



Short title: External guideline endorsement BP

1. Needs assessment

In 2010, the Australian and New Zealand College of Anaesthetists (ANZCA) promulgated a professional document detailing the college's process for developing and reviewing professional documents (see *CP24 Policy for the development and review of professional documents*). In 2012, ANZCA Council identified a need to similarly detail the college's approach to endorsing externally developed guidelines.

The guideline assessment tool (see appendix 1 of *CP25 Policy on endorsement of externally developed guidelines*) has been created to articulate ANZCA's approach to endorsing externally developed guidelines and clarify the college's expectations in this regard. The tool also supports standardised decision-making in relation to endorsement of externally developed guidelines.

Importantly, CP25 seeks to describe the process for endorsement for clinical guidelines as opposed to other resources (for example, teacher training resources). It is acknowledged that some of the principles relevant to the assessment of clinical guidelines may be equally applicable to the assessment of other resources.

The Faculty of Pain Medicine may also endorse relevant externally developed guidelines according to its own criteria.

2. Explanatory notes

The guideline assessment tool requires an expert, identified by a committee of ANZCA Council, to consider a range of criteria. Organisations seeking ANZCA's endorsement are encouraged to provide sufficient information to inform the assessment.

2.1 Preliminary assessment

Firstly, the expert is required to assess the following:

2.1.1 Alignment with ANZCA's purpose.

The college strives to serve our communities by leading high quality care in anaesthesia, perioperative and pain medicine, optimising health and reducing the burden of pain.

2.1.2 Potential benefit to the community.

In keeping with ANZCA's purpose, what is the potential benefit available to the community? What is the reach of this benefit? Is there potential to harm? For example, could the guideline exacerbate existing health inequalities?

2.1.3 Contribution to the practice of anaesthesia and pain medicine.

Will uptake of the guideline advance the practice of anaesthesia and pain medicine?

Satisfaction of the above three criteria is a prerequisite for in-depth assessment. If the guideline does not satisfy these criteria, the assessment is concluded at this point.

2.2 In-depth assessment

If in-depth assessment is pursued, the expert is required to assess the following:

2.2.1 Alignment with items 4.1 to 4.1.7.1 of *CP24BP Policy for the development and review of professional documents Background Paper*.

These items assess the relevance, rigour and usability of the guideline.

2.2.2 Alignment with existing guidelines.

2.2.2.1 Alignment with ANZCA's professional documents.

2.2.2.2 Alignment with other guidelines endorsed by ANZCA.

2.2.3 Disclosure

2.2.3.1 Conflicts of interest disclosed.

2.2.3.2 Financial arrangements disclosed (for example, healthcare industry sponsorship).

2.2.4 Currency

2.2.4.1 Date of publication or last update provided.

2.2.5 Format

2.2.5.1 Appealing and user-friendly.

2.2.5.2 Publisher clearly identified.

2.2.6 Accessibility

2.2.6.1 Freely available in the public domain on a website that can be linked to from ANZCA's endorsed guidelines webpage.

2.3 Additional commentary

The expert is invited to provide any additional commentary, for example, political considerations, associated risks and benefits.

2.4 Conclusion

Lastly, in view of the above considerations, the expert is required to conclude whether the guideline is sound and ultimately, whether ANZCA endorsement is appropriate. This conclusion informs the recommendation made to ANZCA Council; a favourable conclusion does not guarantee ANZCA endorsement. Providing constructive feedback on perceived shortcomings may help to improve the guideline.

3. Scope of endorsement

Any endorsement granted is limited to the version of the guideline reviewed by ANZCA. Should a revised version be published, the relevant listing may be removed from the endorsed guidelines webpage at ANZCA's discretion (see items 2.7 and 2.9 of the professional document). The revised version will be subject to re-evaluation before endorsement can be considered. ANZCA encourages the publishing body to alert the college to any amendments made to endorsed guidelines and/or associated resources.

CP25 was promulgated in November 2013 for a pilot phase, during which further feedback was sought with a view to producing a definitive version. The review at the close of pilot in November 2014 noted that the college could be requested to endorse external documents still in draft form. An amendment was made to CP25 (see item 2.10) to make allowance for provisional endorsements.

4. Revocation of endorsement

The college may revoke endorsement of a guideline at any time. Changes in knowledge, practice and technology, for example, may render a guideline out of date and no longer suitable for ANZCA endorsement. The decision to revoke endorsement is made at the discretion of ANZCA Council.

Related ANZCA documents

CP24 Policy for the development and review of professional documents

Document development group

Ms Rebecca Conning (chair), former Senior Policy Adviser

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Mr Paul Cargill, Policy Officer, Community Development

Professor Guy Ludbrook, Quality and Safety Committee member

Dr Peter Roessler, Director of Professional Affairs (Professional Documents)

Ms Helen Topfer, Manager Safety and Quality (lead for close for pilot review 2015)

The following were also consulted:

ANZCA national and regional committees

Faculty of Pain Medicine Board

Faculty of Pain Medicine national and regional committees

ANZCA Trainee Committee

ANZCA Special Interest Groups

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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.

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