documents if it is thought that an earlier review is warranted.

5. Concerns or comments

Should there be any concerns about the Document Framework Policy the DPA, professional documents may be contacted on +61 3 9510 6299 or via policy@anzca.edu.au. Requests must be in writing and resolution of concerns will be sought as promptly as possible.

6. Changes to the Document Framework Policy

The college may modify or amend this policy at any time. Formal notice of amendments will not ordinarily be given, but the current Document Framework Policy will be available via the college policy repository or by contacting the college on +61 3 9510 6299.

7. Related documents

- ANZCA Policy Framework
- CP24(G) Policy for the development and review of professional documents
- CP25(G) Policy on endorsement of externally developed guidelines
- PP01(PM): Policy for the development and review of professional documents
- ANZCA Business Records Policy
- ANZCA Privacy Policy
- ANZCA Intellectual Property Policy
- ANZCA Copyright Guidelines

8. Definitions

A glossary of terms is available in Appendix 2.

9. Policy review

Promulgated:	2020
Review date:	January 2023
Date of current policy:	May 2020
Policy custodian:	Director of Professional Affairs (Professional Documents)
Authorising body:	ANZCA Senior Leadership Team
Stakeholders consulted:	ANZCA Senior Leadership Team College business units ANZCA Professional Affairs Executive Committee FPM Professional Affairs Executive Committee ANZCA Safety and Quality Committee FPM Professional Standards Committee

This document is accompanied by a Background Paper which provides more detailed information regarding the rationale and interpretation of the Document Framework Policy.

Appendix 1: Examples of document types and labelling

	Professional	Corporate
Policy	- Some professional documents - Policy on bullying, discrimination and harassment for Fellows and trainees acting on behalf of the College or undertaking College functions - Code of conduct (MBA/MCNZ)	- Documents Framework Policy (this document) - Academic integrity policy - College travel policies - Bulk communications policy - Community representation policy - Conflict of interest policy - Corporate collection policy - Fraud & corruption control policy - ICT code of conduct - ICT security policy - Intellectual property policy - Investment policy & strategy - Partnerships & sponsorship policy - Policy on developing submissions & representing ANZCA to external organisations - Social media policy - Survey research policy - Whistleblowers policy
Position Statement	Some professional documents	
Guideline	Some professional documents	

ANZCA professional documents

Current document number and name	**Proposed coding:** **any comments about name**
PS01 Recommendations on essential training for rural general practitioners in Australia proposing to administer anaesthesia	PG [number] (A): Change "recommendations" to "guideline"
PS02 Statement on credentialing and defining the scope of clinical practice in anaesthesia	PS [number] (A)
PS07 Guideline on pre-anaesthesia consultation and patient preparation	PG [number] (G)
CP24(G) Policy for the Development and Review of Professional Documents	CP [number] (A)

FPM professional documents

Current document number and name	**Proposed coding:** **any comments about name**
PS01(PM) Position statement regarding the use of opioid analgesia in patients with chronic non-cancer pain	PS [number] (PM): Recently changed from "recommendations" to "Position statement"
PM03 Lumbar epidural administration of corticosteroids	PG [number] (PM): add "guideline" to title
PP01(PM) Policy for the development and review of professional documents	CP [number] (PM)

Joint ANZCA FPM documents

Current document number and name	**Proposed coding:** **any comments about name**
PS03 Guideline for the management of major regional analgesia	PG [number] (G)

FPM Position statements and guidelines

Current document number and name	**Proposed coding: any comments about name**
[no numbering] *Statement on the use of slow-release opioid preparations in the treatment of acute pain*	PS [number] (G)

Appendix 2: Glossary of Terms

1. Document Development Terms

Corporate documents: Sometimes referred to within the college as business records, contain information relevant to the operation of the college as a corporation.

Digital records: Refers to any records stored in computers or other digital storage devices irrespective of whether they were generated manually, electronically, or by imaging.

Document: A piece of written, printed, or electronic matter that provides information or evidence or that serves as an official record.

Document custodians: Individuals within a role who are responsible for preparing and managing the creation, review process, and withdrawal of any document. The custodian is responsible for ensuring that documents have been authorised by the designated body of the college or its delegate. Document custodians are formally accountable to the document owner.

Document management: Describes the processes involved with creating, developing, reviewing, indexing, retrieving, depositing, storing and disposing (withdrawal) of college documents.

Document owners: The body or role that has the ultimate legal or regulatory responsibility for a document. Examples of document owners are ANZCA Council, FPM Board, the CEO or their delegates.

Governance documents: Corporate documents that relate to the "framework of rules, relationships, systems and processes within which authority is exercised and controlled"[5] within the college.

Guidelines: Advice on a particular subject, ideally based on best practice recommendations and information, available evidence and/or expert consensus.[6] Guidelines are not prescriptive. Note that, in contrast to policies, guidelines use "should" (advises) and avoid "must" (mandates).

