

## SIGN Terms of Reference

### 1. Purpose

#### 1.1 Primary objective

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.

The role of SIGN Council is to oversee the effective delivery of a programme designed to achieve this objective

#### 1.2 Aims

To create a bridge between scientific evidence, the judgement of health professionals, the views of patients and the public, and the needs of policy makers, through a consultative and multidisciplinary process.

#### 1.3 Statutory responsibilities

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 (now 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 (Healthcare Improvement Scotland) with all logos'.

### 2. Function

#### 2.1 SIGN guideline programme

The **SIGN Executive** supports guideline development groups throughout the development process and consists of the **Senior Management Team** and professional support staff.

The **Editorial Group** is responsible for the content of SIGN guidelines. The Chair and SIGN Programme Lead of SIGN, along with the Director of Evidence, are co-editors of all SIGN guidelines.

#### 2.2 SIGN Senior Management Team

The SIGN **Senior Management Team** consists of the Programme Lead, the Evidence Manager, the Chair and Vice-Chair(s) and provides a strategic monitoring and advisory role for SIGN. Specific functions of the group include:

- developing and discussing emerging strategies for SIGN to be presented to SIGN Council
- discussing relevant issues raised by SIGN Council or the SIGN Executive and advising on actions to be taken
- acting as an editorial board for SIGN 50
- identifying and overseeing short-life working groups to advise on particular methodological issues
- monitoring external developments in guideline development methodology, and evaluating their relevance to SIGN

- reviewing internal developments in SIGN methodology and ensure they are applied consistently
- acting as arbitrators where guideline developers are unable to agree on the interpretation or grading of specific pieces of evidence.

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

All decisions or proposals from the Senior Management Team must be ratified by SIGN Council before they are fully implemented.

The Senior Management Team will normally meet monthly but may be convened at more frequent intervals to address urgent items of business. Topics for consideration will be compiled by the Programme Lead in discussion with the Chair of SIGN Council and agendas issued to all members and those in attendance. The Chair of SIGN Council will preside at meetings of the Senior Management Team.

Minutes of the proceedings of meetings will be drawn up by or on behalf of the Programme Lead in discussion with the Chair of SIGN Council and will be issued to members and those in attendance within fourteen days of the meeting.

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

### 2.3 Committees

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

These Terms of Reference shall, so far as applicable and so far as not hereby modified, be the rules and regulations for the proceedings of committees.

### 2.4 Responsibilities

The responsibilities of SIGN Council are to:

- ensure that guidelines issued under the SIGN name are based on the methodology set out in SIGN 50
- propose new guideline topics, which are submitted to the Evidence Directorate referral process and Work Programme Committee for further consideration
- prioritise and submit guidelines over 7-years old to the Evidence Directorate referral process to be considered for update or as a new topic
- ensure that all relevant specialities are represented on guideline development groups or consulted as appropriate
- monitor progress with the SIGN guideline development and review programme
- receive and approve reports from the SIGN Senior Management Team
- consider and approve proposals for changes to SIGN methodology, processes or activities
- provide a forum for sharing information about guideline development, dissemination, implementation and related activities
- ensure that all SIGN guidelines and related products are developed with active patient involvement.

2.6 Approach

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 National Institute for Health and Care Excellence (NICE).

