

Scottish Intercollegiate Guidelines Network

REVISED STANDING ORDERS 2012

1. Introduction

The Scottish Intercollegiate Guidelines Network (SIGN) was established in 1993 by the Conference (now Academy) of Royal Colleges and Faculties in Scotland to sponsor and support the development of evidence based national clinical guidelines and to facilitate their implementation into local practice for the benefit of patients. Membership of SIGN was set out in the schedule to the constitution of SIGN (1997). Subsequently, membership of other organisations was agreed by SIGN Council at the October 2000 meeting.

The SIGN Executive has been part of NHSScotland since 2005. All staff are employed by Healthcare Improvement Scotland and SIGN forms part of the Directorate of Evidence and Improvement.

SIGN guidelines are produced using a rigorous and robust methodology that can be shown to adhere to internationally recognised standards for guideline development and is accredited by NHS Evidence. The SIGN process is consultative and multidisciplinary. It aims to create a bridge between scientific evidence, the judgement of healthcare professionals, the views of patients and the public, and the needs of policy makers.

SIGN guideline topics can be proposed by any professional body or group of individuals with an interest in health care in Scotland. All proposals received by SIGN are reviewed by SIGN Council for appropriateness before being submitted to the Healthcare Improvement Scotland process for new topics.

2. SIGN Executive

The SIGN Executive consists of the Chair, Director, SIGN Programme Lead, Lead Methodologist (the Senior Management Team), and professional support staff.

The following functions and responsibilities are reserved for the Director who may delegate specific functions and responsibilities to other members of the SIGN Executive.

- a) Delivery of the guideline development programme within staff and financial resources provided
- b) Financial responsibility and accountability for the SIGN budget
- c) Development and maintenance of guideline development methodology in line with current best practice and new developments
- d) Ensuring patient involvement in all SIGN activities
- e) Development and implementation of a quality assurance programme
- f) Identification of the appropriate staff mix.

The Chair, Director and SIGN Programme Lead of SIGN are co-editors of all SIGN guidelines.

The SIGN Programme Lead is responsible to the Director for the planning and delivery of the guideline development programme.

The Lead Methodologist is responsible to the Director for developing the guideline development methodology in line with best practice internationally, and ensuring that the methodology is adhered to by guideline development groups.

3. SIGN Council

3.1. Terms of reference

SIGN was established to sponsor and support the development of evidence based national clinical practice guidelines (CPGs) and to facilitate their implementation into local practice for the benefit of patients.

Ownership of the SIGN methodology and name was enshrined in the 2005 Transfer Agreement, which states in section 12.7 that ‘ in the event that SIGN Council determines that NHS QIS [Healthcare Improvement Scotland] has not followed the SIGN methodology as presented in SIGN guideline 50 in their creation of a SIGN guideline, SIGN Council may require that publication of that SIGN guideline under the SIGN label ceases’. Additionally, in section 12.8 it is stated that ‘NHS QIS [Healthcare Improvement Scotland] will issue the SIGN guidelines in the name of SIGN and NHS QIS with all logos’.

The role of SIGN Council is to oversee the effective delivery of a programme designed to achieve these objectives.

The specific responsibilities of Council are:

- To ensure that guidelines issued under the SIGN name are based on the methodology set out in SIGN 50
- To consider proposals for new guideline topics and to advise if these should be referred to Healthcare Improvement Scotland for further consideration
- To approve proposed priorities from the Guideline Programme Advisory Group for keeping published guidelines up to date
- To ensure that all relevant specialities are represented on guideline development groups or consulted as appropriate
- To monitor progress with the SIGN guideline development and review programme
- To receive and approve reports from the SIGN Strategy Group
- To consider and approve proposals for changes to SIGN methodology, processes, or activities
- To provide a forum for sharing information about guideline development, dissemination, implementation and related activities
- To ensure that all SIGN guidelines and related products are developed with active patient involvement.

The specific responsibilities of individual members of SIGN Council are:

- To attend all meetings of SIGN Council or to arrange for a deputy to attend in their place
- To represent the views of their nominating body
- To feed back to their nominating body information on the activities of SIGN
- To assist in selecting guideline development group Chairs and members
- To open national open meetings to discuss draft guidelines in their specialty

- To participate in the editorial group for guidelines relevant to their specialty
- To participate in promotional activities following publication of guidelines in their specialty.

