

# Appointment of specialist committee members to the Medical Technologies Committee for Robot-assisted surgery for soft-tissue procedures

**Supporting information for applicants**

**Closing date for applications: Tuesday 21st May 2024**

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# Introduction

Thank you for your interest in the role of specialist committee member on the Medical Technologies Advisory Committee for **Robot-assisted surgery for soft-tissue procedures**

NICE aims to improve outcomes for people using the NHS and other public health and social care services. We do this by:

* **producing** evidence-based guidance and advice for health, public health and social care practitioners
* **developing** quality standards and performance metrics for providers and commissioners of health, public health and social care services
* **providing** information services for commissioners, practitioners and managers across health and social care.

# About the post

The Medical Technologies Advisory Committee considers and interprets evidence on the clinical and cost effectiveness of medical technologies as defined in the relevant EU directives, and formulates recommendations to the Institute on their use in the National Health Service. Temporary specialist members join the Committee for the discussion and decision-making meetings on the given topic.

***Topic description***

Robot-assisted surgery (RAS) is a type of minimally invasive surgery. Typically, the surgeon guides the robot into the body through small cuts and does the procedure from a computer console, next to the operating table. RAS is becoming more widely used as an alternative to open and laparoscopic surgery. In 2022, the Royal College of Surgeons estimated that over 1.8 million RAS procedures were done internationally and it was available in more than 100 UK hospitals (RCS 2023). There is unanimous acknowledgement across NHS organisations, professional societies and industry that RAS use is expanding in the UK.

RAS has many potential benefits for patients, surgeons and the NHS. It may increase access to minimally invasive surgery, reduce the number of minimally invasive procedures that are converted to open surgery, reduce the length of hospital stay and recovery time, and reduce the physical strain on surgeons. All these factors may increase efficiency in the NHS.

RAS can be done for many different types of procedure, on many parts of the body. These can be broadly categorised into RAS for soft-tissue procedures and RAS for orthopaedic procedures. NICE is scoping for 2 early value assessments (EVAs) for RAS technologies in each of these areas.

**RAS for soft-tissue procedures**

The RAS for soft-tissue procedures EVA will aim to identify and review robotic technologies that help surgeons to do procedures in the soft tissues of the body, including blood vessels and internal organs. These technologies typically aim to increase control and precision in cutting, sealing and connecting soft tissues.

NICE is looking to recruit to the Medical Technologies Advisory Committee healthcare professionals with specialist knowledge of the above topic.

We are seeking cross-specialty consultation surgeons, speciality surgical registrars, or surgical nurses in the following areas:

* Urology
* Gynaecology
* Gastroenterology
* Colorectal
* ENT
* Cardiothoracic
* Vascular
* Neurology
* Transplant
* Cancer
* Breast surgery

Applicants must be based in the UK.

Specialist members of the Medical Technologies Advisory Committee are integral to the Committee and it is important that they attend all meetings relating to the topic. Candidates should therefore provisionally reserve the following dates in their diaries at the time of application:

**Scoping Workshop:** Week commencing 17th June. Date TBC.

**Medical Technologies Advisory Committee meeting 1**: Thursday 19 September 2024

**Medical Technologies Advisory Committee meeting 2:** Thursday 21 November 2024

Please note that all specialist committee member applicants will automatically be registered as stakeholders for this topic. Unsuccessful applicants will need to complete a Confidentiality Agreement and Undertaking Form following recruitment to confirm stakeholder registration.

The role description and person specification are given in appendix A.

# Role of specialist committee members

Members may be NHS staff, healthcare professionals, local government staff, social care practitioners, patients, service users and carers, and professionals from the academic world. They are expected to use their personal experience and judgement for the topic considered by the committee and to actively contribute to improving the quality and consistency of care provided by the NHS.

Committee members are appointed to a committee because of their relevant experience or their specific technical skills. Committee members are not appointed to act as representatives of a particular organisation. If members belong to stakeholder organisations, NICE and the committee assume that they bring this perspective to the group, and are not representing their organisation.

Committee members are co-authors of the guidance. They should respect the rights of NICE both to:

* publish the final guidance and associated products (for example, products to support implementation), and
* receive notification of any proposed publications related to their work on the guidance.