For example: *PG03(A) Guideline for the management of major regional anaesthesia.*

These documents may be developed by the college or may be developed by external bodies. Externally developed guidelines satisfying the process defined in *CP25(G) Policy on Endorsement of Externally Developed Guidelines* may be **endorsed** by the college.

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[5] Australian Institute of Company Directors (AICD) definition of "corporate governance"; with the word "corporate" is removed (as it may confuse given it is used elsewhere in the glossary). From AICD. Director tools. Role of the board. Governance relations. 2016. Available from: https://www.aicd.com.au/content/dam/aicd/pdf/tools-resources/director-tools/board/role-of-board-director-tool.pdf Accessed 10 May 2024.

[6] The process for achieving consensus involves seeking input from those recognised as experts in the relevant area. Their advice is used to inform oversight committees responsible for development/review with their decisions.

Where the college may not have been invited to endorse a guideline, or did not have representation in its development, or where the final document was promulgated with some opinions that did not entirely align with the college's position, the college may decide to **support** the guideline.

Policies: Documents that formally state principle, plan and/or course of action that is prescriptive and mandatory. These documents are generally (although not exclusively) produced by the college for internal use but may also be accessed by external stakeholders.

Position statements: Authoritative statements that describe where the college stands on a particular issue. This may include areas that lack clarity or where opinions vary. Position statements are not prescriptive.

For example, *PS10(PM): Statement on "Medicinal Cannabis" with particular reference to its use in the management of patients with chronic non-cancer pain - 2019.*

These documents may be developed solely by the college or may be developed with other organisations (in which case they are "Joint statements").

Professional documents: Documents that contain information relevant to the clinical, administrative and ethical practice of anaesthesia and/or pain medicine. Professional documents may be developed as either a policy, position statement, or guideline.

Standards: Documents that define levels of quality or achievement against which activities or behaviours can be measured.

These levels can be considered as:

- Minimum, in which case they represent minimum standards and consequently, are mandatory.
- A range of acceptable performance.
- Excellence, in which case they are aspirational and not prescriptive.

Stakeholders:

External stakeholder: Any person(s), group or institution that is not internal to the college. Examples include the community (including community representatives), the Australian Society of Anaesthetists (ASA) and the New Zealand Society of Anaesthetists (NZSA), noting individual members may also be internal stakeholders as ANZCA fellows and trainees, as well as healthcare facilities, jurisdictions, regulatory bodies, training sites, universities and other colleges.

Internal stakeholders: May include college staff, fellows, trainees, specialist international medical graduates (SIMGs), regional/national committees, specialist interest groups (noting these may also have individual external stakeholder members of the ASA, the NZSA or others).

Statements: See "Position statements"

2. Clinical terms

Airway lead: A role to facilitate an administrative process to assist various aspects of airway management within individual local departments.

Anaesthesia: Includes general anaesthesia, sedation[7], and regional analgesia/anaesthesia.

> **General anaesthesia:** A drug-induced state of unconsciousness characterised by absence of purposeful response to any stimulus, loss of protective airway reflexes, depression of respiration and disturbance of circulatory reflexes.
>
> **Regional anaesthesia:** Refers to administration of local anaesthetic agent(s) in order to render a select region of the body insensate without inducing unconsciousness.

Anaesthetist: A registered medical practitioner who provides anaesthesia services working within their scope of clinical practice. This includes vocationally registered anaesthetists in New Zealand, SIMGs supported by ANZCA, specialists in training, and non-specialists including FANZCA trainees, and general practitioner anaesthetists.

Specialist anaesthetist: A protected title that refers to practitioners who are registered as specialists in anaesthesia with the Medical Board of Australia (MBA) or in the vocational register (anaesthesia) of the Medical Council of New Zealand (MCNZ).

Asepsis: The prevention of microbial contamination of living tissues or sterile materials.

Behavioural disturbance: Defined as the combination of observed bodily and verbal actions made by an individual that are in excess of those considered contextually appropriate and are judged to have the potential to result in significant harm to the individual themselves, other individuals or property. Acute behavioural disturbance is characterised by a rapid onset and severe intensity. The aetiology is commonly a mental disorder, physical illness or intoxication with alcohol and/or other substances. Often the behaviour is considered not to be under the voluntary or legally competent control of the individual.

Clinical support time: The time spent performing duties or fulfilling roles (other than the provision of direct individual patient care) aimed at improving quality of patient care and ensuring compliance with training requirements

Clinical time: The time spent in the direct provision of patient care.

Consultation: A meeting with an expert or professional person to get advice or to discuss a problem, especially a meeting with a doctor.

Credentialling: The formal process used to verify the qualifications, experience and professional standing of practitioners for the purpose of forming a view about their competence, performance and professional suitability to provide safe, high quality health care services within specific organisational environments.

[7] This excludes minimal sedation as defined below.

Cultural competence: The ability to ensure that the clinical environment is inclusive of the cultural needs of the patient and their family/support network. Cultural competence also involves doctors navigating the health system for patients to ensure they receive the best clinical care.