3.2. Membership

Membership of SIGN Council consists of:

- Representatives of the Member Organisations of SIGN
- Lay representatives
- Junior representatives (doctors or dentists in training)
- Members of the SIGN Senior Management Team
- Observers from Healthcare Improvement Scotland
- Observers from other guideline development organisations in the UK.

Annex 1 to these Standing Orders identifies the current membership, and indicates which members have voting rights.

3.2.1. Representatives of member organisations

The Academy nominates no less than two members of SIGN Council. Not less than 30% of SIGN Council shall, at all times, be holders of current medical or dental qualifications who are members of the Royal Medical Colleges or their Faculties in Scotland.

Each member organisation will nominate its representatives to SIGN Council, as defined in Annex 1. Each organisation will also nominate a deputy, who will act as representative when necessary. Member organisations may have more than one representative, if agreed by a majority at a meeting of SIGN Council. Additional organisations may become members of SIGN if agreed by a majority of SIGN Council.

The term of membership of any individual representative will be determined by their nominating organisation.

Member organisations of SIGN will reimburse their representatives' travel and/or locum expenses relating to attendance at SIGN Council meetings and undertaking other SIGN Council business.

3.2.2. Chair

The Chair of SIGN Council is appointed for a period of three years, extendable for a further three years subject to confirmation by the Council and the Healthcare Improvement Scotland Board. A commitment to an average of three sessions per week is required. The appointment is made following the procedure set out in Annex 2 to this document.

The Chair must declare any potential conflict of interest prior to, and during, their appointment.

The Chair will lead and direct the Council, encouraging all members to make a full contribution to discussions and ensuring that all appropriate matters are addressed in a timely manner. S/he acts as co-editor of all SIGN guidelines.

The ruling of the Chair on all matters within her/his function as Chair, will be final.

3.2.3. Vice-Chair

The Vice-Chair of SIGN Council is an honorary position (see Annex 3). Individual members of SIGN Council are eligible to nominate themselves for this position. Organisations that are members of SIGN may also nominate their representatives. In the event of more than one nomination being received, selection will be made by a ballot of all Council members. This position will be subject to re-election every three years. Post holders may put themselves forward for re-election for a second consecutive three-year period.

The Vice-Chair must declare any potential conflict of interest prior to appointment.

The Vice-Chair will chair meetings of SIGN Council if the Chair is unable to attend, and will substitute for the Chair at other meetings where appropriate.

The Vice-Chair will chair meetings of the SIGN Strategy Group.

3.2.4. SIGN Senior Management Team members

By virtue of the positions held, members of the SIGN Senior Management team will automatically be appointed as Members of the Council, with full voting rights.

Termination of membership will automatically occur when the individual ceases to be employed within SIGN.

3.2.5. Lay representatives

Lay representatives are members of SIGN Council with full voting rights.

3.2.6. Observers

Organisations, not already represented on SIGN Council, with a relevant, continuing, interest in the work of SIGN may be invited to join SIGN Council as Observers with the agreement of the Council. Such Observers may take part in all discussions of the Council, but will not have voting rights.

From time to time SIGN staff members may be invited to attend Council meetings to address specific items of business. In these circumstances the individuals concerned may participate in discussion of the specific item of business for which they were invited to attend the meeting, and any other item of business where the Chair specifically invites their contribution. These individuals will not have voting rights on the Council.

3.2.7. Register of interests

All Members of SIGN Council must complete a written declaration of interests in accordance with current SIGN policy.

3.3. Council Meetings

3.3.1. Frequency of Meetings

SIGN Council will normally meet three times per year. Extraordinary meetings may be convened if necessary. Dates of Council meetings will be notified to members at least one year in advance.

3.3.2. Topics for Consideration

Agendas will be compiled by the Director in association with the Chair. Any Member wishing to have an item considered for placing on an agenda should advise the Director at as early a date as possible. Agendas and other papers will be circulated to members at least five working days before the meeting is due to be held and placed on the SIGN website.

Any business that is not on the agenda can only be discussed with the consent of the majority of Members present.

3.3.3. Quorum

No business shall be transacted unless at least one third of the voting Members of Council are present.