Committee members agree to:

* set aside enough time to attend committee meetings and use their personal and professional knowledge to inform the development of the guidance
* raise any concerns about process or details in the draft guidance with the committee, and try to resolve these issues within the committee, with support from the NICE guidance project team
* contribute positively to the work of the committee and to developing the guidance
* take full account of the evidence in developing recommendations
* consider the analysis and interpretation of evidence prepared by the evidence review team
* act in a professional manner, show good manners and be courteous to colleagues and staff at all times (committee members should behave in a polite, efficient and respectful manner and without bias or favour, using the highest standards of conduct expected in public life and service while on NICE duty)
* be impartial and honest in conducting their duties for NICE, use public funds entrusted to them to the best advantage of NICE, and avoid deliberately damaging the confidence of the public or stakeholders in NICE
* ensure strict adherence to NICE’s Principles and [equality policy](http://www.nice.org.uk/aboutnice/howwework/niceequalityscheme.jsp)
* read and adhere to NICE’s policies on hospitality, declarations of interests and travel and subsistence.

# Remuneration

The position of committee member is unpaid. NICE will pay reasonable out-of-pocket expenses, including train fares and hotel costs when necessary, for attending committee meetings.

## Locum costs

NICE will reimburse locum backfill for committee members who are working in NHS general practice and a locum is needed to allow their attendance on NICE business. The cost of the locum cover will be reimbursed up to a maximum of £600 per day or £300 for half a day. Locum reimbursement claims must be submitted by the practice via an invoice to NICE, and all reimbursement will be to the practice. Further information is available in the [non-staff reimbursement policy](https://www.nice.org.uk/Media/Default/About/Who-we-are/Policies-and-procedures/non-staff-reimbursement-policy.pdf).

## Other expenses

NICE recognises that in some circumstances individuals will need to arrange for carers or support workers to accompany them to a meeting, or to take over unpaid caring responsibilities while they are at a meeting – this includes childcare or care of a family member with a disability or other additional needs. The circumstances in which NICE can provide reimbursement for such costs are outlined in the [non-staff reimbursement policy.](https://www.nice.org.uk/Media/Default/About/Who-we-are/Policies-and-procedures/non-staff-reimbursement-policy.pdf)

# Time commitment

Specialist committee members are invited to attend the Scoping Workshop the week commencing 17th June 2024 – Date TBC. They are also expected to attend **two** committee meetings during the guidance development, on **Thursday 19 September 2024** and **Thursday 21 November 2024.**

Our meetings have been meeting virtually using online software since the COVID-19 pandemic. We will review this regularly but, in any event, are unlikely to return to all meetings being face to face in the future.

Committee members will have to spend time reading substantial committee documents and helping to produce consultation documents.

# Committee meetings in public

Committee meetings are held in public. See NICE’s information on [advisory committee meetings](http://www.nice.org.uk/get-involved/meetings-in-public).

# Period of appointment

Specialist committee members of the Medical Technologies Advisory Committee are appointed for the period required to develop guidance on their specialist subject. As outlined above, this normally requires attendance at Committee meetings as well as a Scoping Workshop, spread out over approximately **nine months**.

# Diversity and equality of opportunity

Appointment is governed by the principles of public appointment based on merit. Candidates may come from a wide range of backgrounds and experience, and each successful candidate will need to demonstrate that they meet all the essential criteria for the post. NICE encourages applications from groups currently under-represented on our committees.

We will consider reasonable adjustments to our recruitment processes to ensure that those applicants who possess the skills and experiences required for a role are not put at a substantial disadvantage because of a disability.

# Equality monitoring

We recognise that you may be wary about giving us personal information, and be concerned about how we use it and how well we protect it. You may also feel that some of the questions on the monitoring form are intrusive.

## Why we need this information

NICE’s guidance and other quality improvement products aim to help the NHS and the health and social care community and other planners and practitioners to give all sections of their communities an equal opportunity to benefit from health and social care services. More evidence on how interventions affect particular groups would help us to do this better. But we also believe it’s important that our advisory bodies reflect the diversity of the population. Not only is it right in principle, but it also means that they can draw on a broader range of knowledge, experience and insight, and so produce better guidance.

We encourage people with the right qualifications from all parts of the population to join advisory bodies. This is why we want you to answer all the questions in the monitoring form.

NICE is legally required to avoid unlawful discrimination and to consider how to advance equality. Monitoring the impact of our recruitment policies is essential to meet these duties.

## How we use the information

We use the information you give us only for monitoring the diversity of applicants and appointees to our committees. We will not use it in the selection process, and our interview panel will not see it. We detach this information from the application form so that you can’t be identified. A separate department in NICE analyses the information and reports on whether the information indicates our processes could be unfairly impacting on certain groups.

