

**Appointment of Specialist Committee Members
(SCM) to the Diagnostics Advisory Committee
for Early value assessment: Artificial
intelligence software to help detect fractures in
the emergency department (provisional title)**

Supporting information for applicants

Closing date for applications: 4 June 2024 at Midnight

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Introduction

Thank you for your interest in the role of Specialist Committee Member on the Diagnostic Assessment Committee for the Early value assessment: Artificial intelligence software to help detect fractures in the emergency department (provisional title)

NICE's core purpose is to help practitioners and commissioners get the best care to patients, fast, while ensuring value for the taxpayer. We do this by:

- producing useful and usable guidance for health and care practitioners
- providing rigorous, independent assessment of complex evidence for new health technologies
- developing recommendations that focus on what matters most and drive innovation into the hands of health and care practitioners
- encouraging the uptake of best practice to improve outcomes for everyone.

You can find out more about our work by observing our committee meetings. Information on how to register to observe forthcoming committee meetings is available on our [website](#). (Scroll to the bottom of the page and click “scheduled meetings”).

Prospective applicants are welcome to speak to a current NICE chair of a committee to find out more about what is involved in the role. If you wish to do this, please contact the recruitment contact as specified on the advert.

About the post

The Diagnostics Advisory Committee considers and interprets evidence on the clinical and cost effectiveness of diagnostic 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

X-ray imaging is used in the emergency department to examine the bones and joints of people that present with a suspected fracture. The majority of fractures are classed as non-complex. They can occur across a wide age range, involve numerous different bones and require a range of different treatment options. Therefore, fractures present a considerable challenge to the NHS.

The initial interpretation of the X-ray images to diagnose or rule out a fracture is usually done by a doctor or nurse in the emergency department. The images should then be reviewed by a radiologist or radiographer before the person with a suspected fracture is discharged. But, in practice due to increasing demands on radiology services and workforce shortages, this is not always possible, leading to missed fractures or delayed diagnoses. This can delay treatment and lead to long-term complications and poor health outcomes. For some fractures, an immediate and accurate diagnosis is essential to avoid complications and potential further harm.

Artificial intelligence-based software packages are available that can analyse X-ray images to help detect fractures and support clinician interpretation. This could improve the accuracy and timeliness of X-ray diagnoses and reduce the number of missed fractures. AI technology could also provide efficiency gains by freeing up radiologist time and reducing the number of patient recalls.

The NICE health tech assessment programme will assess the clinical and cost-effectiveness of using AI software to help detect fractures and support interpretation of X-ray images in order to make recommendations on its use in the NHS.

We are seeking specialists in the following areas:

- Consultant radiologist
- Reporting radiographer
- Diagnostic radiographer
- Consultant in emergency medicine
- Consultant orthopaedic surgeon
- Emergency nurse practitioner or advanced clinical practitioner
- Physiotherapist

Please note that all specialist committee member applicants will automatically be registered as stakeholders for this topic.

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

Applicants must be based in the UK.

Role of 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 topics 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 guideline.

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. For more guidance on the time required, see the 'Time commitment' section below.
- 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 guidance developer or 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 external assessment group.
- 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
- read and adhere to NICE's policies on hospitality, declarations of interests and travel and subsistence.

Remuneration

Members

The position of specialist 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 that 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](#).

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](#).

Time commitment

Specialist committee members are invited to attend the half/full-day(dependant to topic) Scoping Workshop on **17 June 2024** (via Zoom). They are also expected to one day-long committee meeting during the guidance development on the **18 September 2024** (in person/via Zoom).

Specialist members of the Diagnostics 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 above dates in their diaries at the time of application.

Our committees have been meeting virtually using online software since the COVID-19 pandemic. We will review this regularly but currently anticipate a small number of meetings may be held in person.

In addition to attending 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](#).

Period of appointment

Specialist committee members of the Diagnostics Advisory Committee are appointed for the period required to develop guidance on their specialist subject. As outlined above, this normally requires attendance at a Committee meeting as well as a half/full-day Scoping Workshop, spread out over approximately six months. When guidance is reviewed, specialist committee members will also be contacted as part of the guidance review process.

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.

Please let us know if you have any requirements or support needs so that we can consider what adjustments can be made to ensure people who possess the skills and experiences required for a role are not put at a substantial disadvantage because of a disability.

We will also consider adjusting our working practices to ensure that committee members can fully contribute to the work of the committee.

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 **midnight on 4 June 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](#).

After the closing date for applications:

- A panel will assess candidates' applications 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 by 10 June 2024 the panel will have decided who will be invited for interview.
- 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.

