

# NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

The appointment of specialist members to NICE Diagnostics Advisory  
Committee

## **Information pack for specialist applicants** **SonoVue (sulphur hexafluoride microbubbles)**

The closing date for receipt of specialist applications is

**5pm on Friday 29<sup>th</sup> July 2011**

National Institute for Health and Clinical Excellence (NICE)  
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## **ABOUT THE NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE**

The National Institute for Health and Clinical Excellence (NICE) is a Special Health Authority which was set up in April 1999 to give advice to the NHS on the clinical and cost effectiveness of drugs and treatments. On 1 April 2005, the Institute took over the functions of the former Health Development Agency.

NICE develops three forms of clinical guidance: clinical guidelines (management of particular clinical conditions), technology appraisal guidance (guidance on specific health interventions, including pharmaceuticals), and guidance on the safety and efficacy of interventional procedures. From 2010 it also produces clinical standards for the NHS, and has expanded its appraisal of health technologies to produce more advice on medical devices and diagnostics.

NICE develops two forms of public health guidance for the promotion of good health and the prevention of ill health. Public health intervention guidance aims to reduce the risk of illness by promoting healthy lifestyles and public health programmes to improve health and reduce health inequalities.

NICE is accountable to the Secretary of State for Health for its resources, delivery of its work programme and for the guidance it produces for the NHS.

Members of NICE's advisory committees are drawn from the NHS, healthcare professionals, patients and carers, and the academic world. Committee members are not appointed to act as representatives of a particular organisation. They are expected to apply the experience and judgement from their individual backgrounds to the topics considered by the Committee and in doing so actively contribute to improving the quality and consistency of care provided by the NHS. They help the Institute take some of the most difficult decisions in public life.

For general information about NICE please click on the link below.

[Guide to NICE](#)

## **LOCATION OF COMMITTEE AND ASSESSMENT SUB-GROUP MEETINGS**

Committee and assessment sub-group meetings are held in Manchester and dates are agreed well in advance. NICE's Manchester office location details are attached at the end of this document.

## **REMUNERATION AND ALLOWANCES**

The Institute pays reasonable out of pocket expenses, including 1st class rail fares (procured as economically as possible) and hotel costs where necessary, to enable attendance at Committee meetings.

General practitioner members are eligible to apply for the cost of locum cover to enable them to attend committee meetings. Lay members receive a daily allowance. Click [here](#) for information about lay member applications for membership of the Committee.

The cost of child care is met in circumstances where it can be shown that no reasonable alternative arrangements can be made.

Please [click here](#) for a copy of the Travel and subsistence policy - committee members

## **TERMS AND CONDITIONS OF OFFICE**

Specialist members of the Diagnostics Advisory Committee are appointed for the period required to develop guidance on their specialist subject. This normally requires attendance at two day-long Committee meetings an assessment sub-group meeting, spread out over approximately 10 months to one year.

Successful applicants are required to sign a confidentiality agreement and Declaration of Interest form prior to sitting on a Committee. Committee members are expected to abide by NICE's Social Value Judgement policy.

Applicants should take special note of NICE's code of practice for declaring and dealing with conflicts of interest. Any applicant with an interest which would require them to declare it and withdraw from the meeting is unlikely to be selected as a specialist Committee member.

Please [click here](#) for a copy of the Code of practice for declaring and dealing with conflicts of interests

Please [click here](#) for a copy of the Declaration of Interest Form

Please [click here](#) for a copy of the Social Value Judgements Policy

Please [click here](#) for a copy of the confidentiality agreement

Please [click here](#) for a copy of the Equalities Monitoring Form

## **APPOINTMENTS**

All appointments are made on merit in accordance with the NICE policy: Appointments to Guidance Producing Bodies Advisory to NICE. This observes the Code of Practice of the Office of the Commissioner for Public Appointments (OCPA), who monitors appointments to all public bodies and ensures that all appointments are made on merit after fair and open competition.

## **EQUALITY AND DIVERSITY**

NICE aims to promote a culture of equality and diversity. It aim to ensure equality of opportunity in that no applicant for the Diagnostics Advisory

Committee receives less favourable treatment on the grounds of, but not limited to, sex, race, colour, religion, marital status, sexuality, age, ethnic origin or disability, or is not placed at a disadvantage by conditions or requirements which cannot be shown to be justifiable. The Institute also aims to create a diverse membership and promote equality, including race equality, by eliminating discrimination, harassment and victimisation.

