

Queensland Clinical Guidelines

Translating evidence into best clinical practice

Maternity and Neonatal

Conflict of interest



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Contact: Email: Guidelines@health.qld.gov.au
URL: www.health.qld.gov.au/qcg



Cultural acknowledgement

We acknowledge the Traditional Custodians of the land on which we work and pay our respect to the Aboriginal and Torres Strait Islander elders past, present and emerging.

Document Control

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| V1.0 | 21/10/2011 | QCG | First publication |
| V2.0 | 01/03/2017 | QCG | Amended definitions. introduction and processes |
| V3.0 | March 2020 | QCG | Updated format. Minor wording edits. References and bibliography added. |

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Abbreviations

| | |
|------------|--------------------------------|
| COI | Conflict of interest |
| DoH | Department of Health |
| HHS | Hospital and Health Service |
| QCG | Queensland Clinical Guidelines |

1 Introduction

The Queensland Clinical Guidelines (QCG) conflict of interest (COI) statement was developed with consideration of the definitions, themes and recommendations from academic literature, statements and advice from other guideline developers, and legislation and policies of Australian and State governments. Sources of information are available in the Bibliography

2 Purpose

This document outlines COI obligations, evaluation, management and reporting applicable to all people contributing to QCG.

3 Principles

QCG provides guidance and information to clinicians and parents/families about aspects of clinical care. The guidance and information provided is available publicly and subject to reasonable public scrutiny. Maintaining quality and clinician/consumer confidence is essential.

QCGs development processes (e.g. synthesis & assessment of evidence, working party selection, statewide consultation) and decision making are conducted in a manner that maintains the integrity, legitimacy and impartiality of guidance and information.

All people contributing to QCG including steering committee members, clinical leads, working party members and project/program officers are required to:

- Act with integrity, objectivity, openness and honesty
- Be accountable for their decisions and actions
- Be subject to an appropriate level of scrutiny
- Declare interests as described in Section 4 Definitions and sources of conflicts of interest

The intent of declaring a COI is to:

- Recognise, evaluate and manage risks of bias or influence that may alter perception of QCGs integrity, legitimacy and impartiality
- Retain relevant expertise to the maximum possible extent

4 Definitions and sources of conflicts of interest

COIs arise when a personal, financial or other interest has the potential to, or could be perceived to compromise or bias the performance of an organisation. COIs can directly or indirectly benefit or advantage an individual, or benefit, advantage or disadvantage others. This applies to an individual's personal, professional and business interests, and may extend to the personal, professional and business interests of relatives, associates and other institutions/organisations. Common sources of COIs are outlined in Table 1. Common sources of conflicts of interest.

Actual, perceived, apparent, and potential COIs are regarded equally as they can each hold significant implications for risk of bias, organisational performance and clinician/consumer confidence. Having a COI does not imply wrongdoing or dishonourable behaviour and does not in itself preclude involvement in QCG activities, nor detract from the value of contribution. Living with a disease or condition or having a family member in that position is not regarded as a COI.

Table 1. Common sources of conflicts of interest

| Type of conflict | Sources of conflicts of interest |
|-------------------------|---|
| Direct financial | <ul style="list-style-type: none"> • Cash, gifts and honoraria • Grants • Paid memberships • Paid or financially assisted invitations to speak • Contracts/consultancies • Services or equipment |
| Indirect | <ul style="list-style-type: none"> • Academic/career advancement • Publications or research on a topic • Community standing • Attachment to personal beliefs, convictions or opinions • Clinical revenue streams • Inter-personal/social relationships • Institutional affiliations • Board or committee membership • Family and associate interests |

5 Conflict of interest processes

5.1 Declaring conflicts of interest

A COI should be declared as outlined in Table 2. Declaring conflicts of interest. The onus is on the individual to recognise and declare COIs, and update declarations in the event of significant changes. All public service employees have an obligation to disclose any interest that conflicts or may conflict with the performance of their duties.¹ If the individual is unsure whether an interest could be considered a COI, the interest should be declared or QCG can be contacted for advice at: guidelines@health.qld.gov.au

Table 2. Declaring conflicts of interest

| Aspect | Consideration |
|--|---|
| Who needs to declare a COI? | <ul style="list-style-type: none"> Steering committee members Clinical leads Working party members Project/program officers Other parties contributing to QCG |
| When does a COIs need to be declared? | <ul style="list-style-type: none"> Before contributing to QCG <i>or</i> If a COI becomes apparent, as soon as possible |
| What interests should be declared? | <ul style="list-style-type: none"> Consider all potential sources of COIs [Refer to Section Definitions and sources of conflicts of interest] Actual, perceived, apparent, and potential COIs relevant to the current contribution Current COIs and those occurring within the past three years COIs that become apparent during the current contribution |
| How are COIs declared? | <ul style="list-style-type: none"> Advise QCG in writing (email: guidelines@health.qld.gov.au), <i>or</i> Working party members complete the COI section of the online expression of interest form QCG steering committee members may advise verbally at the start of the steering committee meeting <ul style="list-style-type: none"> Note: COIs will be included in meeting minutes |
| What is declared? | <ul style="list-style-type: none"> The nature of the conflict The situation or circumstance If direct financial COIs exist, include the estimated gross value |

5.2 Evaluating and managing conflicts

Evaluation and management of COIs are outlined in Table 3. Evaluation and management of declared COIs

Table 3. Evaluation and management of declared COIs

| Aspect | Process |
|------------------------------|---|
| Review and evaluation | <ul style="list-style-type: none"> The QCG Steering Committee will review all declared COIs Declared COIs will be evaluated by considering: <ul style="list-style-type: none"> Expertise and perspective that the individual could provide Nature and degree of the conflict Potential impact on clinician and consumer perceptions of integrity, legitimacy and impartiality |
| Outcome decisions | <ul style="list-style-type: none"> Measures may include but are not limited to: <ul style="list-style-type: none"> No action Restrict participation in discussion and/or decision making relating to aspects of the guidance or information in development Non-participation |
| Documentation | <ul style="list-style-type: none"> Declared COIs are recorded on a register that includes the name, date, a description of the matter, actions and outcome decisions of the COI |

5.3 Sensitive conflicts of interest

Sensitive COIs arise when COI declaration, review and management described in Table 2. Declaring conflicts of interest and Table 3. Evaluation and management of declared COIs, have the potential to directly or indirectly disadvantage the individual with respect to their personal, professional or business interests.

Sensitive COIs can be declared directly to the QCG program officer, QCG manager or QCG director. QCG may, with the consent of the individual making the declaration, seek assistance from or refer to an appropriate party to review and evaluate the declared COI.

Evaluation considerations, outcome decisions and documentation are as outline in Table 3. Evaluation and management of declared COIs.

5.4 Disclosures

QCG will not disclose details of declared COIs except:

- For the purpose of review and evaluation as described in Section 5.2 Evaluating and managing conflicts and Section 5.3
- Where legally required to disclose details (e.g. right to information processes)
- With consent from the individual who declared their interest(s)

An aggregate count of direct financial and indirect COIs declared by working party members is included in each guideline supplement.

QCG is subject to the *Right to Information Act 2009 (Qld)*² and *Information Privacy Act 2009 (Qld)*³, and is committed to meeting the Queensland Government transparency and accountability requirements. All declared interests including sensitive COIs are subject to right to information processes.⁴

Consent to disclose details of a declared COI may be requested from the individual in some circumstances (e.g. in responding to requests from the Department of Health (DoH) or a Hospital and Health Service (HHS) relating to governance/compliance of QCG and associated departments/units).

QCG may disclose details of a declared COI to HHS lawyers if the disclosure is for the purpose of obtaining confidential legal advice in a matter to which that fact is relevant. DoH lawyers should not usually be disclosed without first obtaining legal advice from HHS lawyers.⁵

References

1. Queensland Government. Conflicts of interest. [Internet] 2019 [cited 2020 February 13]. Available from: www.forgov.qld.gov.au.
2. Queensland Government. Right to Information Act 2009.
3. Queensland Government. Information Privacy Act 2009.
4. Queensland Government. Make a right to information request. [Internet] 2016 [cited 2020 February 14]. Available from: www.health.qld.gov.au.
5. Suthers A. Right to information re conflicts of interest. Email to: Queensland Clinical Guidelines. 2016 November 23 [cited 2016 November 23].

Bibliography

1. Agoritsas T, Neumann I, Mendoza C, Guyatt GH. Guideline conflict of interest management and methodology heavily impacts on the strength of recommendations: comparison between two iterations of the American College of Chest Physicians antithrombotic guidelines. *Journal of Clinical Epidemiology* 2017; 81:141-3.
2. Australian Council for the Arts. Conflict of interest. [Internet] 2020 [cited 2020 February 13]. Available from: www.australiacouncil.gov.au.
3. Australian Public Service Commission. Conflicts of interest. [Internet] 2018 [cited 2020 February 13]. Available from: www.apsc.gov.au.
4. Australian Securities and Investments Commission (ASIC). Licensing: managing conflicts of interest (RG181). [Internet] 2004 [cited 2020 February 13]. Available from: www.asic.gov.au.
5. Boothby A, Wang R, Cetnar J, Prasad V. Effect of the American Society of Clinical Oncology's conflict of interest policy on information overload. *JAMA Oncology* 2016;2(12):1653-4.
6. Campsall P, Colizza K, Straus S, Steffox HT. Financial relationships between organizations that produce clinical practice guidelines and the biomedical industry: a cross-sectional study. *PLoS Medicine* 2016;13(5): e1002029-e.
7. Cancer Council NSW. Ethics committee conflict of interest: policy and guidelines. [Internet] 2016 [cited 2020 February 13]. Available from: www.cancercouncil.com.au.
8. Department of Industry, Science, Energy and Resources. Conflict of interest and insider trading policy. [Internet]. Canberra: Australian Government; 2017 [cited 2020]. Available from: www.industry.gov.au.
9. Elwyn G, Dannenberg M, Blaine A, Poddar U, Durand M-A. Trustworthy patient decision aids: a qualitative analysis addressing the risk of competing interests. *BMJ Open* 2016;6(9): e012562-e.
10. Government of Western Australia. Managing conflicts of interest policy. [Internet] 2019 [cited 2020 February 13]. Available from: www.health.wa.gov.au.
11. Guyatt G, Akl EA, Hirsh J, Kearon C, Crowther M, Gutterman D, et al. The vexing problem of guidelines and conflict of interest: a potential solution. *Annals of Internal Medicine* 2010;152(11):738-41.
12. Hakoum MB, Anouti S, Al-Gibbawi M, Abou-Jaoude EA, Hasbani DJ, Lopes LC, et al. Reporting of financial and non-financial conflicts of interest by authors of systematic reviews: a methodological survey. *BMJ Open* 2016;6(8): e011997-e.
13. National Health and Medical Research Council. Guidelines for guidelines. [Internet] 2016 [cited 2020 February 13]. Available from: www.nhmrc.gov.au/guidelinesforguidelines.
14. National Health and Medical Research Council, Australian Research Council, Universities Australia. Disclosure of interests and management of conflicts of interest: a guide supporting the Australian code for the responsible conduct of research. [Internet]. Canberra 2019 [cited 2020 February 13]. Available from: www.nhmrc.gov.au.
15. National Institute for Health and Care Excellence (NICE). Managing conflicts of interest: revised statutory guidance for CCGs 2017. [Internet]. 2017 [cited 2020 February 13]. Available from: www.nice.org.uk
16. Nipp RD, Moy B. No conflict, no interest. *JAMA Oncology* 2016;2(12):1631-2.
17. NSW Government. Conflicts of interest and gifts and benefits. [Internet] 2015 [cited 2020 February 13]. Available from: www.health.nsw.gov.au.
18. Rochweg B, Schünemann HJ, Raghu G. Idiopathic pulmonary fibrosis—clinical management guided by the evidence-based GRADE approach: what arguments can be made against transparency in guideline development? *BMC Medicine* 2016;14:22.
19. Schott G, Lieb K, König J, Mühlbauer B, Niebling W, Pachtl H, et al. Declaration and handling of conflicts of interest in guidelines: a study of S1 guidelines from German specialist societies from 2010-2013. *Deutsches Arzteblatt International* 2015;112(26):445-51.
20. Schünemann HJ, Al-Ansary LA, Forland F, Kersten S, Komulainen J, Kopp IB, et al. Guidelines International Network: principles for disclosure of interests and management of conflicts in guidelines. *Annals of Internal Medicine* 2015;163(7):548-53.
21. Scottish Intercollegiate Guideline Network (SIGN). Policy of declaration on competing interests. [Internet] 2019 [cited 2020 February 13]. Available from: www.sign.ac.uk.
22. Sunshine Coast Hospital and Health Service. Conflicts of interest procedure. [Internet] 2016 [cited 2020 February 13]. Available from: www.qheps.health.qld.gov.au.
23. The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG). RANZCOG Policy: conflict of interest. [Internet] 2019 [cited 2020 February 13]. Available from: www.ranzcog.edu.au.