INSTITUTIONAL POLICY

BAKER IDI HEART AND DIABETES INSTITUTE

Policy – Conflict of Interest

☐ New Policy
☒ Revised Policy

Replaces policy dated April 16th, 2010

Date of issue: April 24th 2012
Version number: 3
Next Review: April 1st 2013

Prepared by: Leonie Cullen
NAME
Research Support Manager
TITLE

Signature
DATE 24.04.2012

Authorised by: Jennie Lester
NAME
Conflict of Interest Officer
(Institute Legal Counsel & Company Secretary)
TITLE

Signature
DATE 24.04.2012

Approved By IMC Date 16th April 2012
OBJECTIVE:

1. Baker IDI’s objectives are to reduce death and disability from cardiovascular disease, diabetes and other health disorders related to obesity, through research, clinical care, education and advocacy.

2. Baker IDI is a health promotion charity with stringent public accountability requirements and donors who expect their donated funds to be used cautiously. Baker IDI recognises the need to protect its reputation by maintaining high ethical standards, fairness and integrity in all internal and external dealings. Accordingly, Baker IDI expects its staff to uphold these principles in all dealings.

3. It is essential to seek to preserve the confidence of the public in the judgment of all Institutional staff and in the dedication of Baker IDI to the integrity of the scientific enterprise.

4. Baker IDI upholds the basic assumption that our staff are honest and will conduct their activities with the highest standards and integrity.

SCOPE:

1. The NHMRC Australian Code for the Responsible Conduct of Research\(^1\) states that a “conflict of interest exists where there is a divergence between the individual interests of a person and their professional responsibilities such that an independent observer might reasonably conclude that the professional actions of that person are unduly influenced by their own interests”.

2. Furthermore, one must also consider whether a particular action has the potential to be a conflict of interest or may be perceived to be a conflict of interest by an independent observer.

3. An institutional conflict of interest is a situation where either the interests of the institution itself or the officials acting in leadership or supervisory positions appear to affect institutional activities in the design, conduct, reporting, review or oversight of research and other business.

4. The existence of a conflict of interest does not, in itself, imply any wrong doing on the part of the institution or the staff member involved.

5. A more detailed description of potential conflicts of interest and their impact is described in the Conflict of Interest Guide.

APPLICABLE TO:

This Policy applies to all Baker IDI staff.

---

POLICY:

1. Principles

Baker IDI has established a set of guiding principles to assist the institution as a whole and individual staff in managing potential, perceived or actual conflicts of interest.

1.1. Baker IDI and staff must conduct their activities objectively.

Objectivity is maintained by ensuring integrity in manner in which we undertake our business activities. This requires conducting and publishing and reporting on activities in a manner that ensure they are uninfluenced by conflicts of interest, including financial interests.

1.2. Baker IDI and staff must be accountable to all stakeholders

Accountability implies that there is an obligation to take responsibility for one's actions in accordance with agreed expectations. Acceptance of funds from all sources carries with it an obligation to be accountable both to the funding body and the public. Baker IDI and staff must operate with transparency.

1.3. Transparency in all our dealings is a mechanism used to ensure public confidence in institutional and individual staff decisions regarding our activities.

Subject to existing confidentiality obligations, transparency should be upheld both internally and externally, including disclosure of actual, potential or perceived conflicts of interest when communicating to the public, other investigators, their institutions and journals.

1.4. Baker IDI believes that with adherence to these guidelines, in conjunction with appropriate mechanisms for supervision and monitoring, cooperation between our funding partners and the Institute will be consistent with the highest traditions of the medical profession.

2. Disclosure and Management

2.1. All staff must comply with the disclosure and management procedures set out in sections 5 and 6 below.

2.2. Senior staff are expected to promote and ensure compliance with the policy and supervisors must ensure that all their direct reports comply with this policy.

2.3. The Commercial Issues Committee has institutional oversight with respect to the reporting and management of institutional and individual conflicts of interest. The Commercial Issues Committee is a sub-committee of the Baker IDI Board of Directors.

2.4. The Director has appointed a Conflict of Interest Officer () to manage the day-to-day oversight and management of institutional and individual conflicts of interest. The CI Officer may be assisted in these responsibilities by the Research Support Manager.

3. Confidentiality and Public Disclosure

3.1. Baker IDI will use reasonable efforts to keep reported conflicts of interest as confidential as possible, subject to legal and contractual obligations.

3.2. Senior staff will have access to the reported information on an “as needed basis” and as determined by the CI Officer.

