# **New RCOG Guideline Proposal**

Please submit the completed proposal form to Clinical Effectiveness (clinicaleffectiveness@rcog.org.uk) for consideration. Please provide a comprehensive overview to assist the Committee in making a decision.

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| **1. Proposed Title of Clinical Guidance** |
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| **2. Proposer’s Contact Details** |
| Name: |  |
| Address: |  |
| Email: |  |
| Mobile Telephone: |  |
| **3. Subject Area(s)** *(please tick the appropriate box(es) that relate to subject area(s) the Guideline will support)* |

 

 

 

 

  

 

 

 

 

 

 

 

 



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| **4. Type of Guidance** *(please tick the appropriate box)* |
| ***Please provide a brief summary to help describe why this type of guidance is the best fit for this topic:***Would this guidance benefit from having a Patient Information Leaflet? [ ]  Yes [ ]  NoWould this guideline benefit from having an accompanying lay summary? [ ]  Yes [ ]  No |

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| **5. Background** |
| General - Please provide a brief background to the clinical topic**Please consider:**1. **(Clinical) Need for the guidance**
2. **Population/groups that will be covered**
3. **Population/groups that will not be covered**
4. **Target readership**
5. **(Clinical) Issues that will be covered**
6. **(Clinical) Issues that will not be covered**
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| Define the aspects of the topic which the proposed guidance will address *(e.g. screening, investigation, referral, management)*. |  |
| Is it a cause of mortality, or morbidity, or disability? | Yes / No | Detail: |
| Is it a frequent cause of litigation? | Yes / No | Detail:  |
| Are there any ethical considerations relating to this guidance? | Yes / No | Detail:  |
| Is there evidence of wide variation in clinical practice? | Yes / No | Detail:  |
| Is there evidence of wide variation in service delivery? | Yes / No | Detail: |
| Is there good quality evidence available to derive recommendations? | Yes / No | Detail:  |
| Is there recent evidence which supports changing practice? | Yes / No | Detail:  |
| Detail any aspects that are areas of concern for patients, carers and/or the organisations that represent them. |  |
| Will the guideline apply to primary or secondary care, or both? |  |
| **6. Existing Evidence and Guidance** |
| Indication of the size and strength of the evidence base which is available to support recommendations on effective practice *(including existing systematic reviews in this area).* |  |
| Are there any existing guidelines relevant to this condition? (Give source and date of publication). Please comment on their quality and whether they are still valid. |  |
| If there are other existing guidelines, how will this guidance differ? |  |
| **7. Submitted research/articles** |
| Please indicate if you have similar articles already submitted to other publications, e.g. TOG, BJOG. Please state title and journal.  |  |
| **8. Developers** Please indicate the healthcare professionals and patient groups potentially involved in developing the guidance. Please state their specialist area (e.g. Pharmacist, Sonographer, etc.) and provide their names (if possible) and contact details (if possible). |
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| **9. Joint Initiatives** Do you propose this is a joint initiative with another organisation? If so, who, why, have they been approached, and are they accredited by NICE? |
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| **10. Declaration of Conflicting Interests** |
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| **11. Any Other Information** |
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