Appendix A: Institutional Standards and Definitions for Managing Conflicts of Interest

IOM Standards for Systematic Reviews (2011)

Overall Standards/Policies

2.2 Manage bias and conflict of interest (COI) of the team conducting the systematic review (SR)

2.2.1 Require each team member to disclose potential COI and professional or intellectual bias

2.2.2 Exclude individuals with a clear financial conflict

2.2.3 Exclude individuals whose professional or intellectual bias would diminish the credibility of the review in the eyes of the intended users.

2.3 Ensure user and stakeholder input as the review is designed and conducted

2.3.1 Protect the independence of the review team to make the final decisions about the design, analysis, and reporting for the review

2.4 Manage bias and COI for individuals providing input into the SR

2.4.1 Require individuals to disclose potential COI and professional or intellectual bias

2.4.2 Exclude input from individuals whose COI or bias would diminish the credibility of the review in the eyes of the intended user

Definitions and Examples

Conflict of interest	A set of circumstances that creates a risk that professional judgment or actions regarding a primary interest will be unduly influenced by a secondary interest
Primary interest	??
Secondary interest	The pursuit of professional advancement, future funding opportunities, and recognition, and the desire to do favors for friends, family, and colleagues

Other Recommendations

- Mere disclosure of a conflict does not eliminate it. Review teams should also evaluate and act on the disclosed information. Eliminating the relationship, further disclosure, or restricting the participation of the researcher with COI may be necessary. Bias and COI may be minimized by creating review teams that are balanced across relevant expertise and perspectives as well as competing interests.
- Because SRs may take a year or more to produce, the SR team members should update their financial COI and personal biases at regular intervals
- If a SR is a prerequisite to developing a clinical practice guideline (CPG), it is important that the SR team be responsive to the questions of the CPG panel. There are various models of interaction between the CPG and SR teams in current practice, ranging from no overlap between the two groups to the SR and CPG teams interacting extensively during the evidence review and guideline writing stages. Although the models have not been formally evaluated, the committee believes that a moderate level of interaction is optimal because it establishes a mechanism for communication between the CPG panel and the SR team, while also protecting against inappropriate influence on SR methods.
- To protect the scientific integrity of the SR process from sponsor interference, the types of interactions permitted between the sponsor and SR team should be negotiated and refine before the finalization of the

protocol and the undertaking of the review. The sponsor should require adherence to SR standards, but should not impose requirements that may bias the review. An independent peer review process allows a neutral party to determine whether an SR follows appropriate scientific standards and is responsive to the needs of the sponsor. Sponsors should not be allowed to delay or prevent publication of an SR in a peer-reviewed journal and should not interfere with the journal's peer review process.

Source: Institute of Medicine. Finding What Works in Health Care: Standards for Systematic Reviews. Washington, DC: The National Academies Press; 2011.[1]

The Cochrane Collaboration (2011)

Overall Standards/Policies

2.2.1 General principle

The essential activity of the Cochrane Collaboration is coordinating the preparation and maintenance of systematic reviews of the effects of healthcare interventions performed by individual reviewers according to procedures specified by the Collaboration. The performance of the review must be free of any real or perceived bias introduced by the receipt of any benefit in cash or kind, any hospitality, or any subsidy derived from any source that may have or be perceived to have an interest in the outcome of the review. It is a matter of Cochrane Collaboration policy that direct funding from a single source with a vested interest in the results of the review is not acceptable. Sponsorship of a Cochrane review by any commercial source or sources is prohibited. There should be no direct funding of Cochrane Centres (or Branches of Centres) by commercial sources. This includes the funding of core and non-core functions of Cochrane Centres. Non-direct funding of non-core activities (such as translation) is permitted after 2010 from a central fund.