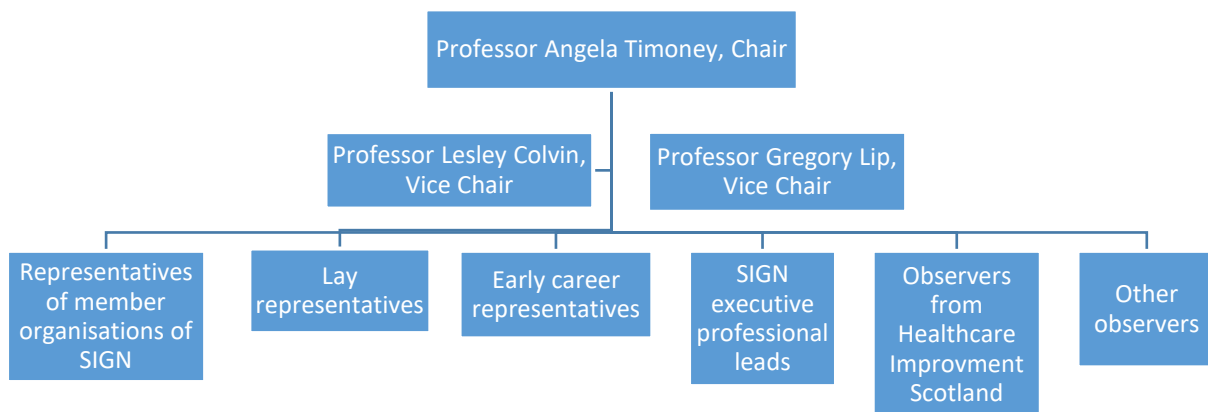
The SIGN process is consultative and multidisciplinary. It aims to create a bridge between scientific evidence, the judgement of healthcare professionals, the views of patients and the public, and the needs of policy makers.

SIGN guideline topics can be proposed by any professional body, individual or group of individuals with an interest in healthcare in Scotland. All proposals received by SIGN are reviewed by the Evidence Directorate Work Programme Committee for appropriateness before being accepted as new topics.

3. Membership

3.1 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.

3.2 Organogram



See Annex 1 for list of membership organisations

3.3 Role of the Chair and Vice-Chair(s)

Detailed job descriptions for the Chair and Vice-Chair(s) are set out in Annexes 2 and 3, but there are some general requirements as follows:

- The Chair must be sensitive to pre-existing interprofessional tensions and hierarchies and ensure that all members of Council feel able to contribute fully to the guideline development process.
- The Chair is responsible for the direction, conduct, progress and completion of SIGN Council business, both during meetings and between the meetings, and in this task is supported by SIGN Senior Management Team and the SIGN Executive.
- The Chair will approve the Council agenda and draft minutes, which are prepared by the Executive Secretary to SIGN Council.

- The Chair ensures that declaration of interests forms from all Council members are scrutinised and any issue of concern discussed with the individual concerned and/or the SIGN Senior Management Team. The Chair must also ensure that at the beginning of each meeting members are asked to declare any additional recently acquired interests, and is expected to exercise judgement in the conduct of Council business in the event of any potential conflicts of interest.
- 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 Chair and Vice-Chair(s) will work 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.
- The Chair and Vice-Chair(s) represent SIGN Council on the Evidence Work Programme Committee.

### 3.4 Role of members

Detailed job descriptions for SIGN Council members and lay representatives are set out in Annexes 4 and 5, but members are expected to:

- make a full commitment to SIGN Council and the tasks involved in achieving the aims set out in the terms of reference
- be responsible for indicating areas of concern to the Chair
- support and mentor their deputy, encouraging attendance at SIGN Council as necessary thus contributing to succession planning.

### 3.5 Membership arrangements

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 provide four nominations for its representative to SIGN Council, as defined in Annex 4. Each organisation will also provide nominations for 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.

With the agreement of the member organisation, members of guideline development groups will be considered for membership of SIGN Council.

SIGN Senior Management Team will consider and approve nominations for SIGN Council with due regard to diversity, equality, demography, geography and experience.

Members (NHS staff in secondary care, etc) should reclaim expenses from their local employers. SIGN will reimburse locum expenses, and travel, subsistence and child care/carer expenses where appropriate, for General Practitioners, General Dental Practitioners and Practice Nurse, in line with the recommendations of the British Dental Association and Royal College of GPs. Locum expenses must be invoiced and will be paid directly to the practice. SIGN will reimburse patient and lay representatives for travel, subsistence, child care/carer expenses and any other reasonable out of pocket expenses.

### 3.7 Voting rights

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

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.

