**Medical Exposure to Ionising Radiation (MEIR) Expert Advisory Group Chairperson**

**Conflict of Interest Statement**

This document relates to your expression of interest for the position of contracted advisor — Chairperson of the MEIR Expert Advisory Group (EAG) — at the Health Information and Quality Authority (HIQA). In participating in the EAG, you owe a duty to the EAG to act in an impartial and unbiased manner in supporting the EAG to carry out its function as defined by the EAG terms of reference.

An **actual conflict of interest** occurs when your ability to exercise your judgement or function in the role of Chairperson of the MEIR Expert Advisory Group is impaired or otherwise influenced by your involvement in another role or relationship, or by a personal benefit. A **potential conflict of interest** exists where your circumstances could reasonably give rise to an actual conflict of interest. A conflict of interest could occur if an individual has a material interest in a radiological practice, such as being employed or funded by the manufacturer or distributor of such a technology. A conflict of interest can arise from your circumstances or those of your immediate family, associates, employer or organisations related to you, at present or within the previous 24 months. If in doubt, please include any issues where you are uncertain whether they constitute a conflict of interest or not. These can then be discussed with the Director of Health Technology Assessment.

Your submitted declaration will be treated in confidence by Human Resources and the Director of Health Technology Assessment, and shared only to the extent necessary in the appointment of the MEIR Expert Advisory Group Chairperson and resolving any potential conflict of interest issues.

The information you provide will not be used for any other purpose. HIQA is subject to the Freedom of Information Act although confidential personal information may be protected.

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| Details of conflict (disclose name of entity and nature of interest, not the monetary value)   |  | | --- | |  | |

Name (block letters): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_