It is important for us to collect this information and we very much hope you will want to complete this form.

# How to apply

Completion of the job advert on NHS TRAC website.

Applications **must** be received by **Tuesday 21 May 2024**. We will not consider applications arriving after this date.

Your application will be acknowledged by email (or another way, if requested).

# Selection process

All appointments are made on merit according to NICE’s Appointments to Advisory Bodies Policy and Procedure. This policy adopts the relevant principles in the [Governance Code on Public Appointments](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/578498/governance_code_on_public_appointments_16_12_2016.pdf).

After the closing date for applications:

* A panel will assess candidates’ CVs and supporting letters to decide who best meet the criteria for the role and who will be invited to interview. The panel will rely only on the information you give in your application to assess whether you have the skills and experience required. Please ensure that you provide evidence to support how you meet all the essential criteria.
* We anticipate that in **May 2024** the panel will decide who will be invited for interview and selected as a specialist committee member.
* The panel will choose only the strongest applicants who it feels have demonstrated that they best meet the criteria in the person specification.
* If invited to interview, the panel will ask you about your skills and experience, asking specific questions to assess how you meet the criteria for the role.
* If your application is successful, you will receive a letter/email from the recruiting team to confirm the terms on which an appointment is offered.
* The recruiting team will notify you if you are unsuccessful. Please note that all specialist committee member applicants will automatically be registered as stakeholders for this topic.

# Timetable

Interviews (which will be Teams interviews of around 15-20 minutes) will be scheduled shortly.

# Additional information

Please note that anyone who meets 1 or more of the categories below will be automatically disqualified from membership of any NICE committee:

* a doctor who is under investigation[[1]](#footnote-1) by the General Medical Council (GMC), or following investigation by the GMC has had restrictions placed on their practice or been removed from the Medical Register
* other professionals who are under investigation for professional misconduct, or have been found to be in breach of appropriate professional standards by the relevant professional body
* anyone who has received a prison sentence or suspended sentence of 3 months or more in the last 5 years.

Anyone who meets any of the categories below will not be automatically disqualified, but they may be asked to step down from membership of a NICE committee, at the sole discretion of NICE. Therefore, please tell us in your application should any of these points apply:

* people who are the subject of a bankruptcy restrictions order or interim order
* anyone who has been dismissed (except by redundancy) by any NHS or social care body
* those who have had an earlier term of appointment terminated
* anyone who is under a disqualification order under the Company Directors Disqualification Act 1986
* anyone who has been removed from trusteeship of a charity.

Any committee members who are appointed because of their up-to-date professional health and care service knowledge and experience and work in a regulated profession should have an active registration with the appropriate professional body when they are appointed and when their appointment is renewed. For medical committee members, this includes a licence to practise.

To help ensure the independence of the advisory committees, employees of the Department for Health and Social Care are excluded from membership of the advisory committees, as are NHS Improvement and NHS England staff employed in any of these organisations’ national (as opposed to regional or local) functions.

# Conflict of interests

NICE is expected to achieve and maintain high standards of fairness in the way we conduct our business. These standards include impartiality, objectivity and integrity, and effective handling of public funds. Managing potential conflicts of interests is an important part of this process.

Managing conflicts of interests effectively is an essential element in developing the guidance and advice that NICE publishes. Without this, professionals and the public will lose confidence in our work.

We give particular consideration to interests involving payment or financial inducement or any reputational interest related to academia or published work that may be affected by the matters under discussion.

Please ensure you read NICE’s [policy on declaring and managing interests for NICE advisory committees](https://www.nice.org.uk/about/who-we-are/policies-and-procedures) before applying.

As part of NICE’s commitments under the World Health Organisation Framework Convention on Tobacco Control, individuals working for, or holding office in, tobacco organisations cannot be appointed to NICE’s advisory committees. (Tobacco organisations include the tobacco industry, and organisations speaking on behalf of, or funded by, the tobacco industry.) Further information is contained in [NICE’s statement on engagement with tobacco industry organisations](https://www.nice.org.uk/get-involved/stakeholder-registration/tobacco-industry-organisations).

# Standards in public life and code of conduct

Committee members are expected at all times to act in good faith and observe the highest standards of impartiality, integrity and objectivity in in conducting the committee’s business (see appendix B). Members will be required to sign to accept the terms of appointment relating to conduct (appendix C).