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.

SIGN staff members may be invited to attend Council meetings to address specific items of business or may wish to attend as observers. 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.

## 4. Chair and Vice-Chair recruitment

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, ratified by Director of Evidence, Healthcare Improvement Scotland (HIS) CEO and HIS Chair; HIS Quality and Performance Committee to be notified of the decision. A third term would only be available by exception. A commitment to an average of three sessions per week is required. The appointment is made following standard HIS recruitment processes. The Chair is accountable to the Director of Evidence.

Before being appointed, a Chair will be asked to submit an updated declaration of interests form, if this is not already available. This will be submitted to the SIGN Senior Management Team for approval before the appointment is confirmed.

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 conflicts of interest prior to appointment.

## 5. Meetings

### 5.1 Frequency

SIGN Council will normally meet four times per year; two business meetings and two development meetings. Extraordinary meetings may be convened if necessary. Dates of Council meetings will be notified to members at least one year in advance.

SIGN Council meetings will last for 90 minutes.

## 5.2 Agenda

Topics for Consideration will be compiled by the Programme Lead in association with the Chair. Any Member wishing to have an item considered for placing on an agenda should advise the Programme Lead 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.

## 5.3 Conduct of business

At every meeting the Chair or, in their 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 order of business will normally follow the published agenda but will finally be determined by the Chair.

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.

Trainee representatives have specific membership of SIGN Council and action should be taken to enable these practitioners to contribute fully.

### Code of conduct

- The general principles of code of conduct for members of devolved public bodies are:
- **Duty** You have a duty to uphold the law and act in accordance with the law and the public trust placed in you. You have a duty to act in the interests of the public body of which you are a member and in accordance with the core functions and duties of that body.
- **Selflessness** You have a duty to take decisions solely in terms of public interest. You must not act in order to gain financial or other material benefit for yourself, family or friends.
- **Integrity** You must not place yourself under any financial, or other, obligation to any individual or organisation that might reasonably be thought to influence you in the performance of your duties.
- **Objectivity** You must make decisions solely on merit and in a way that is consistent with the functions of the public body when carrying out public business including making appointments, awarding contracts or recommending individuals for rewards and benefits.
- **Accountability and Stewardship** You are accountable for your decisions and actions to the public. You have a duty to consider issues on their merits, taking account of the views of others and must ensure that the public body uses its resources prudently and in accordance with the law.
- **Openness** You have a duty to be as open as possible about your decisions and actions, giving reasons for your decisions and restricting information only when the wider public interest clearly demands.
- **Honesty** You have a duty to act honestly. You must declare any private interests relating to your public duties and take steps to resolve any conflicts arising in a way that protects the public interest.
- **Leadership** You have a duty to promote and support these principles by leadership and example, and to maintain and strengthen the public's trust

and confidence in the integrity of the public body and its members in conducting public business.

- **Respect** You must respect fellow members of your public body and employees of the body and the role they play, treating them with courtesy at all times. Similarly you must respect members of the public when performing duties as a member of your public body.
- You should apply the principles of this code to your dealings with fellow members of the public body, its employees and other stakeholders. Similarly you should also observe the principles of this code in dealings with the public when performing duties as a member of the public body.

SIGN values highly the contribution of those members who serve on SIGN Council and its subgroups. Without their service and commitment, it would not be possible to carry out the volume and variety of work at SIGN which contributes to improving outcomes for patients in the NHS in Scotland. SIGN has a justifiably high reputation for the quality of its activities and anticipate that all members of Council will conform to requirements in relation to organisational policies.

SIGN is committed to an open and transparent relationship with the pharmaceutical industry. All joint working initiatives are governed by the principles and values set out in the Scottish Government SEHD publication 'A Common Understanding: Guidance on Joint Working between NHSScotland and the Pharmaceutical Industry' (available via <https://www.gov.scot/publications/common-understanding-2012-working-together-patients/>)

#### 5.4 Quorum

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

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 their dissent to be recorded.