2.2.2 Recommendations

1. Receipt of benefits from any source of sponsored research must be acknowledged and conflicts of interest must be disclosed
2. If a proposal raises a question of serious conflict of interest, this should be forwarded to the local Cochrane Centre for review (and the Steering Group notified accordingly). If the issue involves a Cochrane Centre, the issue should be referred to the Steering Group.
3. It is not mandatory to send funding proposals to the local Cochrane Centre or Steering Group prior to accepting them. However, such reviews would be desirable in cases of restricted donations, or any donation that appears to conflict with the General Principle
4. The Steering Group should receive (and review at least annually) information about all external funds accepted by Cochrane entities. The Steering Group will use this information to prepare and distribute an annual report on the potential conflicts of interests attendant on the Collaboration's solicitation and use of external funds
5. The Steering Group should constitute a subcommittee to view potential conflicts of interests, to offer recommendations for their resolution, and to consider appropriate sanctions to redress violations of the General Principle

2.2.3 Conflict of interest statements in reviews

Under the heading 'Conflict of Interest' reviewers should report any conflict of interest capable of influencing their judgments, including personal, political, academic, and other possible conflicts, as well as financial conflicts. It is impossible to abolish conflict of interest, since the only person who does not have some vested interest in a subject is somebody who knows nothing about it (Smith 1994). Financial conflicts of interest cause the most concern, can and should be avoided, but must be reported if there are any. Any secondary interest (such as personal conflicts) that might unduly influence judgments made in a review.

Definitions and Examples

Conflict of interest	Any real or perceived bias introduced by the receipt of any benefit in cash or kind, any hospitality, or any subsidy derived from any source that may have or be perceived to have an interest in the outcome of the review
Financial interests	Research funding, paid consultancies, honoraria, patents, share-holdings, equity, loans, employment, or management positions in an organization related to the subject of the systematic review
Nonfinancial interests	Any other competing interests that could pose a potential conflict of interest that might reasonably appear to be related to the review (e.g. clinical practice, involvement in primary research in the subject area of the review)
Commercial sponsorship	Any for-profit manufacturer or provider of health care, or any other for-profit source with a real or potential vested interest in the findings of a specific review. Whilst government departments, not-for-profit medical insurance companies and health management organizations may find the conclusions of Cochrane reviews carry financial consequences for them, these are not included in this definition. Also not included are for-profit companies that do not have real or potential vested interests in Cochrane reviews (e.g. banks).

Other Recommendations

The Cochrane Collaboration (2011)

- People with a direct financial interest in a particular intervention should not be involved in a review of that intervention, either as authors, editors, or peer reviewers.
- Sponsorship of a Cochrane review, Methods Groups, or peer reviewers by any commercial source or sources (as defined above) is prohibited. Other sponsorship is allowed, but a sponsor should not be allowed to delay or prevent publication of a Cochrane review, and a sponsor should not be able to interfere with the independence of the authors of reviews in regard to the conduct of their reviews
- Authors of reviews should declare financial support for the review, private clinical practice (if relevant), stocks, legal advice, consultancies, involvement in primary research in the subject area of their review, and any other 'competing interests' that they judge relevant. If an author has been actively involved in a study or studies that was/were eligible for their review, they should have, as a co-author, someone who was not involved in the study/studies. The co-author could act as a 'guarantor.'

Source: Higgins JPT, Green S, eds. Cochrane Handbook for Systematic Reviews of Interventions. Version 5.1.0 [updated March 2011]: The Cochrane Collaboration; 2011.[2]

International Committee of Medical Journal Editors (2010)

Overall Standards/Policies

Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Ethical Considerations in the Conduct and Reporting of Research: Conflicts of Interest

The following should be disclosed:

Financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what authors write in the submitted work.

Interactions with any entity that could be considered broadly relevant to the work should be disclosed.

All sources of revenue paid (or promised to be paid) directly to the author or institution on the author's behalf over the 36 months prior to submission of the work should be reported. This includes all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research.

Interactions with the work's sponsor that are outside the submitted work should also be listed.

Grants from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome, should be disclosed.

Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed.

Relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, the submitted work.