# How we manage your personal information

NICE is committed to meeting the highest standards when collecting and using personal information. When we ask you for personal information, we promise we will:

* only ask for what we need, and not collect too much or irrelevant information
* ensure you know why we need it
* protect it and as far as possible, make sure that nobody has access to it who shouldn’t
* ensure you know that you have a choice about giving us information
* make sure we don’t keep it longer than necessary
* not use your information for purposes incompatible with the reasons we asked for it.

We ask that you:

* give us accurate information
* inform us as soon as possible of any changes, or if you notice mistakes in the information we hold about you.

If you are appointed as a specialist committee member for this topic, we will pass your contact details to the External Assessment Group (EAG) working on the topic, so that they are able to contact you at key points through the process for your expert input.

If appointed, your name and affiliation will be published on the NICE website on the guidance page for the topic on the list of appointed specialist committee members.

A declaration of interest register for the topic will also be published on the NICE website.

More information about how we process your personal data can be found on our [privacy notice](https://www.nice.org.uk/privacy-notice).

# Useful links

[About NICE](http://www.nice.org.uk/aboutnice/)

[NICE Annual Reports](https://www.nice.org.uk/about/who-we-are/corporate-publications)

[NICE Principles](https://www.nice.org.uk/about/who-we-are/our-principles)

[NICE Equality Scheme](http://www.nice.org.uk/about/who-we-are/policies-and-procedures/nice-equality-scheme)

[Policy on declaring and managing interests](https://www.nice.org.uk/about/who-we-are/policies-and-procedures)

[Privacy notice](https://www.nice.org.uk/privacy-notice)

For queries about your application, please call the Health Techn Programme team via [MedTech@nice.org.uk](mailto:MedTech@nice.org.uk)

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# How to complain

If you feel that equality and fairness were not observed during the recruitment process please contact the recruiting centre. Should your concerns remain, you can submit a complaint to:

David Coombs  
Associate Director, Corporate Office  
National Institute for Health and Care Excellence  
2nd Floor, 2 Redman Place

London

E10 1JQ  
[complaints@nice.org.uk](mailto:complaints@nice.org.uk)

# Appendix A: Role description and person specification

**NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE**

**Role:** Specialist committee member - Robot-assisted surgery for soft-tissue procedures

**Centre:** Centre for Health Technology Evaluation

**ROLE DESCRIPTION**

**Summary**

Robot-assisted surgery (RAS) is a type of minimally invasive surgery. Typically, the surgeon guides the robot into the body through small cuts and does the procedure from a computer console, next to the operating table. RAS is becoming more widely used as an alternative to open and laparoscopic surgery. In 2022, the Royal College of Surgeons estimated that over 1.8 million RAS procedures were done internationally and it was available in more than 100 UK hospitals (RCS 2023). There is unanimous acknowledgement across NHS organisations, professional societies and industry that RAS use is expanding in the UK.

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**RAS for soft-tissue procedures**

The RAS for soft-tissue procedures EVA will aim to identify and review robotic technologies that help surgeons to do procedures in the soft tissues of the body, including blood vessels and internal organs. These technologies typically aim to increase control and precision in cutting, sealing and connecting soft tissues.

**Responsibilities**

* Attend the following meetings:
* **Scoping workshop**: Week commencing 17th June – Date TBC
* **Medical Technologies Advisory Committee meeting**: Thursday 19 September 2024
* **Medical Technologies Advisory Committee meeting:** Thursday 21 November 2024
* On behalf of the Committee, advise the external assessment group on request during the assessment phase. This may include advice on the care pathway, the selection and analysis of the evidence, and other issues relevant to the assessment of the topic that require specialist clinical or methodological expertise.
  + Contribute to the Committee’s deliberations from their own specialist knowledge whilst respecting input from non-specialists and lay persons. Apply their own experience and judgement to the topics under discussion, rather than act as a representative of their organisation.
  + Work with the other members of the Committee and NICE staff to identify key issues and review evidence.
  + Work with other members of the Committee and NICE staff to formulate recommendations and comment on the evidence and on drafts of the guidance.
  + Agree the draft and final recommendations.
  + Advise on implementation issues as required.
  + Ensure appropriate consideration of the implications of guidance for equalities.
  + Follow agreed decision-making procedures and accept the collective decisions of the Committee.
  + Abide by NICE’s code of conduct for Committee members including NICE’s code of practice for declaring and dealing with conflicts of interest, and follow the Committee’s operational procedures.
  + Prepare for the Committee meetings by reading the papers and by gathering any additional information on the proposed topics which may be helpful to the discussions.
  + Participate in induction training.