The ruling of the Chair on the conduct of the meeting and the application of Standing Orders shall be final.

#### 5.5 Declaration of interests

All members of SIGN Council must complete a written declaration of interests in accordance with current Evidence Directorate processes.

Declarations will be collected by the Executive Secretary to SIGN Council. A register of these interests is made available on the SIGN website [www.sign.ac.uk](http://www.sign.ac.uk)

#### 5.6 Minutes

Minutes of the proceedings of meetings will be drawn up by the Executive Secretary to SIGN Council on behalf of the Programme Lead in consultation with the Chair to provide a record of business 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 at the next meeting, the minutes will be published on the SIGN website.

6. Governance and lines of accountability

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

Clinical governance and assurance to the HIS board for SIGN's activities is taken through the HIS Quality and Performance Committee. The SIGN Chair (or Vice-Chair) presents on a quarterly basis.

Significant risks or issues are escalated to the Executive Team or HIS Board by the Director of Evidence.

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.





## 6.2 Terms of reference

Terms of reference shall be submitted to Council, from time to time, to note of any new terms of reference or alteration of any existing terms of reference which may seem to be required for the better conduct of the business of the Council. Terms of reference will be reviewed every two years. Adoption of terms of reference and changes to existing terms of reference can only be made at a meeting that has such an item on its agenda as one of its topics for consideration.

Terms of reference 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.

**Annex 1**

<b>Specialty/profession</b>	<b>No. of reps</b>	<b>Nominating organisation(s)</b>
Academy of Colleges	2	Academy of Royal Medical Colleges and Faculties in Scotland
Allied Health Professions	2	AHP Federation
Anaesthetics	1	Royal College of Anaesthetists
Dentistry	1	Dental Health Services Research Unit
General Medicine	1 1	Royal College of Physicians of Edinburgh Royal College of Physicians & Surgeons of Glasgow
General Practice	2	Royal College of General Practitioners Scotland
Early career/trainee	2	
Lay/patient representatives	6	
Midwifery	1	Royal College of Midwives UK Board for Scotland
Nursing	1 1	Community Practitioners and Health Visitors Association Royal College of Nursing
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 1	British Psychological Society British Association for Counselling and Psychotherapy
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	Evidence Manager
	1	SIGN Programme Lead
	1	Executive Secretary
In attendance	1	Royal College of Physicians of London
	1	College of General Dentistry
	2	Healthcare Improvement Scotland
	1	Scottish Government Health and Social Care Directorate

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

<b>Role</b>	Chair of the Scottish Intercollegiate Guidelines Network (SIGN)
<b>Summary</b>	<p>To work with SIGN Council and the SIGN Senior Management Team (including weekly meetings with SIGN Programme Lead and monthly meetings with SIGN SMT) to facilitate the collective achievement of its terms of reference.</p> <p>A commitment to evidence-based practice is essential.</p>
<b>Responsibilities</b>	<ol style="list-style-type: none"> <li>1. Consider proposals for new and review guideline topics and, as a member of Healthcare Improvement Scotland Work Programme Committee, to decide if these should be accepted into the SIGN programme.</li> <li>2. Ensure that all relevant parties are represented on guideline development groups or consulted as appropriate.</li> <li>3. Monitor progress with the SIGN guideline development and review programme. This includes meeting Chairs of guideline development groups to discuss and solve problems.</li> <li>4. Consider and approve proposals for changes to SIGN methodology, processes or activities.</li> <li>5. Provide a forum for sharing information about guideline development, dissemination, implementation and related activities.</li> <li>6. Act as coeditor of all SIGN guidelines with the Programme Lead.</li> <li>7. Work 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.</li> <li>8. Ensure that SIGN's work is effectively communicated to, and reflects the needs of, those people directly delivering health care.</li> <li>9. Lead and advise in respect of SIGN Council's interface with Healthcare Improvement Scotland. This includes regular meetings with Chair, CEO and other senior staff, and attending Board and Committee meetings as required.</li> <li>10. Oversee, 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.</li> <li>11. Chair SIGN Council meetings and any agreed subcommittee meetings as required.</li> <li>12. Chair SIGN National Open Meetings if required.</li> </ol>
<b>Conditions</b>	<p>The time commitment required is an average of three sessions per week. However, there will be the flexibility to allow the individual to shape this commitment to reflect their circumstances and approach.</p> <p>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.</p> <p>The Chair must declare any potential conflict of interest prior to, and during, appointment.</p>

