**Guideline/Advisory Topic proposal**

|  |  |
| --- | --- |
| I understand that this proposal will be retained by HIS and be made available on the HIS website for time period that the proposal is being considered. **Only proposals with a completed Declaration of Interests for the principal proposer will be considered** | |
| Accredited guideline  Advisory guidance | |
| **1.** | **What is the problem/need for a guideline/clinical scenario?** |
|  |  |
| **2.** | **Burden of the condition** |
|  | Mortality |
| Incidence |
| Prevalence |
| **3.** | **Variations** |
|  | In practice in the UK & Ireland (& Europe) |
| In health outcomes in the UK & Ireland (& Europe) |
| **4.** | **Areas of uncertainty to be covered** |
|  | Key question 1 |
|  | Key question 2 |
|  | Key question 3 |
| **5.** | **Areas that will not be covered** |
|  |  |
| **6.** | **Aspects of the proposed clinical topic that are key areas of concern for patients, carers and/or the organisations that represent them** |
|  |  |
| **7.** | **Population** |
|  | Included |
| Not included |

|  |  |
| --- | --- |
| **8.** | **Healthcare setting** |
|  | Included |
|  | Not included |
| **9.** | **Potential** |
|  | Potential to improve current practice |
| Potential impact on important health outcomes  (name measureable indicators) |
|  | Potential impact on resources  (name measureable indicators) |
| **10.** | **What evidence based guidance is currently available?** |
|  | None |
| Out-of-date (list) |
| Current (list) |
| **11.** | **Relevance to current Government policies** |
|  |  |
| **12.** | **Who is this guidance for?** |
|  |  |
| **13.** | **Implementation** |
|  | Links with existing audit programmes |
| Existing educational initiatives |
| Strategies for monitoring implementation |
| **14.** | **Primary contact for topic proposal** |
|  |  |
| **15.** | **Group(s) or institution(s) supporting the proposal** |
|  |  |

**Declaration of Interests**

*Please complete all sections and if you have nothing to declare please put ‘N/A*

Having read the HIS Policy on Declaration of Competing Interests I declare the following competing interests for the previous year, and the following year. I understand that this declaration will be retained by HIS and be made available on the HIS website for time period that the proposal is being considered.

|  |  |
| --- | --- |
| **Signature:** |  |
| **Name:** |  |
| **Relationship to HIS:** |  |
| **Date:** |  |
| **Date received at HIS:** |  |

**Personal Interests**

**Remuneration from employment**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Name of Employer and Post held** | **Nature of Business** | **Self or partner/ relative** | **Specific?** |
| **Details of employment held which may be significant to, or relevant to, or bear upon the work of HIS** |  |  |  |  |

**Remuneration from self employment**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Name of Business** | **Nature of Business** | **Self or partner/ relative** | **Specific?** |
| **Details of self employment held which may be significant to, or relevant to, or bear upon the work of HIS** |  |  |  |  |

**Remuneration as holder of paid office**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Nature of Office held** | **Organisation** | **Self or partner/ relative** | **Specific?** |
| **Details of office held which may be significant to, or relevant to, or bear upon the work of HIS** |  |  |  |  |

**Remuneration as a director of an undertaking**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Name of Undertaking** | **Nature of Business** | **Self or partner/ relative** | **Specific?** |
| **Details of directorship held which may be significant to, or relevant to, or bear upon the work of HIS** |  |  |  |  |

**Remuneration as a partner in a firm**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Name of Partnership** | **Nature of Business** | **Self or partner/ relative** | **Specific?** |
| **Details of Partnership held which may be significant to, or relevant to, or bear upon the work of HIS** |  |  |  |  |

**Shares and securities**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Description of organisation** | **Description of nature of holding** (value need not be disclosed) | **Self or partner/ relative** | **Specific?** |
| **Details of interests in shares and securities in commercial healthcare companies, organisations and undertakings** |  |  |  |  |

**Remuneration from consultancy or other fee paid work commissioned by, or gifts from, commercial healthcare companies, organisations and undertakings**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Nature of work** | **For whom undertaken and frequency** | **Self or partner/ relative** | **Specific?** |
| **Details of consultancy or other fee paid work which may be significant of to, or relevant to, or bear upon the work of**  **HIS** |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Details of gifts which may be significant to, or relevant to, or bear upon the work of HIS** |  |  |  |  |

**Non-financial interests**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Description of interest** | **Self or partner/ relative** | **Specific?** |
| **Details of non-financial interests which may be significant to, or relevant to, or bear upon the work of HIS** |  |  |  |

**Non-personal interests**

|  |  |  |
| --- | --- | --- |
|  | **Name of company, organisation or undertaking** | **Nature of interest** |
| **Details of non- personal support from commercial healthcare companies, organisations or undertakings** |  |  |

*Signature Date:*

*Thank you for completing this form.*

**Please return to**

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**Data Protection**

Your details will be stored on a database for the purposes of managing this guideline topic proposal. We will not pass these details on to any third parties. Please indicate if you do not want your details to be stored after the proposal is published.