

**Declaration of Interest Policy and Form**

**FORM FOR TRUSTEES AND MEMBERS OF RCOphth COMMITTEES, SUBCOMMITTEES AND WORKING PARTIES**

This form will be held by the CEO of the Royal College of Ophthalmologists (RCOphth). It will be made available to College Officers and senior RCOphth staff only. Forms completed by Council members and Trustee Board members will also be placed on the public area of the website as agreed with Council and the Trustee Board in 2020. All personal information will be removed for this purpose. Initially the form will be completed by Trustees, Council and members of standing committees on an annual basis and rolled out to members of all committees, subcommittees and working parties as resources allow.

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
|
| **Email** |  |
| **Telephone Number** |  |

**PART A Confidentiality Agreement**

“**Confidential Information**” shall mean (in whatever format or media and whether or not marked “confidential”) any information and data of a confidential nature, including but not limited to the business, affairs, customers, clients, suppliers, plans, intentions, marketing opportunities, patient specific data, software, hospital episode statistics, know-how, operations, processes, and all record bearing media containing or disclosing such information, which is disclosed (whether in writing, verbally or by any other means and whether directly or indirectly) by the RCOphth to the Receiving Party, and any information or analysis derived from the Confidential Information;

1. I undertake to the RCOphth that:

(a) I shall keep all confidential information strictly confidential.

(b) I shall not use any confidential information for any purpose other than participating in RCOphth related activities.

(c) I shall not disclose any confidential information to any third party without the prior written consent of the RCOphth and, in the event that such disclosure is permitted, I shall ensure that such third party is fully aware of and agrees to be bound by these undertakings.

(d) I will keep the storage of confidential RCOphth related information in electronic or hard copy format to the minimum required for its purpose. All RCOphth information held electronically will be protected by appropriate security measures.

(e) I will report any security breaches to the RCOphth as soon as possible.

2) The undertakings set out in paragraph 1 above shall not apply to the use or disclosure of information that:

(a) at, or after, the time of disclosure or acquisition is in the public domain, in the form supplied otherwise than through a breach of any of the undertakings; or

(b) was lawfully within my possession before its disclosure to me by RCOphth provided that the source of such information was not bound by, or subject to, a confidentiality agreement with RCOphth; or

(c) I am required to disclose by any court of competent jurisdiction or any government agency lawfully requesting the same, provided that I notify the RCOphth in advance of such disclosure; or

(d) is approved for release by prior written authorisation from RCOphth.

**PART B Declaration of Good Standing**

1. Have you at any time had (or do you have pending) any criminal convictions in any country? These would be listed convictions that fall within the [UK disclosure and barring services](https://www.gov.uk/government/publications/dbs-list-of-offences-that-will-never-be-filtered-from-a-criminal-record-check). They also include equivalent offences for those committed outside of the UK.

Yes 🞏 No 🞏

1. Have you at any time been subject to (or do you have pending) any warnings, investigations, suspensions, limitations, reprimand, disbarring or removal of medical registration by a professional regulatory body in any country

Yes 🞏 No 🞏 N/A 🞏

1. Have you ever been refused or are there any reasons why a certificate of good standing might be refused in any country where you have worked?

Yes 🞏 No 🞏 N/A 🞏

1. Are you aware of any matters that may affect your membership or the reputation of the Royal College of Ophthalmologists? Yes 🞏 No 🞏 N/A 🞏

In your professional capacity

1. Are you currently engaged in litigation in any jurisdiction as a defendant or as a claimant? Yes 🞏 No 🞏
2. Have you ever been engaged in litigation in any jurisdiction as a defendant or as a claimant? Yes 🞏 No 🞏
3. Are you aware of any claims pending against you or your insurer?

Yes 🞏 No 🞏

1. Have you ever made an out of court settlement? Yes 🞏 No 🞏
2. If questions 7-10 were asked not of you but of any company of which you are a director, what would the answer be? Yes 🞏 No 🞏 N/A 🞏
3. Have you ever been removed as a company director or charity trustee because of wrongdoing or banned from being a company director or charity trustee?

Yes 🞏 No 🞏

If you have answered ‘Yes’ to any of the above questions please give an explanation below.

1. I confirm that I have complied with my employer’s requirements for annual appraisal. Yes 🞏 No 🞏 N/A 🞏
2. I confirm that I am complying / will comply with the College’s requirements for CPD or those of another college relevant to my practice (please specify).

Yes 🞏 No 🞏 N/A 🞏

1. I confirm that I am registered with the General Medical Council UK and am up to date with my revalidation and licencing. Yes 🞏 No 🞏 N/A 🞏
2. I confirm that for the duration of my tenure in the committee, subcommittee or working party I will notify the CEO of the RCOphth of any change in circumstance that would alter the answers given above.Yes 🞏 No 🞏

**PART C Declaration of Interest**

Please detail your interests in the table below within 3 years inclusive of and preceding the current year. Self extends to family member (parent, sibling, spouse or child).

|  |  |  |
| --- | --- | --- |
| Category/interest | Details of interest including: | |
|  | Who interest refers to (Self/Institution/both -please include names) | Amount if applicable |
| Shares held by self or family in industry related to device, instrument or pharmaceutical. |  |  |
| Membership on advisory committee, board, review panel of industry with or without remuneration. |  |  |
| Official position (e.g. Director) or Employment (primary or secondary job). |  |  |
| Gifts or hospitality offered to you by external bodies in your position as a director/trustee (and whether or not this was accepted) |  |  |
| Expenses (e.g. travel, accommodation, registration fee) covered by industry for an event. |  |  |
| Honorarium received from industry for any event or service. |  |  |
| Collaboration with industry researcher or research groups whether remunerated or not. |  |  |
| Assistance from industry in analysis of data or writing of manuscript. Provision of slides or other material for presentation. Support received from industry towards colour publication or supply of reprints of author’s published papers. |  |  |
| Grants: restricted or unrestricted, for clinical or research activity or for administrative support or studentships. |  |  |
| Service as Consultant to an organisation with or without remuneration (Remuneration can be ad hoc, pro-rata or regular). |  |  |
| Investigator in a clinical trial on a device, instrument or product whether or not funded by industry. |  |  |
| Holder of a Licence/patent or can derive benefit from a patent for a device, instrument or pharmaceutical or for something that is a component part of a DIP. |  |  |
| Inventor of a DIP or a procedure or protocol which may generate a financial or professional reward. |  |  |
| Any other conflict |  |  |

**Signed**

**Date**

**College position**

**Created: May 2018**

**Review: May 2019**

**Reviewed: July 2019**