3.3.4. Conduct of Meetings

At every meeting the Chair or, in her/his absence, the Vice-Chair will preside. In the absence of a Vice-Chair or in the event of no alternative nomination having been made or that person not being present, those Members in attendance will decide who will chair the meeting. The ruling of the Chair on the conduct of the meeting and the application of Standing Orders shall be final.

3.3.5. Order of Business

The order of business will normally follow the published agenda but will finally be determined by the Chair.

3.3.6. Voting Decisions

Decisions will be taken by a simple majority of the voting Members. Majority agreement will usually be reached by a consensus without a formal vote but, if required, a formal vote shall be taken and, in the case of an equality of votes, the person presiding at the meeting shall have a casting vote. A Member shall have the right for his/her dissent to be recorded.

3.3.7. Record of Business

Minutes of the proceedings of meetings will be drawn up by or on behalf of the Director in consultation with the Chair and these will be issued to Members prior to the next meeting. The names of those Members present will be recorded in the minutes. Approval of minutes, incorporating any necessary amendments, will be obtained at the next ensuing meeting, and thereafter they will be signed by the person presiding, as a true record of the meeting. Once approved, the minutes will be published on the SIGN website.

3.3.8. Standing Orders

There shall be submitted to Council, from time to time, a note of any new Standing Order or alteration of any existing Standing Order which may seem to be required for the better conduct of the business of the Council. Adoption of Standing Orders and changes to existing Standing Orders can only be made at a meeting that has such an item on its agenda as one of its topics for consideration. Standing Orders may be suspended for the duration of a meeting, following a motion to that effect gaining the support of a majority of Members present and voting.

4. Committees

The Standing Committees of SIGN Council are:

- Strategy Group
- Guideline Programme Advisory Group
- Methodology Group
- Healthcare Professionals in Training Group.

In addition, SIGN Council can convene short life working groups to address specific issues and make recommendations for Council's approval.

The foregoing Standing Orders shall, so far as applicable and so far as not hereby modified, be the rules and regulations for the proceedings of Committees.

4.1. Strategy Group

The group provides a strategic monitoring and advisory role for SIGN. Specific functions of the group include:

- To discuss and develop emerging strategies for SIGN to be presented to SIGN Council
- To discuss relevant issues raised by SIGN Council or the SIGN Executive and advise on actions to be taken.

The foregoing list shall not be held to be exhaustive and may be altered or extended at any time SIGN Council may deem necessary.

4.1.1. Membership

Membership of the Strategy Group will consist of:

- Vice-Chair of SIGN Council
- Five elected voting members of SIGN Council (of whom one is a lay representative on SIGN Council and no less than two are holders of current medical or dental qualifications who are members of the Royal Medical Colleges or their Faculties in Scotland)
- A representative of Healthcare Improvement Scotland

In attendance:

- Members of the SIGN Senior Management Team
- Executive Secretary to SIGN Council.

4.1.2. Election of members

Members are elected by SIGN Council and will serve for three years. If they wish, they will be eligible for re-election for a further three year period. When a vacancy arises voting members of SIGN Council will be asked to put themselves forward for nomination. An election would be held if there was more than one nomination.

4.1.3. Frequency of Meetings

The Committee will normally meet four times per year, but may be convened at more frequent intervals to address urgent items of business. The Committee membership reserves the right to meet in private if necessary.

4.1.4. Topics for Consideration

Agendas will be compiled by the Director in discussion with the Vice-Chair of SIGN Council and issued to all Members and those in attendance. Agendas will also be posted on the SIGN Council website.

4.1.5. Quorum

No business shall be transacted unless at least three Committee Members are present.

4.1.6. Conduct of Meetings

The Vice-Chair of SIGN Council will preside at meetings of the Committee. In the absence of the Vice-Chair the Committee Members will decide who will chair the meeting. The ruling of the Committee Chair on the conduct of the meeting and the application of Standing Orders shall be final.

4.1.7. Record of Business

Minutes of the proceedings of meetings will be drawn up by or on behalf of the Director in discussion with the Vice-Chair of SIGN Council and will be issued to Members and those in attendance within fourteen days of the meeting. A copy of the minutes will also be placed on the SIGN Council website. The names of those present will be recorded in the minutes. Approval of the minutes, incorporating any necessary amendments, will be obtained at the next ensuing meeting of the Committee and thereafter they will be signed by the person presiding, as a true record of the meeting.

