Introduction
The Medical Quality Assurance Commission (Commission) develops policies\(^1\) and guidelines\(^{ii}\) to encourage the medical profession to use best practices to improve the delivery of medical care and enhance patient safety.\(^{iii}\) The Commission wishes to better engage the public and the profession by creating an interactive, consistent, and transparent procedure to obtain input to develop evidence-based policies and guidelines.\(^{iv}\) The procedure includes an interactive web page that allows the public and the profession to review and comment on the proposed policy or guideline prior to the adoption by the Commission.

Procedure
Step One: Determine the need for a policy or guideline

Any Commission member, member of the medical profession, organization, or member of the public may ask the Commission’s Policy Committee to consider developing a policy or guideline in a particular area of medical practice. In general, the Policy Committee will consider developing a policy or guideline for an issue that has broad application to practitioners or the public, to respond to an emerging problem, and to fulfill its regulatory charge to protect the public. The Policy Committee may decide that a policy or guideline is not necessary, or that the subject is more appropriately addressed by adopting a rule, which has the force of law.

If the Policy Committee decides to develop a policy or guideline, the Policy Committee Chair may assign members to a work group to analyze the research and evidence, and to draft the policy or guideline. The workgroup will include one or more Commission members and may include subject matter experts on staff. The workgroup may also include subject matter experts outside the Commission.
The Policy Committee also reviews existing policies or guidelines to ensure that they remain useful and informative, and reflect the current state of medical practice and the current view of the Commission.

**Step Two: Research and Obtain Evidence**

If the Policy Committee decides to develop a policy or guideline, the next step is to research the topic and obtain evidence that will inform the Commission's decision-making. The research may include:

- Reviewing complaints or other patient experiences related to the topic of the proposed policy.
- Conducting a literature review of the latest journal articles and studies.
- Reviewing the positions of Washington State Medical Association (WSMA), Washington Academy of Physician Assistants (WAPA), Washington State Hospital Association (WSHA), and other organizations in Washington.
- Reviewing the positions of other state medical boards and the Federation of State Medical Boards.
- Identifying and researching relevant legal issues, consulting with the Attorney General’s Office as needed.

**Step Three: Analysis and Drafting**

The work group will analyze the research and evidence, and draft the policy or guideline. For existing policies and guidelines, the workgroup will review feedback submitted to the Commission via the Commission web site or otherwise. The workgroup will create a first draft of the proposed policy or guideline.

**Step Four: Policy Committee Review**

In a public meeting, the Policy Committee reviews the draft policy or guideline and proposes revisions. The Policy Committee presents the draft to the full Commission. The Commission provides feedback and then may approve posting the draft policy or guideline for public dissemination, including posting the draft on the Commission web site.

**Step Five: Solicit Feedback from Public and Profession**

Upon approval by the Commission, staff posts the draft policy or guideline to the Commission web site and invites members of the public and the profession to post comments on the proposed draft policy or guideline. The Commission will notify the public and the profession of the proposed policy or guideline by:

- Sending out notice of draft policy or guideline on social media.
- Sending out notice of draft policy or guideline to the Commission listserv.
- Placing notice of draft policy or guideline in the Commission newsletter.
• Sending draft policy or guideline to state organizations such as WSMA, WAPA and WHSA.

The Commission accepts comments on the proposed policy or guideline for 28 days. The Commission will have discretion to remove comments that do not contribute to a constructive discussion of the relevant issues.

The Commission staff will periodically place existing policies and guidelines on the Commission’s web site. The Commission will ask the public and the profession how the current policy or guideline is working and whether it should be revised to make it more current and useful.

Step Six: Policy Committee Review of Feedback

In a public meeting, the Policy Committee reviews the feedback and comments from the public and the profession. The Policy Committee considers the extent to which the comments represent the expectations of the profession and are consistent with the Commission’s mandate to protect the public, and revises the draft policy accordingly.

Step Seven: Secretary Review of Policy

If the document is a policy, Commission staff sends the proposed policy to the Secretary of the Department of Health. The Secretary for the Department of Health is required to review and approve policies. Once approved, policies are filed with the Washington State Code Reviser and are published in the Washington State Register. Guidelines are not subject to this review. The Policy Committee reviews and discusses the comments from the Secretary in a public meeting. If the Policy Committee revises the proposed policy, the full Commission reviews the proposed policy in a public meeting and may revise the policy. If the Commission revises the policy, the Commission sends the proposed policy back to the Secretary for review.

Step Eight: Final Review and Adoption

Once the Policy Committee is satisfied with the proposed policy or guideline, it refers the draft to the full Commission with a recommendation to adopt the policy or guideline. The full Commission, in a public meeting, discusses the policy or guideline and decides whether to adopt the final version. When the policy or guideline is final, the Commission publicizes it through its web site, social media channels, listserv, and newsletter.

Emergency Exception

In case of an emergency in which the development of a policy or guideline is required in a short time period, one or more of these steps may be waived.
RCW 34.05.010(15) defines “policy statement” as “a written description of the current approach of an agency, entitled a policy statement by the agency head or its designee, to implementation of a statute or other provision of law, of a court decision, or of an agency order, including where appropriate the agency’s current practice, procedure, or method of action based upon that approach.” A policy is advisory only. RCW 34.05.230. Examples of Commission policy statements are “Complainant Opportunity to be Heard Through and Impact Statement,” and “Practitioners Exhibiting Disruptive Behavior.”

The term “guidelines” is not defined by statute. The Commission defines “guidelines” as “a set of recommended practices designed by the Medical Commission to assist practitioners about appropriate health care for specific circumstances. A guideline does not have the force of law, but may be considered by the Medical Commission to be the standard of care in our state.” Examples of Commission guidelines are “Communication with Patients, Family, and the Health Care Team,” “Simultaneous and Overlapping Elective Surgeries,” and “Treating Partners of Patients with STDs.”

This procedure does not apply to the development of procedures, which merely establish the proper steps the Commission and staff take to conduct Commission business. Examples include “Consent Agenda Procedure” and “Processing Completed Investigations More Efficiently.”

This process is largely based on the “consultation process” developed by the College of Physicians and Surgeons of Ontario. http://www.cpso.on.ca/Footer-Pages/The-Consultation-Process-and-Posting-Guidelines