

Conflict of Interest Policy and Form



FORM FOR MEMBERS OF RCOphth COMMITTEES, SUBCOMMITTEES AND WORKING PARTIES

This form should be completed in paper format and it 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. Initially the form will be completed by members of the Trustee Board, Council and members of high profile committees on an annual basis and rolled out to members of all committees, subcommittees and working parties as resources allow.

Name	Address	Telephone Number	
		Email	

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?

The term “criminal conviction” applies to all convictions, cautions, reprimands and final warnings. This includes minor misdemeanours, such as:

- spent sentences, cautions, and any matters currently under investigation
- any conviction, caution or investigation in relation to a criminal offence
- road traffic offences (speeding, parking fines) except where the matter has been dealt with by way of a 'fixed penalty notice' as such matters do not constitute a criminal conviction
- investigations or determinations by any of the other UK health regulatory bodies, as well as by a primary care organisation

Yes No

2. Have you at any time been subject to (or do you have pending) any investigations, suspensions, limitations or removal of medical registration in any country?

Yes No N/A

3. Have you at any time been subject to (or do you have pending) any investigation, suspension, reprimand or disbarring by a professional regulatory body in any country?

Yes No N/A

4. 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

5. Do you have any health problem likely to adversely affect your professional work?

Yes No

6. Are you aware of any matters that may affect your good standing as a member of the Royal College of Ophthalmologists? Yes No N/A
7. Are you currently engaged in litigation in any jurisdiction as a defendant or as a claimant? Yes No
8. Have you ever been engaged in litigation in any jurisdiction as a defendant or as a claimant? Yes No
9. Are you aware of any claims pending against you or your insurer? Yes No
10. Have you ever made an out of court settlement? Yes No
11. 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
12. 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.

13. I confirm that I have complied with my employer's requirements for annual appraisal. (UK applicants only) Yes x No N/A

14. 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). (UK applicants only.)
Yes x No N/A

15. I confirm that I am registered with the General Medical Council UK and am up to date with my revalidation and licencing. (UK applicants only) Yes x No N/A

16. 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 circle the answer that is applicable, within 3 years inclusive of and preceding the current year, for each statement below, regardless of the amount. Please also indicate the amount if it exceeds £10,000 or equivalent. Self extends to family member (parent, sibling, spouse or child).

1. Expenses (e.g. travel, accommodation, registration fee) covered by industry for an event.

Yes: Self/Institution/Both No Amount if applicable_____

2. Honorarium received from industry for any event or service.

Yes: Self/Institution/Both No Amount if applicable_____

3. Collaboration with industry researcher or research groups whether remunerated or not.

Yes: Self/Institution/Both No Amount if applicable_____

4. 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.

Yes: Self/Institution/Both No Amount if applicable_____

5. Grants: restricted or unrestricted, for clinical or research activity or for administrative support or studentships.

Yes: Self/Institution/Both No Amount if applicable_____

6. Membership on advisory committee, board, review panel of industry with or without remuneration (Remuneration can be ad hoc, pro-rata or regular).

Yes: Self/Institution/Both No Amount if applicable_____

7. Service as Consultant to an organisation with or without remuneration (Remuneration can be ad hoc, pro-rata or regular).

Yes: Self/Institution/Both No Amount if applicable_____

8. Investigator in a clinical trial on a device, instrument or product whether or not funded by industry.

Yes: Self/Institution/Both No Amount if applicable_____

9. Official position (e.g. Director) or Employment (primary or secondary job) with regular salary or stipend

Yes: Self/Institution/Both No Amount if applicable_____

10. Shares held by self or family in industry related to device, instrument or pharmaceutical.

Yes: Self/Institution/Both No Amount if applicable_____

11. 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.

Yes: Self/Institution/Both No Amount if applicable_____

12. Inventor of a DIP or a procedure or protocol which may generate a financial or professional reward.

Yes: Self/Institution/Both No Amount if applicable_____

Signed

Date

Created: July 2015
Review: July 2018