



The IPDAS Declaration of Interest Form is used to manage conflicts, promote transparency, and adopt unbiased decisions that are in the best interest of the collaboration. Effectively managing interests – and identifying potential conflicts – is essential if policy makers, healthcare professionals, and the patients/public, are to maintain confidence in our work.

Why Must I File? The information you provide on this form will be used to assess if you have any potential conflicts of interest. Information will be disclosed on the IPDAS website in the interest of transparency.

Who must complete it? Members of the IPDAS Steering Committee and members of special IPDAS working groups.

When Must I File? The report is due prior to assuming a position and updated yearly.

Reporting Period? Report the required information for the 3 years preceding the date you complete this form.

Questions(?) If you have any questions about how to complete this form, please contact ipdas@ohri.ca

What are the different types of interest?

Direct Interests: When there is, or could be perceived to be, an opportunity for a person involved with IPDAS work to benefit. This benefit could be financial or non-financial. Non-financial is described as increasing or maintaining their professional reputation (e.g., advocate for a particular group, holds office of authority in professional organization, actively involved in an ongoing research project aimed at determining the effectiveness of a matter under consideration; published a clear opinion about the matter under consideration).

Indirect Interests: When there is, or could be perceived to be, an opportunity for a third party closely associated with the person in question to benefit. This could be through a close association with another person or organization that has a financial or non-financial interest (defined above) and could benefit from a decision the person is involved in making through their work on an IPDAS committee.

What are the responses to declared interests?

- No action other than the process of open declaration.
- Partial exclusion from developing recommendations and decision-making on the matter relating to the interest – may provide advice because of their expert knowledge;
- Complete exclusion from having input to a specific topic.

Name/ email Hilary Bekker h.l.bekker@leeds.ac.uk	
Position/Title Professor – chair in medical decision making	
Employer University of Leeds	Country UK
Reporting Status New Renewal	Date of Completion (mm/dd/yy) 31/8/19

For <u>each</u> statement below, check Yes or No to describe your situation in the last 3 years or next 12 months.	Yes	No
I. I have reportable assets or sources of income for myself, my spouse, or my dependent children (research support, grants, scholarships, awards, consulting fees, royalties, patents).	x	
II. I have reportable liabilities (debts) for myself, my spouse, or my dependent children.		x
III. I have a reportable outside position(s) for myself.	x	
IV. I have reportable agreements or arrangements for myself.		x
V. I have reportable gifts or travel reimbursements for myself, my spouse, or my dependent children.	x	

If you selected Yes for any statement, you must describe the reportable interests that you have below

Type of interest	Description of interest	Date interest began	Date interest ceased	Comments/explanation (for IPDAS)
i	Research grants funded by charities, NIHR-UK, Myriad Genetics via Leeds Teaching Hospitals	2015	2020	To develop and evaluate patient decision aids in cancer, kidney disease, multiple sclerosis, palliative care and prenatal testing contexts. To explore patient and professionals' understanding of biogenetic markers in the diagnosis of prostate cancer
v	Travel, conference fees and honorarium / living expenses for lectures and workshops	2015	2020	Talks and training about patient decision aids, patient involvement and shared decision making at patient, health professional and academic-scientific meetings.
iii	International trustee for the society of medical decision making			
				(add rows as needed)

I certify that the statements I have made on this form are true, complete, and correct to the best of my knowledge. I do / do not [delete as applicable] give my consent for this information to be published on the IPDAS website.

Signature 	Date of Completion (mm/dd/yy) 6 th Sept 2018
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FOR INTERNAL REVIEWERS' USE ONLY:

Signature and Title of IPDAS Reviewer	Date (mm/dd/yy)
E-mail Address	
Comments of Reviewer	