

Short title: External guideline endorsement BP

1. Background

In 2012, ANZCA Council identified a need to detail the college's approach to endorsing externally developed guidelines. This was revised in 2015. The current revision (2025) has been driven by the need to update some terminology and to clarify the meaning and application of the term 'endorsement' with an option for conditional "support". An 'Internal Review' was conducted as described in *CP24 Policy for development and review of professional documents*.

The definition of endorsement is outlined in CP25 Item 3.3. Endorsed external documents do not have the status of ANZCA Professional Documents, however, an endorsed document should be considered a trusted resource which has been assessed by ANZCA and should be used by fellows and trainees to inform their practice or knowledge.

The guideline assessment tool (see appendix 1 of [CP25 Policy on endorsement and support 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.

It should be noted that compliance with endorsed externally developed guidelines does not constitute an 'above line' issue specifically for training site accreditation by ANZCA.

2. Explanatory notes

The document assessment tool requires a content 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 the community by fostering safety and high quality patient care in anaesthesia, perioperative medicine and pain medicine.

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

Tools have been developed for producing and assessing clinical guidelines^{1,2} and thoroughly reviewed by the National Institute for Clinical Studies. Ultimately, the most important criteria that clinical guidelines should fulfil are: "clinical relevance", "safety", and "availability of resources".³

If in-depth assessment is pursued, the expert is required to assess for the following attributes to identify the relevance, rigour and usability of the guideline. These elements are not mandatory for endorsement, but highly desirable in some form. Interpretation may be required, for instance a published paper will have undergone peer review which may be considered to a pilot phase.

2.2.1 Statement of requirement:

2.2.1.1 A need for the guideline is established.

2.2.2 Specific aims and purpose:

2.2.2.1 The (clinical) question addressed by the guideline is explicit and clear.

2.2.3 Scope:

2.2.3.1 The patients or practitioners and other affected individuals/organisations (for example, hospitals, staff members of ANZCA) covered by the guideline are described.

2.2.3.2 Areas where the guideline might not apply are defined.

2.2.4 Development principles:

2.2.4.1 Clearly defined outcomes.

2.2.4.2 Comprehensive and flexible design.

2.2.4.3 Consideration given to cost of additional resources required.

2.2.4.4 Risks implications.

2.2.5 The language of the documents should be consistent, clear and unambiguous.

2.2.6 Development process:

2.2.6.1 The individuals contributing to the development of the guideline are described and have appropriate expertise and experience.

2.2.6.2 Systematic methods for guideline development are described.

- 2.2.6.3 The criteria for evidence selection are described (“evidence” in this context should wherever possible include evidence from the literature but may also include expert opinion or accepted best clinical practice).
- 2.2.6.4 The methods of formulating recommendations are described. The recommendations must be linked to the evidence.
- 2.2.6.5 Consumers’ views have been sought (“consumers” usually implies patients but in this context, may mean anaesthetists and/or hospitals).
- 2.2.6.6 The guideline has been reviewed by stakeholders external to the College.
- 2.2.6.7 The guideline has been piloted.
- 2.2.7 Promulgation
 - 2.2.7.1 A procedure and timeline for guideline review should be in place.
- 2.2.8 Alignment with existing guidelines.
 - 2.2.8.1 Alignment with ANZCA’s professional documents.
 - 2.2.8.2 Alignment with other guidelines endorsed by ANZCA.
- 2.2.9 Disclosure
 - 2.2.9.1 Conflicts of interest disclosed.
 - 2.2.9.2 Financial arrangements disclosed (for example, healthcare industry sponsorship).
- 2.2.10 Currency
 - 2.2.10.1 Date of publication or last update provided.
- 2.2.11 Format
 - 2.2.11.1 Appealing and user-friendly.
 - 2.2.11.2 Publisher clearly identified.
- 2.2.12 Accessibility
 - 2.2.12.1 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. The expert may suggest that the document is better suited to conditional “support” by ANZCA rather than formal endorsement.

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 item 4.9 of CP25). The revised version will be subject to re-evaluation before endorsement can be considered. Although ANZCA reviews linked documents periodically (as per CP23 *Professional document framework*), ANZCA encourages the publishing body to alert the college to any amendments made to endorsed guidelines and/or associated resources.

4. An ANZCA “Supported” document

As noted in CP25 Section 4.11 there may be circumstances where council considers a document to provide some significant content of but still contains some content that is at variance with ANZCA existing documents, policies or principles. This means it cannot be endorsed by ANZCA where application of some content (eg specific recommendations) may contradict or confuse existing documents or statements.

If council agrees to “support” the document this means that:

- (i) It is not at the same level of authority or recommendation as an endorsed document. A document that has conditional “support” cannot be co-badged.
- (ii) It will have a qualifying statement on the ANZCA website to identify which area(s) of the document that ANZCA does not support
- (iii) The ‘owner’ of the external document will be advised that ANZCA has provided conditional support, which must be acknowledged, if referred to, by the statement “This document is supported by the Australian and New Zealand College of Anaesthetists (ANZCA), with conditions as noted on the ANZCA website.”

5. 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

References

1. National Health and Medical Research Council (NHMRC). A guide to the development, implementation and evaluation of clinical practice guidelines. Canberra: Commonwealth of Australia, 1999. Available from: <https://www.nhmrc.gov.au/sites/default/files/images/a-guide-to-the-development-and-evaluation-of-clinical-practice-guidelines.pdf> Accessed 26 Mar 2025.
2. The AGREE Collaboration. **Appraisal of Guidelines for Research and Evaluation II (AGREE II)** Instrument. London: The AGREE Collaboration, 2009, updated 2013. Available from: https://www.agreetrust.org/wp-content/uploads/2013/10/AGREE-II-Users-Manual-and-23-item-Instrument_2009_UPDATE_2013.pdf Accessed 26 Mar 2025.
3. Verkerk K, Van Veenendaal H, Severens JL, Hendriks EJ, Burgers JS. Considered judgement in evidence-based guideline development. *Int J Qual Health Care* 2006;18(5):365-9.

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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.

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