3.3. In some situations disclosure to other individuals or entities may be necessary in order to appropriately manage the conflict of interest. Baker IDI reserves the right to make such a disclosure if the CI Officer deems it necessary, however the CI Officer will discuss the matter with the relevant staff member prior to that disclosure.

3.4. Upon appointment of a student to a research project, the supervisor of that student must inform him/her of any actual, potential or perceived conflicts of interest with respect to the project. The student should also be advised of any overriding contractual obligations that may affect their intellectual property rights, ability to publish, thesis examination and other relevant matters. Students are also required to disclose their own conflicts in the same manner as other staff under this policy.
3.5. To facilitate transparency to its stakeholders Baker IDI will maintain a public website that: 1) identifies the entities with which the Institute engages; and 2) contains a public link to this Policy.

4. Failure to Comply

4.1. It is the responsibility of staff to understand their obligations with respect to this policy and comply with all requirements.

4.2. Failure to comply may result in disciplinary action in accordance with the provisions of the Enterprise Agreement or other relevant employment agreements.

4.3. Other consequences of a failure to report an actual or potential competing interest or comply with the agreed management plan may include:
   a. misconduct, research misconduct, or other disciplinary proceedings against the staff member;
   b. legal action against Baker IDI or the individuals concerned.

5. Individual Conflict of Interest Disclosure - Procedures

5.1. Disclosure Obligations:
   a) All staff are required to make an annual disclosure of any perceived, actual or potential conflicts of interest, to their supervisor and the CI Officer.
   b) In addition, to their annual reporting obligations all staff are required to report, on an ad hoc basis, actual or potential relationships with outside entities that may lead to conflicts of interest. "Ad hoc disclosures" are necessary whenever a current or prospective relationship (including submission of a proposal or acceptance of a gift) creates the potential for conflicts of interest.
   c) Disclosure only occurs when a Conflict of Interest Report is submitted using the Conflict of Interest and Paid Outside Work online form. The fact that the conflict of interest is known by others or considered public knowledge does not constitute a disclosure with respect to the Policy.
   d) Disclosures must be made using the Conflict of Interest and Paid Outside Work online form. Sufficient detail must be provided to allow a decision to be made regarding management of the situation. If further detail is requested by the CI Officer that information must be provided.
   e) If a staff member has knowledge that results in the belief that a conflict of interest exists that may not have been disclosed, they should deal with the matter through discussion with the CI Officer.
   f) If the CI Officer is aware of a potential or actual competing interest that a staff member has not disclosed, the CI Officer has the authority to request the staff member submit a Conflict of Interest Report with respect to the matter.

5.2. Management Procedures
   a) Baker IDI’s procedures for management of conflicts of interest will depend on the CI Officer assessment of the level of risk in the situation.
   b) If the CI Officer deems that management beyond disclosure is required, an appropriate procedure to manage or eliminate the conflict will be agreed between the CI Officer and the staff member. Some management strategies have been outlined in the Institute’s Conflict of Interest Guide.
   c) A copy of the agreed procedure will be included in the personnel records of the staff member and the staff member’s supervisor will be responsible for ensuring compliance with the management plan.
d) Where a matter is unresolved, or there is disagreement with respect to an appropriate procedure, the matter will be referred to the Commercial Issues Committee for a final decision.

6. Institutional Conflict of Interest - Procedures

6.1. Identification

a) There are two basic types of institutional conflicts of interest: those that arise as a result of institutional transactions and those that arise as a result of the activities and conflicts of interest of senior management and Directors.

b) Staff who are aware that a situation is, or may give rise to, an Institutional conflict of interest should notify the CI Officer.

c) All staff should consider the potential institutional conflicts of interest that may arise as a result of their specific activities and should make these known to the CI Officer as appropriate.

d) Senior staff must be aware that their personal conflicts of interest may be seen to influence their decision making with respect to Institutional activities. Disclosure of individual conflicts of interest is central to identifying and managing Institutional conflicts of interest.

6.2. Management

a) The CI Officer will be responsible for recording Institutional conflicts of interest.

b) Institutional conflicts of interest will be reviewed by the CI Officer in consultation with the senior executive and an appropriate management plan developed.

c) Where a matter is unresolved, or there is disagreement with respect to an appropriate procedure, the matter will be referred to the CIRC for a final decision.

d) Compliance with the management plan will be the responsibility of the staff member with oversight for that particular activity and their supervisor.