

## DPI

### Public Declaration of Interest WONCA Europe 2026 Conference

I, **Aaron POPPLETON** the undersigned, hereby disclose all interests, whether direct or indirect, professional or personal, that are related to the healthcare field and that could potentially influence the content of my presentation or my involvement in the WONCA Europe 2026 Conference.

#### 1. Professional activity over the past 3 years

**Activity:** Doctor in General Practice / Family Medicine

Place of practice: Cornerstone Practice, Blackburn, Lancashire, United Kingdom

Start year: 2020

End year: Ongoing

**Activity:** Clinical Academic in General Practice

Place of practice: Keele University, Davice Weatherall Building, Keele, Newcastle ST5 5BG

Start year: 2020

End year: 2025

#### 2. Other paid or compensated activities

*Activities related to health (study, production, consulting, auditing, article/report writing, working group participation, training sessions, speaking engagements, work or leisure meetings, etc.), paid or compensated directly or indirectly, regardless of the funder (institution, industry, other), in the past 3 years:*

**Activity:** Teaching for General Practice Trainees

Funder: Lancashire Care Foundation Trust, Preston

Compensation: Teaching expenses for session - £275 per session

Date or period: 2023-2025 [2 sessions per year]

#### 3. Involvement in organizations

*Membership or involvement in health-related organizations, regardless of funding source, over the past 3 years*

**Organization:** WONCA Europe (European Young Family Doctors' Movement)

Start year: 2022

End year: 2025 (May continue)

**Organization:** Royal College of General Practitioners (UK)

Start year: 2018

End year: Ongoing

#### 4. Ownership of financial interests

*Ownership of financial interests (copyrights, patents, shares, bonds, financial assets, etc.) related to health over the past 3 years*

**None**

**5. Activities, involvements, and financial interests of relatives**

*Professional or non-professional activities, involvements, or financial interests of a relative (parent, spouse, sibling, or child) related to health within the past 3 years:*

**None**

**6. Other Elements**

*Any other elements you wish to declare*

**None**

I hereby certify that the information provided is accurate and complete.

Done by Aaron POPPLETON, on 01.07.2025

Signature:

A handwritten signature in black ink, appearing to read "A Poppleton", written in a cursive style.