A report on the work of the Committee will be presented at each meeting of SIGN Council.

4.2. Guideline Programme Advisory Group

The Guideline Programme Advisory Group oversees the guideline development programme. Specific functions of the committee include:

- Monitoring progress of the programme
- Advising the Executive regarding any concerns they may have with the development of specific guidelines
- Directing SIGN Council as they seek nominations for new topics
- Selecting appropriate proposals for new topics for discussion by Council from the full list of proposals submitted to the Executive
- Prioritising guidelines in need of review.

4.2.1. Membership

Membership of the Guideline Programme Advisory Group will consist of:

- SIGN Programme Lead
- A chair elected from SIGN Council
- Chair of SIGN Council / Vice Chair / Director (ex officio)
- Five elected voting members of SIGN Council (of whom one is a lay representative on SIGN Council)

Meetings of the Committee will be attended by the Executive Secretary to SIGN Council, who will be responsible for taking minutes.

4.2.2. Frequency of Meetings

The Committee will normally meet once a year, but may be convened at more frequent intervals to address urgent items of business. Where possible, business may be transacted by electronic mail or discussion lists between meetings.

4.2.3. Topics for Consideration

Agendas will be compiled by the SIGN Programme Lead and issued to all Members. Agendas will also be posted on the SIGN Council website along with copies of all papers and reports submitted to the Committee.

4.2.4. Quorum

No business shall be transacted unless at least five Committee Members are present.

4.2.5. Conduct of Meetings

The SIGN Programme Lead will preside at meetings of the Committee. In their absence the Committee Members will decide who will chair the meeting.

4.2.6. Record of Business

Minutes of the proceedings of meetings will be drawn up by or on behalf of the SIGN Programme Lead and will be issued to Members within fourteen days of the meeting. A copy of the minutes will also be placed on the SIGN Council website. The names of those Members present will be recorded in the minutes. Approval of the minutes, incorporating any necessary amendments, will be obtained at the next ensuing meeting of the Committee and thereafter they will be signed by the person presiding, as a true record of the meeting.

A report on the work of the Committee will be presented at the November meeting of SIGN Council.

4.3. Methodology Development Group

The Methodology Development Group will advise SIGN Council on the most appropriate ways of developing the SIGN guideline development methodology and provide advice and methodological support for guideline development groups. Methods of meeting these objectives will include:

- Identify and oversee short life working groups to advise on particular methodological issues
- Monitor external developments in guideline development methodology, and evaluate their relevance to SIGN
- Review internal developments in SIGN methodology and ensure they are applied consistently
- Act as an editorial board for SIGN 50
- Act as arbitrators where guideline developers are unable to agree on the interpretation or grading of specific pieces of evidence.

All decisions or proposals from the Methodology Development Group must be ratified by SIGN Council before they are fully implemented.

4.3.1. Membership

Membership of the Methodology Development Group will consist of:

- Lead Methodologist
- A chair elected from SIGN Council
- Chair of SIGN Council/Director (ex officio)
- Three members of SIGN Council
- SIGN Programme Lead
- One Programme Manager and one Information Officer
- Representative from Healthcare Improvement Scotland
- SIGN Economics Adviser
- Up to four external (ie not directly involved in the work of SIGN) participants with knowledge or expertise in specific aspects of research methodology.

Meetings of the Committee will be attended by the Executive Secretary to SIGN Council, who will be responsible for taking minutes.

4.3.2. Frequency of Meetings

The Committee will normally meet three times per year, but may be convened at more frequent intervals to address urgent items of business. Where possible, business may be transacted by electronic mail or discussion lists between meetings.

4.3.3. Topics for Consideration

Agendas will be compiled by the Lead Methodologist and issued to all Members. Agendas will also be posted on the SIGN Council website along with copies of all papers and reports submitted to the Committee.

4.3.4. Quorum

No business shall be transacted unless at least four Committee Members, excluding external members, are present.

4.3.5. Conduct of Meetings

The Chair will preside at meetings of the Committee. In their absence the Committee Members will decide who will chair the meeting.