Definitions and Examples

Conflict of interest	When an author (or the author's institution), reviewer, or editor has financial or personal relationships that inappropriately influence (bias) his or her actions (such relationships are also known as dual commitments, competing interests, or competing loyalties.
Financial interests	Grants, consultant fees, honorarium, payment for lectures, support for travel, accommodations, meeting expenses; fees for participation in review activities; payment for writing or reviewing the manuscript; provision of writing assistance, medicine, equipment, or administrative support; board memberships; employment; stock ownership; patents, etc.
Non-financial interests	Personal relationships, academic competition, intellectual passion; relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, the submitted work.

Other Recommendations

- Authors are responsible for disclosing all financial and personal relationships that might bias their work. To prevent ambiguity, authors must state explicitly whether potential conflicts do or do not exist.
- Authors should identify individuals who provide writing or other assistance and disclose the funding source for this assistance. Additionally, authors should describe the role of the study sponsor, if any, in study design; collection, analysis, and interpretation of data; writing the report; and the decision to submit the report for publication. If the supporting source had no such involvement, the authors should so state.
- Investigators must disclose potential conflicts to study participants and should state in the manuscript whether they have done so
- Editors who make final decisions about manuscripts must have no personal, professional, or financial involvement in any of the issues they might judge. Editors should publish regular disclosure statements about potential conflicts of interest related to the commitments of journal staff .
- Reviewers must disclose any conflicts of interest that could bias their opinions of the manuscript, and they should recuse themselves from reviewing specific manuscripts if the potential for bias exists.

Source: International Committee of Medical Journal Editors. ICMJE Form for Disclosure of Potential Conflicts of Interest. 2009. http://www.icmje.org/coi_disclosure.pdf.[3]

Patient-Centered Outcomes Research Institute (Establishing legislation, 2010)

Overall Standards/Policies

A conflict of interest shall be disclosed:

i. By the Institute in appointing members to an expert advisory panel, in selecting individuals to contribute to any peer-review process, and for employment as executive staff by the institute.

ii. By the Comptroller General in appointing members of the methodology committee

iii. By the institute in the annual report, except that, in the case of individuals contributing to any such peer review process, such description shall be in a manner such that those individuals cannot be identified with a particular research project

Definitions and Examples

Conflict of interest	An association, including a financial or personal association, that have the potential to bias or have the appearance of biasing an individual's decisions in matters related to the Institute or the conduct of activities under this section
Real conflict of interest	Any instance where a member of the Board, the methodology committee, or an advisory panel, or a close relative of such member, has received or could receive any of the following:
a.	A direct financial benefit of any amount deriving from the result or findings of a study conducted under this section
b.	A financial benefit from individuals or companies that own or manufacture medical treatments, services, or items to be studied under this section that in the aggregate exceeds $10,000 per year. For purposes of the preceding sentence, a financial benefit includes honoraria, fees, stock or other financial benefit and the current value of the member or close relative's already existing stock holdings, in addition to any direct financial benefit deriving from the results or findings of a study conducted under this section.

Other Recommendations

- Conflicts of interest should be disclosed as soon as practicable on the Internet website of the Institute and of the Government Accountability Office. The information disclosed under the preceding sentence shall include the type, nature, and magnitude of the interest of the individual involved, except to the extent that the individual recuses himself or herself from participating in the consideration of or any other activity with respect to the study as to which the potential conflict exists.

Source: Subtitle D-Patient-Centered Outcomes Research. US; 2010.[4]

Department of Health and Human Services (2011)

Overall Standards/Policies

Responsibilities of investigators

Investigators must disclose all significant financial interests to the institution

Each Investigator who is participating in PHS-funded research must submit an updated disclosure of significant financial interests at the time of application for PHS-funded research, at least annually, and within 30 days of discovering or acquiring a new significant financial interest

Responsibilities of institutions regarding investigator COI

a Maintain an up-to-date, written, enforced policy on FCOI that complies with DHHS regulations and make such policy available via a publicly accessible Web site.