#### **COMMITTEE AND ASSESSMENT SUB-GROUP TERMS OF REFERENCE**

Terms of reference for the Committee and the assessment sub-group are in appendix B.

#### **COMMITTEE STANDING ORDERS**

The standing orders for NICE advisory bodies are in appendix C.

#### **CRITERIA FOR DISQUALIFICATION**

The following paragraphs identify the main circumstances where an individual would not be allowed to serve as Chair or as a Committee member of NICE.

- I. anyone who has, within the preceding five years, been convicted in the United Kingdom of any offence or convicted elsewhere of an offence which, if committed in any part of the United Kingdom would constitute a criminal offence in that part, and in either case has been sentenced to a period of imprisonment (whether suspended or not) for a period of not less than three months without the option of a fine, and which has not been quashed on appeal;
- II. anyone who is the subject of a bankruptcy restrictions order or an interim bankruptcy restrictions order;
- III. anyone who has been dismissed within the previous five years, otherwise than by reason of redundancy, from any paid employment with a health service body;
- IV. anyone who has had an earlier term of appointment as the chair or member of a health service body terminated in certain circumstances;
- V. anyone who –
  - (a) is the subject of a national NHS disqualification,
  - (b) was refused nomination or approval to fill a vacancy for a medical practitioner pursuant to regulations made under section 29B(2A) of the Act and was not

- subsequently nominated or approved or included in a primary care list,
- (c) has been refused admission to a primary care list on grounds corresponding to the conditions referred to in section 49F(2), (3) or (4) of the Act and has not subsequently been included in a primary care list,
  - (d) is conditionally included in a primary care list,
  - (e) has been removed from a primary care list on any of the grounds set out in section 49F(2), (3) or (4) of the Act or by a direction of the NHS Tribunal and has not subsequently been included in such a list,
  - (f) is contingently removed from a primary care list, or
  - (g) is suspended from a primary care list or treated as so suspended by virtue of regulation 6(2) of the Abolition of the National Health Service Tribunal (Consequential Provisions) Regulations 2001 or regulation 6(2) of the Abolition of the National Health Service Tribunal (Consequential Provisions) Regulations 2002,

and in this sub-paragraph any reference to a provision in the Act includes a reference to the provision corresponding to that provision in legislation relating to Scotland and Northern Ireland;

- VI. anyone who is subject to a disqualification order under the Company Directors Disqualification Act 1986, the Companies (Northern Ireland) Order 1986 or to an order made under section 429(2)(b) of the Insolvency Act 1986 (disabilities on revocation of administration order against an individual);
- VII. anyone who has been removed from the office of charity trustee or trustee for a charity by an order made by the Charity Commissioners or the High Court on the grounds of any misconduct or mismanagement in the administration of the charity for which he was responsible or to which he was privy, or which he, by his conduct, contributed to or facilitated, or removed under section 7 of the Law Reform (Miscellaneous Provisions) (Scotland) Act 1990 (powers of Court of Session to deal with management of charities) from being concerned in the management or control of any body.

## **RECRUITMENT PROCESS**

The advertisement, role description and person specification give details of the specific vacancy for which you can apply.

- Specialist members of standing advisory committees are appointed following public advertisement, and submission of a CV with covering letter.

- We will acknowledge receipt of your application. Please follow up your application if you do not received this.
- A panel will first assess your cover letter and curriculum vitae to see whether you have the general personal qualities and skills specified for the post for which you have applied. From this the panel will decide appointments. Candidates may be contacted by a member of the appointment panel for a short telephone interview
- If you are successful, you will receive a letter from the Chair of the Committee appointing you as a specialist member of the Diagnostics Advisory Committee.
- Successful candidates will be required to submit a completed Declaration of Interests form and Confidentiality Agreement prior to commencement of appointment.
- Unsuccessful candidates will be contacted.

We will deal with your application as quickly as possible and will advise you of the likely timetable at each stage.

**The closing date for receipt of applications is  
5pm on Friday 29<sup>th</sup> July 2011**

## **DEALING WITH YOUR CONCERNS**

In the first instance:

For queries about your application, please call the Diagnostics Assessment Programme team on 0161 219 3854.

If you are not completely satisfied:

We aim to process all applications as quickly as possible and to treat all applicants with courtesy. If you feel that you have any complaints about the way your application has been handled, we would like to hear from you.