Timetable

Interviews (which will be via Microsoft Teams for around 15-20 minutes) are scheduled to take place on the following dates:

- Tuesday 11 June 2024, between 2:00 – 5:00pm
- Wednesday 12 June 2024, between 9:00am – 1:00pm

Please could you indicate in your cover letter your preferred interview date if short-listed for interview.

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 investigation¹ 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 (except in cases where NICE is actively seeking lay member candidates with this experience, for example, prison health topics).

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 or chairs who are appointed because of their up to date professional health and care service knowledge and experience and work in a

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

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 or chairs, this includes a licence to practise.

To help ensure the independence of NICE's guidance development process, the following individuals are excluded from membership of the advisory committees, although may be invited to attend in a non-decision making advisory capacity as appropriate:

- a. employees of the Department for Health and Social Care
- b. NHS England and NHS Improvement staff who are employed in the organisation's national commissioning functions
- c. NHS England appointees to the roles of National Clinical Director / National Specialty Lead / Speciality Adviser (or equivalent) or Clinical Reference Group chair.

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](#) 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](#).

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 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](#).

Useful links

[About NICE](#)

[NICE Annual Reports](#)

[NICE Principles](#)

[NICE Equality Scheme](#)

[Policy on declaring and managing interests](#)

[Privacy notice](#)

For queries about your application, please email the HealthTech Programme (Diagnostics) team via diagnostics@nice.org.uk

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 via complaints@nice.org.uk

Appendix A: Role description and person specification

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Role: Specialist committee member – Early value assessment: Artificial intelligence software to help detect fractures in the emergency department (provisional title)

Centre: Centre for Health Technology Evaluation

ROLE DESCRIPTION

Summary

X-ray imaging is used in the emergency department to examine the bones and joints of people that present with a suspected fracture. The majority of fractures are classed as non-complex. They can occur across a wide age range, involve numerous different bones and require a range of different treatment options. Therefore, fractures present a considerable challenge to the NHS.

The initial interpretation of the X-ray images to diagnose or rule out a fracture is usually done by a doctor or nurse in the emergency department. The images should then be reviewed by a radiologist or radiographer before the person with a suspected fracture is discharged. But, in practice due to increasing demands on radiology services and workforce shortages, this is not always possible, leading to missed fractures or delayed diagnoses. This can delay treatment and lead to long-term complications and poor health outcomes. For some fractures, an immediate and accurate diagnosis is essential to avoid complications and potential further harm.

Artificial intelligence-based software packages are available that can analyse X-ray images to help detect fractures and support clinician interpretation. This could improve the accuracy and timeliness of X-ray diagnoses and reduce the number of missed fractures. AI technology could also provide efficiency gains by freeing up radiologist time and reducing the number of patient recalls.

The NICE health tech assessment programme will assess the clinical and cost-effectiveness of using AI software to help detect fractures and support interpretation of X-ray images in order to make recommendations on its use in the NHS.

Specialist committee member disciplines:

- Consultant radiologist
- Reporting radiographer
- Diagnostic radiographer
- Consultant in emergency medicine
- Consultant orthopaedic surgeon
- Emergency nurse practitioner or advanced clinical practitioner
- Physiotherapist

Responsibilities

- Attend the following meetings:
 - Attendance is desirable at the at the **Scoping Workshop: 17 June 2024** (full/half day meeting dependant on topic)
 - **Diagnostics Advisory Committee meeting: 18 September 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, if possible 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.
- Please note, to help ensure the independence of the advisory committees, the following are excluded from membership of the advisory committee, although they may be invited to attend in a non-decision making advisory capacity as appropriate: employees of the Department for Health

and Social Care, NHS Improvement and NHS England staff employed in the organisation's national commissioning functions, NHS England and NHS Improvement appointees to the roles of National Clinical Director, National Specialty Lead, or Clinical Reference Group chair.

PERSON SPECIFICATION

Criteria

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
- A licence to practise
- An understanding of the social, political, economic and professional influences on NICE

2. 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.

3. Nature of the motivation underpinning the application

Essential:

- Clearly and persuasively stated reasoning for making an application.

4. 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.

5. 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 committees². 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.
3. 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.
4. Anyone meeting 1 or more of the categories below will be automatically disqualified from membership of any NICE committee:
 - a doctor who is under investigation³ 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 (except in cases where NICE is

² 'Committees' includes any formally constituted body involved in developing NICE guidance including advisory bodies, Guideline Development Groups, panels and guidance committees

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

actively seeking lay member candidates with this experience, for example, prison health topics).

5. 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.