b Inform each Investigator of the Institution's policy on FCOI, the investigator's responsibilities regarding disclosure of significant financial interests, of the DHHS regulations, and require each investigator to complete training regarding the regulations prior to engaging in research related to any PHS-funded grant, every 4 years, and immediately when joining an institution, when the institution revises its FCOI policies, or when an Institution finds that an Investigator is not in compliance with the policies.

c If institution carries out PHS-funded research through a sub recipient, the awardee Institution must ensure that the sub recipient complies with these policies

d Designate an institutional official to solicit and review disclosures of significant financial interests from each Investigator who is planning to participate in, or is participating in, PHS-funded research

e Require that each Investigator who is planning to participate in PHS-funded research disclose to the Institution's designated official the Investigator's significant financial interests (and those of the Investigator's spouse and dependent children)

f Provide guidelines consistent with DHHS policies for the designated institutional official to determine whether an Investigator's significant financial interest is related to PHS-funded research, and if so related, whether the significant financial interest is a financial conflict of interest

g Take such actions as necessary to manage conflicts of interest including any financial conflicts of a sub recipient

h Provide initial and ongoing FCOI reports to the PHS

i Maintain records relating to all investigator disclosures of financial interests and the Institution's review of such disclosures for at least 3 years from the date the final expenditures report is submitted to the PHS

j Establish adequate enforcement mechanisms and provide for employee sanctions

k Certify in each application for funding that the institution will fully comply with these policies

While we acknowledge that non-financial conflicts of interest can influence the scientific process, we chose to retain the focus of these regulations on FCOIs because we believe this is a discrete area in which there is a heightened need to strengthen management and oversight.

Definitions and Examples

Financial conflict of interest	A significant financial interest that could directly and significantly affect the design, conduct, or reporting of Public Health Services (PHS)-funded research
Financial interest	Anything of monetary value, whether or not the value is readily ascertainable
Significant financial interest	A financial interest consisting of one or more of the following interests of the investigator (and those of the investigator's spouse and dependent children) that reasonably appears to be related to the Investigator's institutional responsibilities:

i With regard to any publicly traded entity, a significant financial interest exists if the value of any remuneration received from the entity in the twelve months preceding the disclosure and the value of any equity interest in the entity as of the date of disclosure, when aggregated, exceeds $5,000. For purposes of this definition, remuneration includes salary and any payment for services not otherwise identified as salary (e.g., consulting fees, honoraria, paid authorship); equity interest includes any stock, stock option, or other ownership interest, as determined through reference to public prices or other reasonable measures of fair market value.

ii With regard to any non-publicly traded entity, a significant financial interest exists if the value of any remuneration received from the entity in the twelve months preceding the disclosure, when aggregated exceeds $5,000, or when the Investigator (or the Investigator's spouse or dependent children) holds any equity interest (e.g., stock, stock option, or other ownership interest)

iii Intellectual property rights and interests (e.g., patents, copyrights), upon receipt of income related to such rights and interests.

Investigators must also disclose the occurrence of any reimbursed or sponsored travel. The term *significant financial interest* does not include the following types of financial interests: salary, royalties,

Department of Health and Human Services (2011)
or other remuneration paid by the Institution to the Investigator if the Investigator is currently employed or otherwise appointed by the Institution

Other Recommendations

Management and reporting of FCOI

i. Public disclosure of financial conflicts of interest
ii. Disclosure of financial conflicts of interest directly to participants for research projects involving human subject research
iii. Appointment of an independent monitor capable of taking measures to protect the design, conduct, and reporting of the research against bias resulting from the FCOI
iv. Modification of the research plan
v. Change of personnel or personnel responsibilities, or disqualification of personnel from participation in all or a portion of the research
vi. Reduction or elimination of the financial interest
vii. Severance of relationships that create financial conflicts.