Please write to: Alana Christopher  
Associate Director  
National Institute for Health and Clinical Excellence  
(NICE)  
Centre for Health Technology Evaluation  
Diagnostics Assessment Programme,  
Level 1a, City Tower,  
Piccadilly Plaza,  
Manchester M1 4BD

## Appendix A

### NICE MANCHESTER OFFICE

**Address:** National Institute for Health and Clinical Excellence  
Level 1A, City Tower  
Piccadilly Plaza  
Manchester  
M1 4BD

**Telephone:** +44 (0)845 003 7780

**Fax:** +44 (0)845 003 7785

**Email:** [nice@nice.org.uk](mailto:nice@nice.org.uk)

**Website:** <http://www.nice.org.uk/>



**Travel by train:** 🚆 Both Manchester Piccadilly and Oxford Road stations are a short walk from the office. **Travel by aeroplane:** ✈️ *Manchester International Airport is approximately 20-25 minutes drive.*

**Travel by tram:** 🚊 *Metrolink services run regularly from Victoria and Piccadilly stations to Piccadilly gardens.*



**NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE**

**Diagnostics Advisory Committee**

**Terms of Reference**

**1. Terms of reference**

- 1.1. The Diagnostics Advisory Committee will operate as a standing advisory committee of the Board of the Institute.
- 1.2. The Committee will advise the Institute on the formulation of NICE's Guidance on diagnostic technologies and any other matter related to the evaluation of diagnostic technologies, as requested.
- 1.3. The Committee will develop recommendations for the NHS in accordance with the Institute's published methods and processes for developing guidance on diagnostic technologies.
- 1.4. The Committee will submit its recommendations to the Institute's Guidance Executive which will act under delegated powers of the Board in considering and approving the guidance for publication.

**2. Membership**

- 2.1. The membership will be appointed by the Institute and shall reflect both the spread of interests and expertise required for the business of the committee and the Institute's values of equality and diversity.
- 2.2. The Committee will have approximately 25-30 voting members including the Chair (depending on the number of co-opted members for the topic under consideration). The total number of standing members will be 21, who will be drawn from the diagnostics, clinical and associated communities. The total membership of the Committee will include those with specific expertise in the technology or condition under consideration who will be co-opted onto the Committee for the duration of its consideration of the topic. There will be no maximum number of co-opted members. They will engage with formulating recommendations and have voting rights, and their number will count towards the quorum of the meeting.

*November 2009*

## **Diagnostics Advisory Committee (DAC) assessment sub-group**

### **Terms of reference**

#### **Purpose of the assessment sub-group**

The purpose of the assessment sub-group is to ensure that the scope of the topic being assessed and the assessment protocol (the workplan of the external assessment group) and analyses are appropriately informed by the specialist knowledge and expertise of DAC members. NICE is responsible for ensuring that the evidence presented to DAC is of an appropriate standard and content for decision-making. The assessment sub-group does not replace NICE's responsibility.

#### **Constitution of the assessment sub-group**

An assessment sub-group is set up for each topic being assessed. It normally comprises:

1. Specialist Committee members for that topic
2. Chair of Diagnostics Advisory Committee (DAC)
3. Two standing members of DAC
4. NICE technical staff.

The two standing members are chosen by the DAC chair.

The assessment sub-group is normally chaired by the DAC chair or deputy chair. It may also be chaired by the associate director at the discretion of the chair.

The external assessment group (EAG) is invited to the meeting(s) of the sub-group.

#### **Activities of the assessment sub-group**

The assessment sub-group meets once approximately one month after the scoping workshop to:

- Review the revised scope (produced after the scoping workshop), suggesting amendments if necessary
- Discuss and advise on the assessment protocol with the external assessment group.

Membership of the assessment sub-group does not replace the overall responsibility of individual specialist or standing Committee members to contribute to the development of guidance.

A lead team for each topic presents evidence assessment and analysis to the DAC. The lead team is selected by the DAC chair from the members of the

assessment sub-group. The lead team consists of the DAC chair, 1 specialist Committee member and 1 standing Committee member.

