**Note: The APC has agreed that unsigned completed DoI forms can be returned electronically as long the form is returned from the member’s NHS email address. The form must be dated.**

**SEL AREA PRESCRIBING COMMITTEE**

**DECLARATION OF INTERESTS**

###### The following guidelines apply to members of the South East London Area Prescribing Committee/Medicines and Pathways Review Group (MPRG, formerly New Drugs Panel) and to members of any Sub-Committees/Groups of the South East London Area Prescribing Committee. The guidelines also apply to applicants wishing to make a formulary submission to the MPRG.

###### TYPES OF INTEREST TO BE DECLARED

If members or formulary applicants have interests not specified in the following notes, but which they believe could be regarded as influencing their advice they should be declared.

**A PERSONAL INTEREST**

A personal interest involves payment to the members personally. The main examples are:

1. **Consultancies:** any consultancy, directorship, position in or work for the pharmaceutical industry, which attracts regular or occasional payments in cash or kind.
2. **Fee-Paid Work:** any work commissioned by the pharmaceutical industry for which the member is paid in cash or kind.
3. **Shareholdings:** any shareholding in or other beneficial interest in shares of the pharmaceutical industry. This does not include shareholdings through unit trusts or similar arrangements where the member has no influence on financial management.

**A NON-PERSONAL INTEREST**

A non-personal interest involves payment, which benefits a department for which a member is responsible, but is not received by the member personally. The main examples are:

1. **Fellowships:** the holding of a fellowship endowed by the pharmaceutical industry.
2. **Support by the Pharmaceutical Industry:** any payment, other support or sponsorship by the pharmaceutical industry which does not convey any pecuniary or material benefit to a member personally, but which does benefit his/her position or department e.g.
3. a grant from a company for the running of a unit or department for which a member is responsible;
4. a grant or fellowship or other payment to sponsor a post or a member of staff, in the unit for which a member is responsible. This does not include financial assistance for students;
5. the commissioning of research or other work by, or advice from, staff who work in a unit for which the member is responsible.

###### DECLARING AN INTEREST

1. Members of the South East London Area Prescribing Committee should inform the Committee in writing when they are appointed of their current **personal** and **non-personal interests**.
2. Only the name of the company and nature of the interest is required; the amount of any salary, fees, shareholding, grant etc need not be disclosed to the Committee.
3. Members will be invited to complete a Declarations of Interests form annually for **personal** and **non-personal** interests. Members will also be invited to inform the Committee of any relevant changes in their **personal** interests at the time of the change.
4. Applicants making a new drug submission to the South East London Area Prescribing Committee are required to complete a Declarations of Interest form as part of the formulary application process.
5. Personal gifts of more than £25 in value from a commercial source need to be declared, as do several smaller gifts, individually worth less than £25, but in total worth over a £100 from the same or closely related source in a 12-month period (Department of Health Standards, November 2000).

**DECLARATION OF INTERESTS AT COMMITTEE MEETINGS AND PARTICIPATION BY MEMBERS AND FORMULARY APPLICANTS**

Members and formulary applicants are required to declare relevant interests at Committee or Sub-Committee/Group meetings, and to state whether they are personal or non-personal interests and whether they are specific to the product under consideration.

A member who is any doubt as to whether he or she has an interest which should be declared, or whether to take part in the proceedings, should ask the Chairman for guidance. The Chairman has the power to determine whether or not a member with an interest shall take part in the proceedings.

1. A member or formulary applicant must declare a **personal specific interest** if he or she has **at any time** worked on the product under consideration and has personally received payment for that work, in any form, from the pharmaceutical industry.

The member shall take no part in the proceedings as they relate to the product, except, at the Chairman’s discretion to answer questions from other members. If the interest is no longer current, the member may declare it as a **lapsed personal specific interest**.

1. A member or formulary applicant must declare a **personal non-specific interest** if he or she has a **current personal interest** in the pharmaceutical company concerned which does not relate specifically to the product under discussion.

The member shall take no part in the proceedings as they relate to the product, except, at the Chairman’s discretion, to answer questions from other members.

1. A member or formulary applicant must declare a **non-personal specific interest** if he or she is aware that the department for which he or she is responsible for has at any time worked on the product but the member has not personally received payment in any form from the pharmaceutical industry for the work done.

The member may take part in the proceedings unless he or she has personal knowledge of the product through his or her own work or through direct supervision of other people's work, in which case he or she should declare this and not take part in the proceedings (except to answer questions).

1. A member or formulary applicant must declare a **non-personal non-specific interest** if he or she is aware that the department for which he or she is responsible is **currently** receiving payment from the pharmaceutical company concerned which does not relate specifically to the product under discussion.