**Conditions**

* Must be available for both Committee meetings and the scoping workshop (dates outlined above).
* With the exception of lay members, Committee membership is unpaid although expenses, including overnight accommodation, are reimbursed.
* General practitioner members are eligible to apply for the cost of locum cover to enable them to attend Committee meetings. Accommodation, travel and subsistence expenses are paid in accordance with NICE’s non-staff travel and subsistence policy.

**PERSON SPECIFICATION**

**Criteria**

1. **Extent and nature of committee experience**

**Essential:**

* Experience of expert committee work in a relevant setting

1. **Ability to contribute to the work of the advisory body**

**Essential:**

* Experience in health or social care (as appropriate), either as a practicing health or social care professional, **or** working in or in association with the wider aspects of health or social care or the healthcare industries
* Active registration with the appropriate professional body and for medical professionals a licence to practise
* An understanding of the social, political, economic and professional influences on NICE

1. **Ability to understand and interpret multiple complex data sets**

**Essential:**

* Ability to gather data, analyse, critique and synthesise complex information, as evidenced by relevant experience and/or academic qualifications.

1. **Nature of the motivation underpinning the application**

**Essential:**

* Clearly and persuasively stated reasoning for making an application.

1. **Equality and diversity**

**Essential:**

* Commitment to eliminating unlawful discrimination, advancing equality and an understanding or awareness of the issues of inequality in health, public health and social care settings.

1. **Ability to exercise judgement across a wide range of issues**

**Essential:**

* Discretion in handling politically sensitive and confidential information.

# Appendix B: The Committee on Standards in Public Life: the seven principles of public life

**Selflessness**   
Holders of public office should act solely in terms of the public interest. They should not do so in order to gain financial or other benefits for themselves, their family or their friends.

**Integrity**   
Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.

**Objectivity**   
In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

**Accountability**   
Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

**Openness**   
Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

**Honesty**   
Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

**Leadership**   
Holders of public office should promote and support these principles by leadership and example.

# Appendix C: Standards of business conduct for NICE committee members

1. Committee members are required to abide by NICE business standards in order to serve on NICE guidance committees[[2]](#footnote-2). Standards include conforming to the Nolan Principles set out in the NICE Code of Business Conduct and declaring any interests in accordance with the NICE code of practice for declaring and dealing with conflicts of interest.
2. The 7 Nolan Principles for the conduct of public life that must be adhered to are:

* selflessness
* integrity
* objectivity
* accountability
* openness
* honesty
* leadership.

1. NICE business standards additionally set out circumstances in which it may be inappropriate for a person to serve on a NICE committee. This may result in automatic disqualification from membership of a committee on a temporary or permanent basis.
2. Anyone meeting 1 or more of the categories below will be automatically disqualified from membership of any NICE committee:

* a doctor who is under investigation[[3]](#footnote-3) by the General Medical Council (GMC), or following investigation by the GMC has had restrictions placed on their practice or been removed from the Medical Register
* other professionals who are under investigation for professional misconduct, or have been found to be in breach of appropriate professional standards by the relevant professional body
* anyone who has received a prison sentence or a suspended sentence of 3 months or more in the last 5 years.

1. Anyone who meets any of the categories below will not be automatically disqualified, but they may be asked to step down from membership of a NICE committee at the sole discretion of NICE:

* people who are the subject of a bankruptcy restrictions order or interim order
* anyone who has been dismissed (except by redundancy) by any NHS or social care body
* in certain circumstances, people who have had an earlier term of appointment terminated
* anyone who is under a disqualification order under the Company Directors Disqualification Act 1986
* anyone who has been removed from trusteeship of a charity.

1. GMC ‘Investigation’ is defined as an investigation into whether the practitioner’s fitness to practice is impaired by reason of one or more of the heads of impairment set out in section 35c(2) of the Medical Act 1983 [↑](#footnote-ref-1)
2. ‘Committees’ includes any formally constituted body involved in developing NICE guidance including advisory bodies, Guideline Development Groups, panels and guidance committees [↑](#footnote-ref-2)
3. GMC ‘Investigation’ is defined as an investigation into whether the practitioner’s fitness to practice is impaired by reason of one or more of the heads of impairment set out in section 35c(2) of the Medical Act 1983 [↑](#footnote-ref-3)