|  |  |  |
| --- | --- | --- |
| **RHC Glasgow guidance documents submission / review template.** | | |
| **please complete as fully as you can, the editorial team can help if you require assistance** [**paediatric.guidelines@ggc.scot.nhs.uk**](mailto:checklist paediatrigguidelines@ggc.scot.nhs.uk)  **If your document is more of a pathway or process than primarily clinical not all fields will apply – you may add notes as appropriate** | | |
| **Domain** | **Reviewing groups responsibility will be to check the following**[NHSGGC - Author Guidance (scot.nhs.uk)](https://www.clinicalguidelines.scot.nhs.uk/nhsggc-guidelines/nhsggc-guidelines/author-guidance/)  has further details and advice if required | **Checklist;**please initial the box below / add notes. For reviews, if the field is unchanged, just write “Done” & initial |
| Title of guidance |  |  |
| Scope & Purpose | Confirm the need for this particular guidance. Guidance should have a clear title and short  sections  on objectives, scope & audience |  |
|  | Guidance documents **must** have a corresponding author who should be a permanent staff member, their email will be published with the guideline. |  |
| Stakeholder Involvement | The authors should represent all groups involved with the implementation of the guidance, or document they have consulted across relevant specialties and identify their representatives. |  |
| Rigour of development | The evidence base should be described, with references where possible. It is useful to supply links to relevant national guidance. |  |
|  | Relevant Datix report / SAE / M&M / FAI recommendations **must** be considered. |  |
|  | An implementation plan should be defined for any practice changes and criteria for their review noted. This is a lead author responsibility. If not required this should be documented |  |
|  | Advice affecting clinical services requires a review date (default = 3 years). The clinical governance group may instruct web page editors to un-publish documents that are overdue review. |  |
| Clarity of presentation | Any clinical advice should be specific in terms of the target patient population. If advice is embedded in a flowchart, please supply keywords in order users can locate this easily. |  |
|  | The key recommendations should be clear and unambiguous |  |
|  | There should be an identified point of contact for further assistance, telephone/dect or email. (24h) |  |
| Applicability | It should be clear to which areas the guidance applies, or does NOT apply (noting / linking to related guidance can be helpful). It should be clear who the intended users are |  |
| Editorial independence | If the guideline has undergone a clinical content review, the reviewers require to document this has been suitably independent of the lead authorship and has been appropriately broad. Often this will be a full departmental or multi-specialty group meeting. (If minor revisions only, this is not required).  Please include name of the review group & chairperson  If medicines form part of the guidance then a pharmacist must participate in the review, please include their name |  |
| Resource implications | This applies to staff resource and physical resources such as space or equipment.  Pharmacy resources must be considered in line with the GGC formulary. Resources for appropriate review / audit require to be identified where appropriate |  |
|  | | |
| Authors notes | **“WHATS NEW” we have the capacity to put up an alert in the front page of your guidance alerting readers to the changes you have made in this revision.** This will help existing users become familiar with updates in practice. Please give a short summary (max 100 words); | |
| Editors / other notes |  | |

If there are fields that don't apply in the template then please complete what you can & our editorial team will help out with the rest. The simplest process will be for the lead author to review the content then changes are agreed by the department at a regular meeting in a discussion that takes note of the various agree domains for approval as listed in the template. For reviews (as opposed to new guideline approvals) the 'rigour of development & stakeholder involvement” domains are the most relevant, many of the other categories can be answered "done as per original version" & initialled by your guideline lead / lead author prior to submission.

Content approval is for your departmental group to agree. Editorial checks will follow, these may include standardisation of titles / subtitles, formatting, checking the approval template, assisting with external opinions if req. and checking that recommendations do not contradict other local guidance or existing RHC hospital practice. The guideline group will also deal with any copyright issues, if you have ‘borrowed’ content, just highlight this in notes above.