4.3.6. Record of Business

Minutes of the proceedings of meetings will be drawn up by or on behalf of the Chair and will be issued to Members within fourteen days of the meeting. A copy of the minutes will also be placed on the SIGN Council website. The names of those Members present will be recorded in the minutes. Approval of the minutes, incorporating any necessary amendments, will be obtained at the next ensuing meeting of the Committee and thereafter they will be signed by the person presiding, as a true record of the meeting.

A report on the work of the Committee will be presented at each meeting of SIGN Council.

4.4. Healthcare Professionals in Training Group

The role of the group is to:

- support junior representatives on SIGN Council
- improve dissemination to healthcare professionals in training
- encourage the use of audit as a tool for implementation by developing audit templates for each guideline
- network across specialties and Deaneries to support novel interventions for dissemination and implementation of SIGN guidelines.

4.4.1. Membership

Membership of the core group will include:

- SIGN Chair
- Junior representatives on SIGN Council
- No more than six healthcare professionals in training (post qualification medical, dental, pharmacy, nursing, midwifery or allied health professionals in training posts)
- No more than two undergraduate medical or dental students

In addition, SIGN staff and relevant members of SIGN Council can be in attendance at meetings. Other healthcare professionals in training or students can attend meetings at the discretion of the core group.

4.4.2. Appointment to the core group

Healthcare professionals in training will be identified through informal networks. If a vacancy arises potential volunteers will be asked to complete a short application form. The core group will decide on the preferred candidate using a simple majority voting system.

4.4.3. Frequency of Meetings

The group will meet four times per annum. Expenses will be met for members of the core group.

4.4.4. Quorum

Meetings will be quorate if at least four members of the core group are present.

5. Legal Indemnity

The Scottish Government Health Directorate accepts under the Clinical Negligence and Others Indemnity Scheme (CNORIS), the responsibility for prospective and retrospective liability from the date on which SIGN became legally incorporated into NHSScotland.

Annex 1: Membership of SIGN Council

| Specialty / profession | No. of reps | Nominating organisation(s) |
|---------------------------------------|-------------|--|
| Academy of Colleges | 2 | Academy of Royal Medical Colleges and Faculties in Scotland |
| Allied Health Professions | 2 | |
| Anaesthetics | 1 | Royal College of Anaesthetists |
| Dentistry | 1 1 | Dental Health Services Research Unit Faculties of Dental Surgery |
| General Medicine | 1 1 | Royal College of Physicians of Edinburgh Royal College of Physicians & Surgeons of Glasgow |
| General Practice | 1 2 | BMA Scottish General Practice Committee Royal College of General Practitioners Scotland |
| Junior doctors | 2 | BMA |
| Lay representatives | 1 3 | Voluntary Health Scotland |
| Midwifery | 1 | Royal College of Midwives UK Board for Scotland |
| NHSScotland | 1 | NHS Board Chief Executives |
| Nursing | 1 1 1 | Community Practitioners and Health Visitors Association Royal College of Nursing NHS Board Nursing Directors |
| Obstetrics & Gynaecology | 1 | Royal College of Obstetricians & Gynaecologists |
| Oncology | 1 | Royal College of Radiologists Faculty of Clinical Oncology |
| Ophthalmology | 1 | Royal College of Ophthalmologists |
| Paediatrics | 1 | Royal College of Paediatrics & Child Health |
| Pathology and laboratory professions | 1 | Royal College of Pathologists |
| Pharmacy | 1 | Royal Pharmaceutical Society of Great Britain (Scottish Department) |
| Psychiatry and associated professions | 1 | Royal College of Psychiatrists Scottish Division |
| Psychology | 1 | British Psychological Society |
| Public Health | 1 | Faculty of Public Health Medicine |
| Radiology | 1 | Royal College of Radiologists Faculty of Radiology |
| Social work | 1 | British Association of Social Workers |
| Surgery | 1 1 | Royal College of Surgeons of Edinburgh Royal College of Physicians & Surgeons of Glasgow |
| | | |
| SIGN Executive | 1 | Chair |
| | 1 | Director |
| | 1 | Lead Methodologist |
| | 1 | SIGN Programme Lead |
| | 1 | Executive Secretary |
| | | |
| In attendance | 1 | Royal College of Physicians of London |
| | 1 | Royal College of Surgeons of England |
| | 2 | Healthcare Improvement Scotland |
| | 1 | Scottish Government Health Directorate |