<b>Experience</b>	<ol style="list-style-type: none"> <li>1. Senior healthcare professional</li> <li>2. Professional credibility within their chosen field</li> <li>3. Guideline development processes, with an understanding of systematic reviews, critical appraisal methods and the role of health economics Chairing a multiprofessional group</li> <li>4. Leading national or regional committees or working groups</li> <li>5. Writing or editing of clinical publications</li> <li>6. Working with patient/carer representatives</li> </ol>
<b>Skills</b>	<ol style="list-style-type: none"> <li>1. Ability to effectively chair a large and complex multidisciplinary group.</li> <li>2. Ability to lead, influence and motivate.</li> <li>3. Excellent verbal and written communication skills</li> <li>4. Ability to communicate complex issues to differing audiences.</li> </ol>
<b>Knowledge</b>	<ol style="list-style-type: none"> <li>1. 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.</li> <li>2. An understanding of, and interest in, the development of evidence-based clinical guidelines, and of the work of SIGN.</li> <li>3. An appreciation of the role of healthcare professionals, including the Faculties, Colleges and other professional organisations, in setting standards of care.</li> <li>4. An understanding of the workings of NHSScotland and Scottish Government Health and Social Care Directorate.</li> </ol>
<b>Recruitment process</b>	<p>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).</p>

**Annex 3 Role of the Vice-Chair of the Scottish Intercollegiate Guidelines Network (SIGN)**

<b>Role</b>	Vice-Chair of the Scottish Intercollegiate Guidelines Network (SIGN)
<b>Summary</b>	To work 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. A commitment to evidence-based practice is essential.
<b>Responsibilities</b>	<ol style="list-style-type: none"> <li>1. Work with SIGN Council and the SIGN Senior Management Team to:             <ol style="list-style-type: none"> <li>1.1. ensure that all relevant parties are represented on guideline development groups or consulted as appropriate.</li> <li>1.2. monitor progress with the SIGN guideline development and review programme. This includes meeting Chairs of guideline development groups to discuss and solve problems.</li> <li>1.3. consider and approve proposals for changes to SIGN methodology, processes or activities.</li> <li>1.4. provide a forum for sharing information about guideline development, dissemination, implementation and related activities.</li> </ol> </li> <li>2. Chair short-life working groups as required.</li> <li>3. Deputise for the Chair, including chairing SIGN Council, in the Chair's absence.</li> </ol>
<b>Conditions</b>	<p>The Vice-Chair of SIGN Council is an honorary position. 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.</p> <p>Reasonable and necessary expenses will be met in accordance with the SIGN policies.</p> <p>The Vice-Chair must declare any potential conflict of interest prior to appointment.</p>
<b>Experience</b>	<ol style="list-style-type: none"> <li>1. Member of SIGN Council</li> <li>2. Developing evidence-based guidelines</li> <li>3. Chairing a multiprofessional group</li> <li>4. Working on national or regional committees or working groups</li> <li>5. Working with patient/carer representatives.</li> </ol>
<b>Skills</b>	<ol style="list-style-type: none"> <li>1. Group management, leadership and facilitation skills</li> <li>2. Excellent verbal and written communication skills.</li> </ol>

<b>Knowledge</b>	<ol style="list-style-type: none"> <li>1. NHS structure and current service delivery</li> <li>2. In depth understanding of evidence-based medicine and commitment to guideline development.</li> </ol>
<b>Recruitment process</b>	<p>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.</p>