### **Relationship between the assessment sub-group and DAC**

Activities of the assessment sub-group are reported to DAC via meeting notes from sub-group meetings and verbal reports from the DAC chair. Notes from assessment sub-group meetings are published on the NICE website

*15 June 2010*

## **APPENDIX C – Standing Orders for NICE Advisory Bodies**

### **3. General**

- 3.1. These standing orders (“the SOs”) describe the procedural rules for managing the Committee’s work as agreed by the Institute. Nothing of these standing orders shall limit compliance with the Institute’s Standing Orders so far as they are applicable to this Committee.
- 3.2. The appointment of Advisory Committees is at the sole discretion of the Board subject to any direction as may be given by the Secretary of State.
- 3.3. Members of the Committee shall be bound by these SOs and will be expected to abide by the seven principles for the conduct of public life as recommended by the Nolan Committee which are:
  - selflessness
  - integrity
  - objectivity
  - accountability
  - openness
  - honesty
  - leadership
- 3.4. Other members who may be co-opted from time to time at the discretion of the Committee shall be subject to the same principles.
- 3.5. The appointment, removal or substitution of members and the general constitution of the Committee shall be at the discretion of the Institute in accordance with its published procedures.
- 3.6. The Chair and members of the Committee will be appointed for a period of 3 years. This may be extended by mutual agreement to a further term of 3 years and up to a maximum term of office of 10 years. [ ref section 2, Appointments to Advisory Bodies]
- 3.7. All reasonable facilities shall be provided for members to ensure they have the opportunity to participate fully and equitably in the business of the Committee.

### **4. Interpretation**

- 4.1. During the course of the meeting, the Chair of the Committee shall be the final authority on the interpretation of SOs on which s/he may

be advised by the Institute.

- 4.2. Statements of Committee members made at meetings shall be relevant to the matter under discussion at the time and the decision of the chair on questions of order, relevancy, interpretation (including conflicts of interest) shall be final.

## **5. Committee chair**

- 5.1. The chair of the Committee is appointed by the Board and the meetings will be conducted by the chair or in his/her absence the Vice Chair.
- 5.2. The Institute shall appoint a Vice Chair from the Committee membership. The Vice Chair will be appointed by the Committee Chair and Centre Director. The Vice Chair's appointment will be for a period of 3 years in the first instance, renewable for a further period, of no more than 3 years, to a maximum of 10 years.
- 5.3. The Chair, or Vice Chair in the Chair's absence, may take action on behalf of the Committee outside of the scheduled Committee cycle when urgent decisions are required and it is impracticable to convene a special meeting of the Committee.

## **6. Voting**

- 6.1. The decisions of the Committee will normally be arrived at by a consensus of those members present. Before a decision to move to a vote is made, the Chair will, in all cases, consider whether continuing the discussion at a subsequent meeting is likely to lead to a consensus.
- 6.2. Voting will be anonymous and decisions determined by a simple majority of those members present at a quorate meeting.
- 6.3. The chair of the meeting will be included in the vote and in the event of there being an equality of votes the chair will have a second, casting vote.

## **7. Quorum**

- 7.1. The quorum is set at 50% of Committee membership. If a planned meeting is inquorate, additional members may be drawn from a pool comprising the total membership of all the Committees in order to make a meeting quorate. The selection of members from the pool will be on a rotational basis. The quorum should be rounded up to the next whole number in the event of there being an odd number of Committee members.
- 7.2. No business relating to the formulation of guidance should be transacted unless the meeting is quorate. If a member is excluded

due to a conflict of interest and membership falls below the quorum, no business may be transacted. There is no time limit for a quorum to be achieved but the start of the meeting should be delayed where the meeting is not quorate.

- 7.3. The quorum must be achieved for the meeting to proceed. However, the needs of the Committee are such that even if the meeting is quorate, an appropriate spread of members' interests should be represented at each meeting. If, in the view of the Chair the spread of interests is insufficient for the business under consideration the meeting may be suspended or adjourned until a later date.

## **8. Collective responsibility**

- 8.1. All members of the Committee shall abide by the principle of collective responsibility, stand by the recommendations of the Committee and not speak against them in public.

## **9. Confidentiality**

- 9.1. Committee members will be required to sign a confidentiality agreement with the Institute relating to any information designated confidential by the Institute such as commercial in confidence material or sensitive personal data.
- 9.2. Confidential Committee papers and confidential information disclosed in Committee deliberations should not be discussed with colleagues who are not members of the Committee, other organisations or the media.