Source: Federal Register. U.S.; 2011.[5]

IOM—Conflict of Interest in Medical Research, Education, and Practice (2009)

Overall Standards/Policies

3.1 Institutions that carry out medical research, medical education, clinical care, or practice guideline development should adopt, implement, and make public conflict of interest policies for individuals that are consistent with the other recommendations in this report. To manage identified conflicts of interest and to monitor the implementation of management recommendations, institutions should create a conflict of interest committee. That committee should use a full range of management tools, as appropriate, including elimination of the conflict financial interest, prohibition or restriction of involvement of the individual with a conflict of interest in the activity related to the conflict, and providing additional disclosures of the conflict of interest.

3.2 As a part of their conflict of interest policies, institutions should require individuals covered by their policies, including senior institutional officials, to disclose financial relationships with pharmaceutical, medical device, and biotechnology companies to the institution on an annual basis and when an individual's situation changes significantly. These policies should
request disclosures that are sufficiently specific and comprehensive (with no minimum dollar threshold) to allow others to assess the severity of the conflicts;
avoid unnecessary administrative burdens on individuals making disclosures; and
require further disclosure, as appropriate, for example to the conflict of interest committee, the institutional review board, and the contracts and grants office.

3.3 National organizations that represent academic medical centers, other health care providers, and physicians and researchers should convene a broad-based consensus development process to establish a standard content, a standard format, and standard procedures for the disclosure of financial relationships with industry.

3.4 The U.S. Congress should create a national program that requires pharmaceutical, medical device, and biotechnology companies and their foundations to publicly report payments to physicians and other prescribers, biomedical researchers, health care institutions, professional societies, patient advocacy and disease-specific group, providers of continuing medical education, and foundations created by any of these entities. Until the Congress acts, companies should voluntarily adopt such reporting.

Definitions and Examples

Conflict of interest	A set of circumstances that create a risk that professional judgments or actions regarding a primary interest will be unduly influenced by a secondary interest
Primary interest	Primary interests vary according to the purpose of professional activity; they include promoting and protecting the integrity of research, the welfare of patients, and the quality of medical education. These primary interests are sometimes stated as ends or goals, as obligations, or as rights. The committee uses the term primary "interests" to encompass all of these values, however they are stated.
Secondary interest	Secondary interests may include not only financial gain but also the desire for professional advancement, recognition for personal achievement, and favors to friends and family or to students and colleagues.
Financial conflicts	Research grants and contracts; consulting agreements; participation in speakers bureaus; honoraria; intellectual property, including patents, royalties, licensing fees; stock, options, warrants, and other ownership (excepting general mutual funds); position with a company; company governing boards; technical advisory committees, scientific advisory boards, and marketing panels; company employee or officer, full or part time; authorship of publications prepared by others; expert witness for a plaintiff or a defendant; other payments or financial relationships.
Non-financial conflicts	Desire for professional advancement, recognition for personal achievement, and favors to friends and family or to students and colleagues.

Other Themes and Recommendations

- The goal of conflict of interest policies in medicine is to protect the integrity of professional judgment and to preserve public trust rather than try to remediate problems with bias or mistrust after they occur
- Disclosure of individual and institutional financial relationships is a critical but limited first step in the process of identifying and responding to conflicts of interest. Disclosures should provide sufficient information about the nature, scope, duration, and monetary value of relationships to allow institutions to assess the risk that secondary interests might unduly influence judgments about research, clinical care, education, or other primary interests

IOM—Conflict of Interest in Medical Research, Education, and Practice (2009)

- Conflict of interest guidelines and policies can be strengthened by engaging physicians, researchers, and medical institutions in developing policies and consensus standards