Day-stay procedure: Any procedure following which it is expected that the patient will be discharged on the same day as, or within 24 hours of, its performance. Day-stay procedure encompasses terms such as “day surgery”, “day-stay surgery”, “day-care surgery”, “ambulatory surgery”, “same-day discharge”, as well as procedures performed on an outpatient basis.

Disinfection: The inactivation of non-sporing organisms using either thermal or chemical means.

Education: The process of facilitating learning and building a body of knowledge related to the specialty.

Fatigue: A sensation of weariness from bodily or mental exertion.

Healthcare facility: Refers to hospitals, clinics and office-based facilities where patients receive medical treatment or procedures are performed under anaesthesia (as defined above). The delivery of anaesthesia services at such facilities must comply with the regulatory licensing authority standards.

Paediatric patient: Includes the neonate, infant, child and adolescent.

> **Infant:** Child aged one to 12 months.
>
> **Neonate:** Child aged less than 28 days (for ex-premature babies, use expected date of delivery plus 28 days).
>
> **Post-menstrual age:** The gestational age plus post-natal age in weeks.
>
> **Premature infant:** A child born before 37 weeks gestation.

Post-anaesthesia care units (PACU): may also be referred to as recovery units. They may be further classified into “first stage” recovery units where initial higher acuity care is provided and “second stage” recovery areas provided for observation of ambulant patients prior to discharge from the healthcare facility.

Post-anaesthesia nurse: The specialty or practice of nursing in the care of patients in PACU following surgery and/or anaesthesia. The requirements to be able to practice in this area is defined by the Australian College of Perianaesthesia Nurses in Australia and New Zealand Nurses Organisation in New Zealand.

Pre-anaesthesia consultation: A meeting with an anaesthetist for the purposes of discussion and advice prior to anaesthesia. This is to be distinguished from pre-anaesthesia assessment, elements of which may be carried out by a range of other practitioners including medical and nursing.

Prolonged absence from practice: Any absence from clinical anaesthesia or pain medicine practice exceeding 12 months, which will trigger the need for a return to anaesthesia practice program or a return to pain medicine practice program.

Scope of clinical practice: The delineation of the extent of an individual practitioner's clinical practice within a particular organisation, based on their qualifications, competence, performance and professional suitability, and the needs and capability of the organisation to support such clinical practice. This is not to be confused with the term "scopes of practice" used by the MCNZ to differentiate between general, vocational and special purpose scopes under the Health Practitioners Competence Assurance Act (2003) NZ legislation.

Sedation:

Minimal: A drug-induced state, during which patients respond purposefully to verbal commands or light tactile stimulation.

Features of minimal sedation include maintenance of airway patency and reflexes, as well as ventilatory and cardiovascular function, although there may be some reduction in cognition and physical dexterity.

Moderate: A drug-induced state of depressed consciousness during which patients retain the ability to respond purposefully to verbal commands and tactile stimulation.

Features of moderate sedation include maintenance of airway patency and reflexes, as well as ventilation and cardiovascular function. However, minimal interventions to maintain airway patency, spontaneous ventilation or cardiovascular function may, be required. Moderate sedation offers a margin of safety that is wide enough to render loss of consciousness unlikely.

This level of sedation is normally not used for children due to the heightened risk of laryngospasm associated with this plane.

Deep: A drug-induced state of depressed consciousness during which patients are not easily roused and may respond only to noxious stimulation.

Features of deep sedation may be difficult to distinguish from general anaesthesia and include impaired ability to maintain an airway, inadequate spontaneous ventilation and/or impaired cardiovascular function. Deep sedation can readily and rapidly progress to general anaesthesia with onset of unconsciousness and inability to maintain an airway. For this reason, providers of deep sedation should possess a level of skill and training commensurate with these risks. Advanced airway and life support skills are necessary when deep sedation is practised. Similarly, the environment in which deep sedation is administered should be suitable for the management of the inherent risks of this technique.

Procedural sedation: A state of drug-induced relief of anxiety or tolerance of discomfort in the context of interventional diagnostic or therapeutic medical, dental or surgical procedures. Lack of memory of distressing events and/or analgesia may be desired outcomes, but lack of response to painful stimulation is not assured.

Sedationist: Any practitioner or dentist or dental specialist registered with their jurisdictional regulatory registration authority, responsible for the administration, management, and conduct of sedation working within their scope of practice.

This practitioner is expected to have completed training relevant to sedation and have attained and maintained the competencies outlined in Appendix 4 of PG09(G).

While sedation lies on the spectrum of anaesthesia, non-anaesthetist sedationists are restricted to procedural sedation as they are not anaesthetists.

Shared decision making: An approach where clinicians and patients share the best available evidence when faced with the task of making decisions, and where patients are supported to consider options, to achieve informed preferences.

Specialist pain medicine physician: A protected title that refers to medical specialists who have completed an additional specialist qualification in pain medicine, namely fellowship of the Faculty of Pain Medicine, ANZCA.

Sterilisation: The complete destruction of all micro-organisms, including spores.

Training: Refers to teaching a particular skill or type of behaviour within the specialty or to staff.