#### Annex 4 Role of SIGN Council members

<b>Role</b>	Member of SIGN Council
<b>Summary</b>	To work with SIGN Council and the SIGN Senior Management Team to facilitate the collective achievement of its terms of reference.  A commitment to evidence-based practice is essential.
<b>Responsibilities</b>	<ol style="list-style-type: none"> <li>1. Attend all meetings of SIGN Council or to arrange for a deputy to attend in their place</li> <li>2. Represent the views of their nominating body</li> <li>3. Feed back to their nominating body information on the activities of SIGN</li> <li>4. Assist in selecting guideline development group Chairs and members</li> <li>5. Attend open national open meetings to discuss draft guidelines in their specialty</li> <li>6. Participate in the Editorial Group for guidelines relevant to their specialty</li> <li>7. Participate in promotional activities following publication of guidelines in their specialty</li> <li>8. Support and mentor deputy.</li> </ol>
<b>Conditions</b>	The term of membership of any individual representative will be three years. Members can serve two terms of office with the potential to have a third term in exceptional circumstances.
<b>Knowledge</b>	<ol style="list-style-type: none"> <li>1. NHS structure and current service delivery</li> <li>2. Understanding of evidence-based medicine and commitment to guideline development.</li> </ol>
<b>Skills</b>	<ol style="list-style-type: none"> <li>1. Good communication skills</li> <li>2. Ability to effectively assimilate, analyse and debate complex information</li> <li>3. Flexible attitude, ability and enthusiasm to work as a team member.</li> </ol>
<b>Experience</b>	<ol style="list-style-type: none"> <li>1. Healthcare professional from the NHS/member of voluntary organisation/clinical research position</li> <li>2. Multiprofessional collaboration</li> <li>3. Understanding of evidence-based guideline development and methodology</li> <li>4. Working on regional committees or working groups</li> <li>5. Working with patient/carer representatives</li> </ol>
<b>Recruitment process</b>	The member organisation will provide four nominations for its representative to SIGN Council. SIGN Senior Management Team will consider and approve nominations for SIGN Council

	with due regard to diversity, equality, demography, geography and experience.
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**Annex 5 Role of lay/patient representatives on SIGN Council**

<b>Role</b>	Lay/patient representative on SIGN Council
<b>Summary</b>	To work with SIGN Council and the SIGN Senior Management Team to facilitate the collective achievement of its terms of reference.
<b>Responsibilities</b>	<ol style="list-style-type: none"> <li>1. To attend all meetings of SIGN Council.</li> <li>2. To represent the views of patients, carers and the public.</li> <li>3. To participate in the editorial review of patient publications, including SIGN 100</li> <li>4. To participate in promotional activities following publication of patient publications.</li> <li>5. Identify information and communication needs of patients and carers about the work of SIGN</li> <li>6. Help to raise awareness of SIGN</li> </ol>
<b>Conditions</b>	Reasonable and necessary expenses will be met in accordance with the SIGN policies.
<b>Knowledge, skills and experience</b>	<p>No formal qualifications are necessary but it may help if you have some of the following:</p> <ol style="list-style-type: none"> <li>1. an understanding of the needs and concerns of a wider network of patients (eg as a member of a support group)</li> <li>2. time to commit to the work of group (eg attend meetings, do background reading and comment on drafts)</li> <li>3. some experience of working in large groups</li> <li>4. good communication and team working skills</li> <li>5. enthusiasm and commitment.</li> </ol>
<b>Recruitment process</b>	<p>Recruitment is through voluntary groups, charities and volunteer centres and Healthcare Improvement Scotland. We aim to recruit people from all walks of life including those from equality and diversity groups. Those who are interested are asked to complete an application form and personal statement. Nominations are considered by SIGN's Patient and Public Involvement Adviser and applicants are interviewed according to the HIS public partner recruitment process.</p>