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- A range of organizations—public and private—can promote the adoption and implementation of conflict of interest policies and help create a culture of accountability that sustains professional norms and promotes public confidence in professional judgments
- Research on conflicts of interest and conflict of interest policies can provide a stronger evidence base for policy design and implementation
- If medical institutions do not act voluntarily to strengthen their conflict of interest policies and procedures, the pressure for external regulation is likely to increase
- Some COI policies state that professionals should avoid "even the appearance of a conflict of interest" That requirement may lead to confusion. All COI involve perceptions or appearances because they are specified from the perspective of people who do not have sufficient information with which to assess the actual motives of a decision maker and the effects of those motives. Policies that contrast actual & perceived conflicts give rise to 2 problems:
  1. The contrast suggests that there is no conflict (only an appearance of a conflict) unless the decision maker actually favors secondary interests over primary interests.
  2. If perceived conflicts are treated as different from the other (so-called actual) conflicts that the policy regulates, conduct that is proper can be unfairly called into question
- Conflicts are not binary; they can be more or less severe. The severity of a conflict depends on:

  1. The likelihood that professional decisions made under the relevant circumstances would be unduly influenced by a secondary interest
     - *What is the value of the secondary interest?* The greater the value, the more probable its influence. Although absolute value is important, secondary interest should be measured in relation to the typical income for the relevant class of professionals, or in relation to the value of a research project, institutional budget, or medical practice. The economic value of nominal gifts or relationships (pens, meals, etc.) is low, but small gifts may help to create & sustain relationships.
     - *What is the scope of the relationship?* Duration and depth
     - *What is the extent of professional discretion?* How much latitude a professional enjoys in making important decisions.
  2. The seriousness of the harm or wrong that could result from such influence:
     - *What is the value of the primary interest?*
     - *What is the scope of the consequences?* The greater the scope of the consequences, the more serious the potential for harm
     - *What is the extent of accountability?*

Source: Institute of Medicine. Conflict of Interest in Medical Research, Education, and Practice. Washington, DC: The National Academies Press; 2009.[6]

Drug Effectiveness Review Project (2001)

Overall Standards/Policies

An investigator or staff member working on a project must state that he/she has no financial interests in any pharmaceutical company. The assurance of an absence of conflicts of interest related to financial interests in pharmaceutical companies is declared annually for any investigator or staff member continuing to work with DERP.

Definitions and Examples

Financial interests	Current direct ownership of stock of a pharmaceutical company (does not include ownership of mutual funds that may partly include pharmaceutical company stock); current research funding received from a pharmaceutical company; current membership on a speaker's bureau of a pharmaceutical company; consulting fees or honoraria accepted from a pharmaceutical company during the project period.

Source: Oregon Evidence-based Practice Center. Policy on Conflicts of Interest re: Work on the Drug Effectiveness Review Project. Oregon Evidence-based Practice Center; 2001.[7]

National Institute for Health and Clinical Excellence (based in the UK; 2009)

Overall Standards/Policies

3 What interests are involved?

3.3 Personal pecuniary interest (see definition below)

3.4 Non-personal pecuniary interest (see definition below)

3.5 Personal non-pecuniary interest (see definition below)

3.6 Personal family interest (see definition below)

3.7 It is inappropriate for the chair or non-executive directors of the institute, the chairs of its advisory bodies, or the employees of the institute's clinical guidelines national collaborating centres, to have any current personal interests as defined in paragraph 3.3. Nor should they accept expenses or hospitality from the healthcare industries, other than to seek reimbursement for the reasonable and proportionate costs involved in travel, accommodation, and associated subsistence, for attending conferences at which they have been asked to speak of or otherwise play a formal role.

4 When should interests be declared and what action is required?

4.1 The chair the other non-executive board members, and employees of the Institute must declare all categories of interests on appointment, and then annually. Only the name of the company and the nature of the interest are required; the amount of any salary, fees, shareholding, grant, etc. need not be disclosed. Non-personal interests involving less than £1000 from all sources in the previous year need not be declared.

4.2 The chair of the Institute, the other non-executive directors, the chairs of the advisory bodies, the employees of NICE and the employees of the clinical guidelines national collaborating centres should divest themselves of their personal pecuniary interests (as defined in 3.3) on appointment, or as soon as practical thereafter.

