

GIN DOI form 2024-25

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Please fill out the form completely.

If you cannot or do not want to provide information on certain questions, please give reasons for this.

In case of any questions, please contact the GIN Secretariat: office@g-i-n.net.

1. General Information

Name, first name, job title

James, Roberta
Programme Lead, SIGN

Employment / Institution (current)

Healthcare Improvement Scotland

Employment / Institution (earlier within the current year or the 3 calendar years before)

Position / function in the institution

Responsible for delivering the SIGN guideline programme to high quality, on time, and on budget.

Address

Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

E-mail-Address

roberta.james@nhs.scot

Phone number in case for further queries

07887452550

Function in GIN

Member of Board of Trustees, Vice Chair. Member of the finance committee and chair of the conference committee.

Date

06/09/2024

2. Direct Financial Interest (declare amounts in own currency, noting the currency)

Here, financial relationships with companies, institutions or interest groups in the healthcare sector are reported. Have you or the institution for which you work received grants within the current year or the three calendar years before from companies in the health care industry (e.g. pharmaceutical industry, medical device industry), industrial associations, commercially oriented contract research institutes, insurance companies/insurance providers, or from non-profit public sponsors (e.g. ministries), self-governing bodies/institutions, foundations, or other funding agencies? Please provide specific information on all applicable aspects in the following section.

Footnotes:

- (1) Within the reporting period, i.e. in the current and the past 3 years: from (month/year) until (month/year)
- (2) Specifying the topic, in case of preparation/devices also trade name or name of active substance (free text). Additionally, indication of a self-assessment of the reference to the guideline “No” or “Yes“
- (3) Fees, third-party funds, monetary value advantages (e.g. personnel or material resources; travel expenses, participation fees, hospitality generally at events), sales (or retail) license
- (4) Rounded amounts (e.g., for amounts > 1000 € to the next thousandth digit): The figures refer to the total amount of grants for a given activity over the reporting period, please indicate: from (month/year) until (month/year). This information will be treated confidentially.
- (5) Please indicate: a) you b) the institution, you are working for and you are direct responsible within your institution for decisions on the use of the grants/funds. No disclosures are required if you do not have a direct decision making role.

2.1 Consulting/Honoraria

Please provide information on the following:

- Cooperation partner/source of funding
- Period of cooperation/activity (1)
- Thematic scope of the project (2)
- Type of grant (3)
- Value of the grant (4)
- Recipient (5)

CoCoCare European Partnership on Competencies for High Value. Funding from European Association of Neurologists. COst CONscious CARE, training course on guideline development. Consulting/honoraria for SIGN team member. £2,200 to Healthcare Improvement Scotland.

2.2 Advisory boards

Please provide information on the following:

- Cooperation partner/source of funding
- Period of cooperation/activity (1)
- Thematic scope of the project (2)
- Type of grant (3)
- Value of the grant (4)
- Recipient (5)

none

2.3 Lecture and/or training activities

Please provide information on the following:

- Cooperation partner/source of funding
- Period of cooperation/activity (1)
- Thematic scope of the project (2)
- Type of grant (3)
- Value of the grant (4)
- Recipient (5)

none

2.4 Paid and/or Co- authorship

Please provide information on the following:

- Cooperation partner/source of funding
- Period of cooperation/activity (1)
- Thematic scope of the project (2)
- Type of grant (3)
- Value of the grant (4)
- Recipient (5)

none

2.5 Research grants/contracts (restricted or unrestricted)

Please provide information on the following:

- Cooperation partner/source of funding
- Period of cooperation/activity (1)
- Thematic scope of the project (2)
- Type of grant (3)
- Value of the grant (4)
- Recipient (5)

none

2.6 Owner's interest (Patents, copyrights, stock options) *

*Does not apply to managed funds

Please provide information on the following:

- Cooperation partner/source of funding
- Period of cooperation/activity (1)
- Thematic scope of the project (2)
- Type of grant (3)
- Value of the grant (4)
- Recipient (5)

none

3. Indirect Interests

Here, personal relationships with interest groups in the health care system, "intellectual", academic, and scientific interests or viewpoints, as well as main topics of clinical activities/income sources are reported (for the period of the current year or the 3 calendar years before). This also includes those that may be indirectly connected with financial personal interests.

- Are you or have you been active in scientific societies, professional associations, self-governing institutions, patient self-help groups, consumer groups or other associations? If so, in which function (e.g. mandatory for this/other guidelines, board of directors)?
- Can you name main topics of your scientific and/or clinical activities? Do you feel that you belong to certain "schools"?
- Did you play a leading role in the content of further training courses?
- Do you have personal relations (as partner or 1st degree relative) to an authorized representative of a company in the health care industry?

Please provide specific information on all applicable aspects in the following section.

Footnotes:

(7) Within the reporting period, i.e. in the current and the past 3 years: from (month/year) until (month/year)

(8) Self-assessment of the reference to the guideline "No" or "Yes"

3.1. Membership in a medical society/professional association/advocacy group

Please provide information on the following:

- Name /Main topic (please specify)
- Period of cooperation (7)
- Reference to GIN activities (8)

none

3.2. Scientific interest

Please provide information on the following:

- Name /Main topic (please specify)
- Period of cooperation (7)
- Reference to GIN activities (8)

none

3.3. Academic interest

Please provide information on the following:

- Name /Main topic (please specify)
- Period of cooperation (7)
- Reference to GIN activities (8)

International Collaboration for Post COVID-19 Condition Guidelines Group. August 2023 to present (no) INGUIDE steering group. January 2024 to present (yes)
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3.4. Leading participation in further education/training institutes

Please provide information on the following:

- Name /Main topic (please specify)
- Period of cooperation (7)
- Reference to GIN activities (8)

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3.5. Personal relationships (as partner or 1st degree relative) with an authorized representative of a health care company

Please provide information on the following:

- Name /Main topic (please specify)
- Period of cooperation (7)
- Reference to GIN activities (8)

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4. Other Interest

Is there any other aspect or present circumstances that might be perceived as affecting your objectivity or independence?

I hereby declare to the best of my knowledge and belief that I have listed all circumstances known to me at present that could possibly lead to a personal conflict of interest regarding my role within GIN. I am informed that the information will be published in a standardised summary on the GIN-Website, and that this form will be kept safe from access by unauthorized third parties. I agree to this.

Yes No

Signature: Roberta James
(Roberta James)

REVIEWER-SECTION

This information is to be filled in by the reviewer.

Judgment:

no conflict or low relevance/seriousness

high relevance/seriousness

Action required:

Signature: