

Queensland Health

# Baseline principles, scenarios and strategies

**Guidance to support Hospital and Health Board Clinician  
Members' Conflict of Interest Management Plan  
development**

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# Overview

This document provides guidance to support the development of Conflict of Interest Management Plans (COIMPs) for Hospital and Health Board (HHB) members who are also employed as a clinician for the respective Hospital and Health Service (HHS). It is issued by Queensland Health as a principles-based governance document that outlines the minimum expectations, standards and considerations that should inform the management of clinician related conflicts of interest across Queensland's HHBs.

The Queensland Audit Office Report *Health 2025* (Report 9: 2025–26), tabled in January 2026, recommended that the 16 Hospital and Health Services (HHSs) develop tailored COIMPs for board members who are also employed as clinicians in the HHS; and that the plans be developed in consultation with the QIC.

In response, Queensland Health has developed a baseline conflict management and reporting framework for statewide use. This framework promotes consistent expectations and strategies for managing clinician-related conflicts while allowing for local customisation.

This document is not a prescriptive template. It outlines the principles and expectations that should inform the development of COIMPs and provides example scenarios and standard management strategies to guide members in applying those principles. It also conveys Queensland Health's overarching risk tolerance and policy position, recognising that while conflict of interest management strategies may vary across local contexts, the underlying principles and threshold tests, particularly the reasonable person test, remain constant.

Individual circumstances will vary, and each plan must be tailored to the specific conflict of interest profile of the board member and the operating context of the HHS. Because the operating models, committee structures, and deliberative processes of each Board differ, the conflict of interest scenarios in this document are intended as prompts to assess risks and identify appropriate mitigation strategies.

## Conflicts of interest for HHB clinician members

A number of situations can give rise to actual, potential, or perceived conflicts of interest for HHB clinician members. Under section 15 of the *Integrity Act 2009*, a designated person may seek advice from the QIC about an ethics or integrity issue, including a conflict of interest. HHB members are designated persons under the Act. When advice is sought, the QIC provides written advice and, where appropriate, prepares a tailored COIMP to address the conflicts identified.

This document outlines common conflict types and provides example management strategies. The final management approach must reflect the QIC's advice, and any instructions issued by the Minister. Areas where conflicts commonly arise include, but are not limited to:

- **Employment and clinical involvement** – As HHS employees, clinician board members may be connected to clinical matters, incidents, complaints, or staff investigations that could be escalated to the Board.
- **Relationship with the Health Service Chief Executive (HSCE)** – The HSCE is accountable to the Board, while clinician members are employees under the HSCE's management. Conflicts may arise where the Board considers matters relating to the HSCE's contract, performance, or employment arrangements.
- **Board deliberations affecting clinical roles or colleagues** – Board decisions may directly or indirectly impact the clinician member, their services, or their professional colleagues, giving rise to real or perceived conflicts.

- **Personal relationships** – Conflicts arise where matters involve individuals with whom the clinician member has a close personal or professional relationship.

Attachment A provides further detail on specific scenarios. The Queensland Integrity Commissioner also has resources available at: <https://www.integrity.qld.gov.au/publications/education-resources>

# Standard management strategies for HHS clinician conflicts of interest

## Authorisation and implementation

The clinician board member will not take action on any matter affected by a conflict of interest unless authorised by the Minister. The member will implement the approved Conflict of Interest Management Plan (the Plan) as directed by the Minister.

## Distribution and operationalisation of the Plan

The clinician member will provide a copy of the approved Plan to those responsible for preparing and distributing board papers (e.g., board secretariat, meeting coordinators). They will request advance notification of any agenda items that may give rise to conflicts. A copy will also be provided to the Board Chair, who will review papers in advance to identify matters requiring the member's exclusion. This will also consider exclusion from the member receiving all information or materials associated with the relevant items.

## Conflict of Interest declarations

At the commencement of each Board or committee meeting, the clinician member will consider whether there may be any actual, perceived or potential conflict of interest with any agenda items and, if necessary, declare the nature of their interest, including any service areas in which they currently work or have previously worked, as well as any other relevant interests which are relevant to the conflict.

## Board determination

Based on the clinician member's disclosures and any Ministerial instructions, the Board (excluding the conflicted member) will determine whether a conflict exists and the appropriate management response. Options include:

- Recusal from the meeting for relevant agenda items
- Remaining in the meeting but not participating in discussion or decision-making
- Participating in discussion only (no voting rights)
- Full participation in discussion and decision-making

## Workplace interactions

The clinician member will ensure colleagues understand their Board role and will avoid engaging in discussions that may create expectations of advocacy. If approached by a colleague seeking support in a workplace matter, the member will explain that doing so would represent a conflict and refer them to appropriate operational channels.

## Maintaining confidentiality

The clinician member will strictly observe all Board confidentiality obligations, including obligations associated with excluded agenda items.

### **Updates to conflicts and the Plan**

The clinician member will promptly notify the Board and Minister of any changes to their personal or professional interests and provide an updated Conflict of Interest Management Plan where required. The clinician member will also seek advice from the Queensland Integrity Commissioner on a case-by-case basis if other issues arise or where there is uncertainty.

# Attachment A - Scenarios

To support consistent and transparent management of conflicts involving HHB clinician members, this section outlines common conflict-of-interest scenarios and the corresponding management strategies that may be required. These scenarios are not exhaustive; rather, they provide indicative examples to guide the development of tailored Conflict of Interest Management Plans.

Given the diverse operating environments of the HHSs, the scenarios below are intended as prompts to help identify risks relevant to the specific context of each Board. The Queensland Integrity Commissioner may recommend additional or alternative mitigation strategies depending on the nature and significance of each conflict.

The HHB clinician member may be required to adopt the strategies outlined in **Table 1** to appropriately manage actual, potential, or perceived conflicts of interest associated with their dual roles as both a Board member and a practising clinician.

**Table 1. HHB Clinician Member Conflict of Interest Scenarios**

Scenarios	Recommended Management Actions
<p><b>The Board is required to consider a matter that could impact health professionals within the HHS, including the clinician member's role.</b></p> <p><b>This matter may result in a financial benefit to the clinician member, creating a pecuniary conflict of interest.</b></p>	<p>The clinician member will be quarantined from the matter.</p> <p>Implementing a 'quarantine strategy' or being 'quarantined' means that for matters where the clinician member has a conflict of interest:</p> <ul style="list-style-type: none"> <li>• they have no communication, as part of their Board role, regarding those matters</li> <li>• they do not receive meeting agendas, briefing notes, papers or correspondence about those matters</li> <li>• they do not attend meetings where those matters are discussed</li> <li>• they do not participate in formal or informal discussions about those matters</li> <li>• their access to relevant electronic and hardcopy material is restricted</li> <li>• they do not attempt to influence Board decision making about those matters.</li> </ul> <p>To effectively implement a quarantine strategy, the secretariat and Chair will be required to scrutinise Board papers and redact or remove information subject to a 'quarantine strategy' so the conflicted member does not see it.</p> <p>When a meeting reaches an agenda item relevant to a quarantine strategy, the Chairperson will ask the conflicted member to leave the room while the item is discussed.</p> <p>If the clinician member inadvertently receives information subject to a quarantine strategy, they will immediately declare a conflict of interest, recuse themselves (if in a meeting/conversation) and adopt a quarantine strategy going forward.</p> <p>The clinician member will maintain strict confidentiality, including:</p> <ul style="list-style-type: none"> <li>• Not sharing any information that they may inadvertently receive or become aware of in their capacity as a Board member.</li> <li>• Not disclosing to the Board any information obtained through their role as an HHS clinician, other than what would reasonably be expected of any HHS employee.</li> </ul>

Scenarios	Recommended Management Actions
<p><b>The Board is required to consider and resolve a major operational issue within the HHS that involves the area of the Service for which the clinician member is responsible.</b></p> <p><b>This creates an actual or perceived conflict of interest.</b></p>	<p>The clinician member will be quarantined from the matter.</p> <p>If the clinician member inadvertently receives information subject to a quarantine strategy, they will immediately declare a conflict of interest, recuse themselves (if in a meeting/conversation) and adopt a quarantine strategy going forward.</p> <p>If the clinician member wishes to make a submission to the HSCE or Board in their capacity as an HHS employee:</p> <ul style="list-style-type: none"> <li>• They will acknowledge that such a submission may create a perception of undue influence due to their Board role.</li> <li>• Any submission will be limited to matters directly relevant to their individual role as a clinician and will clearly state that the views expressed are in that capacity only.</li> <li>• The submission will follow standard processes available to all employees at their level within the HHS.</li> </ul> <p>The clinician member will maintain strict confidentiality, including:</p> <ul style="list-style-type: none"> <li>• Not sharing any information that they may inadvertently receive or become aware of as a Board member.</li> <li>• Not disclosing to the Board any information obtained through their HHS role, except where disclosure is a requirement of that role.</li> </ul>
<p><b>The HSCE is negotiating any matters relating to the clinician member's employment.</b></p> <p><b>This creates an actual or perceived conflict of interest.</b></p>	<p>Participation in standard negotiations – where negotiations concern matters typical to their position or applicable across the class of health professionals at their level, the clinician member may participate in meetings with the HSCE.</p> <p>Independent oversight for individual benefits – where negotiations involve matters that could provide a direct benefit to the clinician member or their specific role, they will:</p> <ul style="list-style-type: none"> <li>• Request that an independent third party be present during negotiations.</li> <li>• Ensure any decisions are clearly documented, demonstrating that their employment conditions align with current market conditions for peers employed in the same role within the HHS or another HHS with a similar service profile.</li> </ul> <p>If employment conditions differ from those of peers, the contributing factors for the variation will be documented, regardless of whether the variation is in the clinician member's favour.</p>

Scenarios	Recommended Management Actions
<p><b>The Board and/or HSCE is involved in determining that the service area in which the clinician member works will be delivered by another HHS or returned to the Department.</b></p> <p><b>This decision requires the clinician member's role to be transferred to another location, creating an actual or perceived conflict of interest.</b></p>	<p>The clinician member will be quarantined from the matter.</p> <p>If the clinician member inadvertently receives information subject to a quarantine strategy, they will immediately declare a conflict of interest, recuse themselves (if in a meeting/conversation) and adopt a quarantine strategy going forward.</p> <p>The clinician member will maintain strict confidentiality, including:</p> <ul style="list-style-type: none"> <li>• Not sharing any information that they may inadvertently receive or become aware of as a Board member.</li> <li>• Not disclosing to the Board any information obtained through their HHS role, except where disclosure is a requirement of that role.</li> </ul> <p>The clinician member may participate in staff consultations in the same way as any other impacted or potentially impacted health professional, ensuring that their involvement is consistent with standard processes available to employees at their level.</p>
<p><b>A conduct complaint is made about the clinician member in their capacity as an employee of the HHS.</b></p> <p><b>This creates an actual or perceived conflict of interest for the clinician member.</b></p>	<p>The clinician member will be quarantined from the matter (if relevant information were to come before the Board).</p> <p>The complaint will be managed in accordance with relevant legislation, directives, policies, and procedures by an appropriate person who does not have a conflict of interest.</p>
<p><b>A performance issue arises concerning the clinician member in their capacity as an employee of the HHS.</b></p> <p><b>This creates an actual or perceived conflict of interest.</b></p>	<p>The clinician member will be quarantined from the matter (if relevant information were to come before the Board).</p> <p>The performance issue will be managed in accordance with relevant legislation, directives, policies, and procedures by an appropriate person who does not have a conflict of interest.</p>
<p><b>A matter comes before the Board that the clinician member has been involved in through their role as an HHS clinician (e.g., clinical matters, incidents, complaints, or staff/clinical investigations).</b></p> <p><b>This creates an actual or perceived conflict of interest. The same approach applies to Board sub-committees.</b></p>	<p>The clinician member will be quarantined from the matter.</p> <p>Should any relevant information come before the Board where the clinician member is not quarantined, the clinician member will declare a conflict of interest, recuse themselves and adopt a quarantine strategy in relation to the matter going forward.</p> <p>The clinician member will maintain strict confidentiality, including:</p> <ul style="list-style-type: none"> <li>• Not sharing any information, they may inadvertently receive or become aware of as a Board member.</li> <li>• Not disclosing to the Board any information obtained through their HHS role, except where disclosure is a requirement of that role.</li> </ul>

Scenarios	Recommended Management Actions
<p><b>A matter comes before the Board that involves, or may impact, a person with whom the clinician member has a personal relationship or friendship.</b></p> <p><b>This creates an actual or perceived conflict of interest. The same approach applies to Board sub-committees.</b></p>	<p>The clinician member will be quarantined from the matter.</p> <p>Should any relevant information come before the Board where the clinician member is not quarantined, the clinician member will declare a conflict of interest, recuse themselves and adopt a quarantine strategy in relation to the matter going forward.</p> <p>The clinician member will maintain strict confidentiality, including:</p> <ul style="list-style-type: none"> <li>• Not sharing any information, they may inadvertently receive or become aware of as a Board member.</li> <li>• Not disclosing to the Board any information obtained through their HHS role, except where disclosure is a requirement of that role.</li> </ul>
<p><b>A complaint is made about the clinician member in their capacity as a Board member.</b></p> <p><b>This creates an actual or perceived conflict of interest requiring clear management.</b></p>	<p>Wherever possible, the clinician member will be quarantined from the matter prior to any Board or Sub-committee meeting and before circulation of Board papers.</p> <p>If the matter arises during a Board meeting, the clinician member will recuse themselves from the meeting for the relevant item and a quarantine strategy will be implemented going forward.</p> <p>The Board will determine the most appropriate approach based on the nature and seriousness of the complaint. Options include:</p> <ul style="list-style-type: none"> <li>• Option A – the Board Executive Committee (excluding the clinician member) considers the matter and determines the outcome or next steps, which may include referral to an independent integrity agency. The matter is then escalated to the Minister, consistent with the <i>Hospital and Health Boards Act 2011</i> (the Act), enabling the Minister to either delegate the matter or take action under the Act.</li> <li>• Option B – the matter is escalated directly to the Minister, consistent with the Act, enabling the Minister to either delegate the matter or take action under the Act, considering the context and seriousness of the complaint.</li> </ul>
<p><b>A complaint is made about the HSCE or a person to whom the clinician member reports, and the Board is required to consider or make a decision on the matter.</b></p> <p><b>This creates an actual or perceived conflict of interest for the clinician member.</b></p>	<p>The clinician member will be quarantined from the matter.</p> <p>The complaint will be managed in accordance with relevant legislation, directives, policies, and procedures by an appropriate person who does not have a conflict of interest.</p> <p>The clinician member will maintain strict confidentiality, including:</p> <ul style="list-style-type: none"> <li>• Not sharing any information, they may inadvertently receive or become aware of as a Board member.</li> <li>• Not disclosing to the Board any information obtained through their HHS role, except where disclosure is a requirement of that role.</li> </ul>

Scenarios	Recommended Management Actions
<p><b>The Board must make a decision relating to the HSCE, including initial appointment, the terms and conditions of the employment agreement, or any negotiation of revised terms and conditions of employment.</b></p> <p><b>This creates an actual or perceived conflict of interest for the clinician member.</b></p>	<p>The clinician member will be quarantined from the matter and maintain strict confidentiality, including:</p> <ul style="list-style-type: none"> <li>• Not sharing any information, they may inadvertently receive or become aware of as a Board member.</li> <li>• Not disclosing to the Board any information obtained through their HHS role, except where disclosure is a requirement of that role.</li> </ul>