Annex 2: Role the Chair of the Scottish Intercollegiate Guidelines Network (SIGN)

1. Working with SIGN Council and the SIGN Senior Management Team (including weekly meetings with SIGN Director and monthly meetings with SIGN SMT) to facilitate the collective achievement of its terms of reference:
 - 1.1. To consider proposals for new and review guideline topics and, with SIGN Council, to decide if these should be accepted into the SIGN programme, subject to approval by the Board of Healthcare Improvement Scotland.
 - 1.2. To ensure that all relevant parties are represented on guideline development groups or consulted as appropriate.
 - 1.3. To monitor progress with the SIGN guideline development and review programme. This includes meeting Chairs of Guideline Development Groups to discuss and solve problems.
 - 1.4. To consider and approve proposals for changes to SIGN methodology, processes, or activities.
 - 1.5. To provide a forum for sharing information about guideline development, dissemination, implementation and related activities.
2. To act as co-editor of all SIGN guidelines with the Director and Programme Lead.
3. Working with all health organisations, the Scottish Government Health Department and other partners in Scotland, the UK and beyond, to ensure understanding of and support for SIGN's aims and objectives. This includes attendance at SIGN's meetings with NICE Clinical Guidelines representatives.
4. Ensuring that SIGN's work is effectively communicated to, and reflects the needs of, those people directly delivering health care.
5. Leading and advising in respect of SIGN Council's interface with Healthcare Improvement Scotland. This includes regular meetings with Chair, CEO, Executive Clinical Director and other senior staff, and attending Board meetings as required.
6. Overseeing from a clinical perspective the development (including review of national open meeting drafts) and editing of SIGN guidelines. When appropriate, consultation with relevant SIGN Council members is required.
7. Chairing SIGN Council meetings and any agreed subcommittee meetings as required. Attendance is expected at SIGN Strategy Group meetings, SIGN Methodology Group meetings and SIGN Guideline Programme Advisory Group meetings.
8. Chairing SIGN National Open Meetings if required.

Terms of appointment

The time commitment required is an average of two sessions per week. However, there will be the flexibility to allow the successful candidate to shape this commitment to reflect their circumstances and approach.

The appointment will be made for an initial period of three years, extendable for a further three years subject to confirmation by SIGN Council and the Healthcare Improvement Scotland Board.

The Chair must declare any potential conflict of interest prior to, and during, appointment.

Person specification

1. Candidates must be able to show:

- A strong personal commitment to the principles of clinical, staff and corporate governance within Scotland, and the ability to translate this into an effective vision for SIGN.
 - An understanding of, and interest in, the development of evidence based clinical guidelines, and of the work of SIGN.
 - An appreciation of the role of healthcare professionals, including the Faculties, Colleges and other professional organisations, in setting clinical standards.
 - The ability to effectively chair a large and complex multidisciplinary group.
 - The ability to lead, influence and motivate.
 - Professional credibility within their chosen field.
 - Strong communication skills.
2. Ideally, candidates will also have experience of the writing or editing of clinical publications.
 3. An understanding of the workings of NHSScotland and the SGHD.

Recruitment process

The post will be subject to open competition and advertisements will be placed in the Scottish national press. The advertisement will be drawn from the role specification and person specification agreed by SIGN Council and will reflect good practice as recommended by the Commissioner for Public Appointments (eg Equal Opportunities).

Annex 3: Role of Vice Chair

1. Working with SIGN Council and the SIGN Senior Management Team (including monthly meetings with SIGN SMT) to facilitate the collective achievement of its terms of reference:
 - 1.1. To consider proposals for new and review guideline topics and, with SIGN Council, to decide if these should be accepted into the SIGN programme, subject to approval by the Board of Healthcare Improvement Scotland.
 - 1.2. To ensure that all relevant parties are represented on guideline development groups or consulted as appropriate.
 - 1.3. To monitor progress with the SIGN guideline development and review programme. This includes meeting Chairs of Guideline Development Groups to discuss and solve problems.
 - 1.4. To consider and approve proposals for changes to SIGN methodology, processes, or activities.
 - 1.5. To provide a forum for sharing information about guideline development, dissemination, implementation and related activities.
2. To Chair the Strategy Group
3. To be a member of the Guideline Programme Advisory Group
4. To deputise for the Chair, including chairing SIGN Council in her/his absence.