

Declarations of interest, gifts and hospitality

Name: Yousaf Ahmad

Council member

I am required to complete and regularly update a declaration of interests form to register my financial and other interests that could potentially conflict with my GPhC role above or subject my appointment to disqualification.

I have provided an up to date list of my interests below. These include:

- financial interests – direct
- financial interests – indirect and relating closely to GPhC activity
- non-financial interests
- interests of those close to me –any financial and non-financial interests of close family members and people living with me that could be thought of as relevant to GPhC activity
- declarations of any grounds that subject my appointment to disqualification

I am aware that, in addition to providing this list, I am also required to declare any interests at the start of any GPhC meeting where any particular interest conflicts with some or all of the business to be discussed at that meeting.

Declarations of interest:

Care UK Healthcare/Practice Plus Group- Chief Pharmacist (2016-Present)

IVPN Network- UK Ambassador (2020-Present)

Journal of Pharmaceutical Policy and Practice (JoPPP)- International Advisory Board Member (2020-Present)

Pharmacy Management- Chief Pharmacist Advisory Group Member (2020-Present)

Doctor Care Anywhere- Clinical Governance Board Member (2019-Present)

NICE- Adoption and Impact Reference Panel Committee Member (2018-Present, adhoc)

Royal Pharmaceutical Society- Hospital Expert Advisory Group Member (2018-Present)

Atheneum Global Sharing Platform- Consultant Expert (2018-Present, adhoc)

UK Clinical Pharmacy Association- Specialist Pain Group member (2016-Present)

Pharmacy In Practice- Editorial Board Member (2016-Present)

Queens University, Belfast- Teacher Practitioner, MSc (2016-Present)

Declarations of gifts and hospitality:

None

Declarations of grounds that could subject my appointment to disqualification:

As part of the application process to become a Council member, you confirmed that the disqualification criteria did not apply to you. You are required to tell us if this changes at any time. By signing below, you are confirming that there has been no change in your situation in relation to the criteria.

For reference, the full text of the disqualification criteria can be found in the [General Pharmaceutical Council Constitution Order 2010](#) which you can access via the link or on the GPhC website.

I confirm that I do not meet any of the disqualification criteria as set out in the GPhC Constitution Order.

Signed.....



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Statement of truth:

I believe that the declarations made in this document are true and accurate to the best of my knowledge.

Signed



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Date.....8th February 2021.....