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| **GUIDELINE TITLE AND TAM ID** |  |
| **LEAD AUTHOR FOR REVIEW:** *name, job title, email* |  |
| **DATE OF REVIEW:** |  |

**CHOOSE ONE OPTION FROM BELOW:**

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| **OPTION 1: REMOVE GUIDANCE** Guidance has been reviewed. It is no longer needed. It is to be removed and archived. | |
| **Is replacement guidance needed?** | **YES**  **NO** |
| *If yes, provide link to replacement guidance here:* | |

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| **OPTION 2: NO AMENDMENT** Guidance has been reviewed. It is still needed. Guidance is current, and NO amendments are needed. | |
| **Provide a new review period.** *Max 3 years* |  |

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| **OPTION 3: MINOR AMENDMENT** Guidance has been reviewed. It is still needed. Guidance requires MINOR amendments. | |
| Copy and paste TAM guidance to a word document.  Do track changes and paste below, or state changes to be made. | |
|  | |
| **Provide a ‘What’s new statement’** *if relevant, to* ***advise clinicians*** *on important changes of practice.* | |
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| **Provide a new review period.** *Max 3 years* |  |

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| **OPTION 4: MAJOR AMENDMENT  Guidance has been reviewed and it is still needed. The guidance requires MAJOR amendments.** | |
| Copy and paste TAM guidance to a word document. Do track changes and paste below.  Or rewrite the guideline using the TAM Guideline Template: see [Submit guidance](https://rightdecisions.scot.nhs.uk/tam-treatments-and-medicines-nhs-highland/further-resources/guideline-updates-and-submissions/submit-guidance-about-tam/) | |
|  | |
| **Is interim guidance needed?** | **YES**  **NO** |
| *If yes, state the interim guidance here:* | |
| **Provide a ‘What’s new statement’** *if relevant, to* ***advise clinicians*** *on important changes of practice.* | |
|  | |
| **Provide a new review period.** *Max 3 years* |  |

For further information see [Submit guidance](https://rightdecisions.scot.nhs.uk/tam-treatments-and-medicines-nhs-highland/further-resources/guideline-updates-and-submissions/submit-guidance-about-tam/) on TAM or contact the TAM team on [nhsh.tam@nhs.scot](mailto:nhsh.tam@nhs.scot)