4.3 The declaration of personal family interests by a member or employee will not be a bar to his or her employment or appointment to the Board or advisory body.

4.4 Any uncertainty about potential conflicts of members of advisory boards on appointment should be resolved at the discretion of the relevant chair and recorded in the letter of appointment. Members with conflicts that could be regarded as prejudicing their contribution to the discussion should be excluded from the group or committee. It is recognized that individuals may have some interaction with the healthcare industry and, while this should be declared, it does not necessarily preclude membership of an advisory body.

4.5 Advisory body members and other individuals who are attending to take part in the meeting should declare relevant interests at each advisory board meeting and appeal panels and state into which category they believe the interest falls.

- A person declaring a personal or family specific pecuniary interest shall take no part in the proceedings as they relate to the intervention or matter and will normally leave the meeting until the matter has been concluded.
- A person declaring a personal non-specific pecuniary interest may take part in the proceedings unless the chair rules otherwise.
- A person declaring a non-specific pecuniary interest or personal family non-specific interest may take part in the proceedings unless he or she has personal knowledge of the intervention or matter either through his or her own work or through direct supervision of other people's work. In either of these cases, he or she should declare this interest and not take part in the proceedings except to answer questions.
- A person declaring a non-personal non-specific pecuniary interest may take part in the proceedings unless the chair rules otherwise.
- When someone declares a personal, non-pecuniary interest the chair of the advisory board shall determine, on a case-by-case basis, whether he or she should take part in the proceedings.

National Institute for Health and Clinical Excellence (based in the UK; 2009)

4.6 Where an individual is responsible for authoring, in whole or part, a document that is prepared specifically to inform one of the institute's advisory bodies, they must declare any interests in accordance with this code.

Definitions and Examples

Personal pecuniary interest	Involves a current personal payment, which may either relate to the manufacturer or owner of a product or service being evaluated, in which case it is regarded as 'specific' or to the industry or sector from which the product or service comes, in which case it is regarded as 'non-specific.' The main examples include the following: any consultancy, directorship, position in or work for a healthcare industry; any fee-paid work; any shareholdings or other beneficial interests; expenses and hospitality in or provided for by a healthcare industry company beyond that reasonably required for accommodation, meals, and travel to attend meetings and conferences; or other funds or investments in the healthcare industry that are held in a portfolio over which individuals have the ability to instruct the fund manager as to the composition of the fund.
Non-personal pecuniary interest	Involves payment or other benefit that benefits a department or organization for which an individual has managerial responsibility, but which is not received personally. This may either be considered 'specific' or 'nonspecific.' The main examples include the following: the holding of a fellowship endowed by the healthcare industry; any payment or other support by the health industry, or by NICE, that does not convey any pecuniary or material benefit to an individual personally but that might benefit him or her (e.g., grants, contracts, fellowships, or other payment; commissioning of research, other work by, or advice from staff in a certain unit.
Personal non-pecuniary interest	Might include, but is not limited to: a clear opinion, reached at the conclusion of a research project, about the clinical and/or cost effectiveness of an intervention under review; a public statement in which an individual has expressed a clear opinion about the matter under consideration, which could reasonably be interpreted as prejudicial to an objective interpretation of the evidence; holding office in a professional organization or advocacy group with a direct interest in the matter under consideration; other reputational risks in relation to an intervention under review.
Personal family interest	Relates to the personal pecuniary interests of a family member and involves a current payment to the family member of the employee or member. The interest may be 'specific' or 'non-specific'.

Source: National Institute for Health and Clinical Excellence. A Code of Practice for Declaring and Dealing With Conflicts of Interest: National Institute for Health and Clinical Excellence.[8]

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1. Institute of Medicine. Finding What Works in Health Care: Standards for Systematic Reviews. Washington, DC: The National Academies Press; 2011.
2. Higgins JPT, Green S, eds. Cochrane Handbook for Systematic Reviews of Interventions. Version 5.1.0 [updated March 2011]: The Cochrane Collaboration; 2011.
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