## **10. Arrangements for meetings**

- 10.1. The Institute will ensure that Committee meetings will take place in venues that are accessible to persons with disabilities.
- 10.2. It is planned for the Committee to meet once every calendar month in London or Manchester, other than in December, unless otherwise stated.
- 10.3. The Institute shall determine what matters shall appear on every agenda in advance of each Committee meeting.
- 10.4. No other business shall be discussed at the meeting save at the discretion of the chair.
- 10.5. Where considered necessary due to the confidential nature of the business to be transacted, the agenda item will be divided into two parts. Part 1 will be open to the public and part 2 will be closed to the public to enable the Committee to discuss confidential information whereupon SO 9.2 will apply.

- 10.6. Only members of the Committee, Institute staff and assessment / evidence review group will be in present for part 2 of the meeting. However, at the discretion of the chair, the clinical or patient experts may be invited to remain in order to discuss confidential or personal medical information that was not discussed in part 1. Once the information concerned has been discussed, the clinical and patient experts will leave the meeting and will take no further part in its deliberations.
- 10.7. Before each meeting of the Committee a public notice of the time and place of the meeting, and the public part of the agenda shall be displayed on the Institute's website at least five working days before the meeting.
- 10.8. Members will be expected to attend for the full day unless agreed in advance with the Chair.
- 10.9. Members will be expected to attend for the full day unless agreed in advance with the Chair.
- 10.10. The Committee secretariat will make all reasonable attempts to agree each meeting date in advance and Committee members are expected to keep these dates free until they are released.

## **11. Admission of members of the public**

- 11.1. The public and representatives of the press shall be afforded facilities to observe all formal meetings of the Committee for part 1 of the agenda but shall not be entitled to ask questions or otherwise engage in the business of the Committee.
- 11.2. The public and representatives of the press shall be excluded from part 2 of the Committee meeting upon the chair moving the following motion:  
  
*"That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity in which would be prejudicial to the public interest" [section 1(2) Public Bodies (Admissions to Meetings) Act 1960].*
- 11.3. Notwithstanding the above, the chair will have the discretion to adjourn the meeting at any time if the presence of the public is considered prejudicial to the effective conduct of the business of the meeting upon moving the following motion:  
  
*"That in the interests of public order the meeting adjourn for (the period to be specified by the chair) to enable the Committee to complete business without the presence of the public" [section 1(8) Public Bodies (Admission to Meetings) Act 1960].*

## **12. Minutes**

- 12.1. The minutes of the Committee proceedings shall be drawn up and submitted to the next Committee meeting for approval.
- 12.2. Draft minutes will be approved at the next meeting and published on the Institute's website subject to the redaction of any confidential or otherwise exempt material.

## **13. Declarations of Interest**

- 13.1. All Committee members must make an annual declaration of interests in accordance with the Institute's Code of Practice on the Declaration of Interests.
- 13.2. All members must make a declaration of any potential conflicts of interest that may require their withdrawal in advance of each meeting. These will be recorded in the minutes and published on the NICE website.
- 13.3. During the course of the meeting if a conflict of interest arises with matters under consideration the member concerned must withdraw from the meeting, or part thereof, as appropriate.

## **14. Suspension of standing orders**

- 14.1. Except where this would contravene any statutory provision, any one or more of the standing orders may be suspended at any meeting providing a simple majority of those present and eligible to participate, vote in favour of the suspension.
- 14.2. Any decision to suspend standing orders shall be recorded in the minutes of the meeting.
- 14.3. No formal business may be transacted while standing orders are suspended.
- 14.4. The Institute's Audit Committee shall review all decisions to suspend standing orders.

## **15. Petitions**

- 15.1. Petitions will not be received directly by the committee and anyone wishing to present a petition will be directed to the Committee secretariat.

## **16. Recording of meetings**

- 16.1. The recording of proceedings or the taking of pictures at Committee



meetings is not allowed.

- 16.2. The chair of the Committee will have discretion to ask any member of the public gallery to leave if, in their opinion, they are acting in a manner prejudicial to the effective conduct of the meeting.

### **17. Terms of reference**

- 17.1. Committee members must comply with the Committee's terms of reference which set out the scope of the Committee's work and its authority.

### **18. Record of attendance**

- 18.1. A record will be kept of member's attendance at the Committee via the minutes.
- 18.2. Members who are unable to attend at least 50% of meetings during a 12 month period will be asked to consider whether they feel able to continue as a member of the Committee

### **19. Review of standing orders**

- 19.1. These standing orders will be reviewed every 3 years.

*Date: May 2008*

*Review date: May 2011*