The member may take part in the proceedings unless, exceptionally, the Chairman rules otherwise.

1. If a member or formulary applicant is aware that a product under consideration is or may become a **competitor** of a product manufactured, sold or supplied by a company in which the member has a **current personal interest**, he or she should declare the interest in the company marketing the rival product.

The member should seek the Chairman’s guidance on whether to take part in the proceedings.

**RECORD OF INTERESTS**

A record is kept by the Chairman of:

1. Names of members who have declared interests to the Committee on appointment, as the interest first arises or through the annual declaration, and the nature of the interest.
2. Names of members who have declared interests at Committee or Sub-Committee/Group meetings, giving dates, names of relevant products and companies, details of the interest declared and whether the member took part in the proceedings. Chairs of Sub-Committees/Group will be responsible for ensuring Declarations of Interests for members of their Sub-Committees/Groups are up to date.
3. Information about interests declared by members to the Committee will be published each year and circulated with the Committee agenda.
4. The Register of Interests will include declarations for the 2 previous years.

**South East London Area Prescribing Committee/Medicines and Pathways Review Group**

**(SEL APC/MPRG)**

ANNUAL DECLARATIONS OF INTERESTS IN THE PHARMACEUTICAL INDUSTRY

* **APC and MPRG members will be required to complete this form at the beginning of each financial year (April). Interests covering the last 2 YEARS should be declared. Members will be required to update their interests at every meeting through the year. This form is for 1st April 2017 to 31st March 2018.**
* **Applicants making a formulary submission to the Committee are required to complete this form as part of the formulary application process. Please ensure any interests over the last 2 YEARS are declared.**

|  |  |
| --- | --- |
| Name: *(please print)* |  |

If you are not a member of the SEL APC/MPRG but are a member of a Sub-Committee or sub-group of the SEL APC, please state the name of this Sub-Committee/Group:

|  |  |
| --- | --- |
| **Sub-Committee/Group:** |  |

*Under the guidance of the Code of Practice on Declaration of Interests, I wish to declare to the Chairman of the South East London Area Prescribing Committee that my only interests in the pharmaceutical industry are as follows: -*

|  |  |  |
| --- | --- | --- |
| **Interest type** | **I have an interest to declare (please tick):** | |
| **YES** | **NO** |
| **Current Personal Interests (see pages 1-3 for definitions)**  These include (not exhaustive): | | |
| (i) Consultancies |  |  |
| (ii) Fee paid work |  |  |
| (iii) Shareholdings |  |  |
| (v) other – if yes, please state in next section |  |  |
| **Non Personal interests (see pages 1-3 for definitions)**  These include (not exhaustive): | | |
| (i) Fellowships |  |  |
| (ii) Support by the Pharmaceutical Industry |  |  |
| (iii) Other – if yes, please state in next section |  |  |

**If the answer is YES for any of the above, please provide further detail on the next two pages, then date and sign (or add name if sending by NHS email) on page 6 and return to the appropriate recipient as per information on page 6.**

**If NO for all answers, please date and sign (or add name if sending by NHS email) the form on page 6 and return to the appropriate recipient as per information on page 6.**

**CURRENT PERSONAL INTERESTS\***

|  |  |  |
| --- | --- | --- |
| **Name of Company** | **Nature of Interest**  ***(e.g. shares, fees, consultancy, salary, grants etc.)*** | **Is the interest specific or non-specific?** |
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**\*Please state if your interest is limited to a particular product or group of products**

**NON-PERSONAL INTERESTS** ***(which have arisen during the last 12 months)***

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Company** | **Nature of Interest** | **Is interest current?**  **(yes or no)** | **Is the interest specific or non-specific?** |
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ANY ADDITIONAL INFORMATION:

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| --- | --- | --- | --- | --- |
| Date: |  |  | Signature: |  |

**Please return the completed DoI form via email to the most appropriate recipient:**

|  |  |
| --- | --- |
| **Category** | **Where the form should be returned to** |
| DoI form for APC member | [LAMCCG.medicinesoptimisation@nhs.net](mailto:LAMCCG.medicinesoptimisation@nhs.net) |
| DoI form for MPRG member | [LAMCCG.medicinesoptimisation@nhs.net](mailto:LAMCCG.medicinesoptimisation@nhs.net) |
| DoI form for APC sub-group member | Return the form to your sub-group Chair |
| DoI for formulary applicant | Return the form to your Trust formulary pharmacist or, for primary care applications, your CCG Chief Pharmacist |