



Australian Government
Department of Health

Declaration of interests in support of a nomination

For membership of a Department of Health HTA Committee

Nominee name

Committee name

MSAC/ESC/PASC

1. Declarations of interests

The External Committees of the Department of Health (the Department) undertake a vital role in providing advice and expertise that is essential to the Minister and the Department in carrying out their functions. Individuals with specialist knowledge and expertise are appointed to a Committee for the purpose of providing expert advice in relation to matters coming before the Committee. It is assumed therefore that members will apply their professional expertise and experience in relation to matters coming before the Committee.

This is not what the conflict of interest rules are concerned with. These rules are about ensuring that there can be no perception that, taking into account the nature of the functions of the Committee and the expertise of the relevant member, the member will not be able to bring an independent, objective and impartial approach to a particular matter before the Committee because of a personal interest. However because in many cases, the pool of potential members in Australia with the necessary expertise and experience to contribute to Australian public health outcomes through membership of one of these Committees is not large, there is a potential for a conflict of interest to arise from time to time.

In order to allow any such potential conflicts of interest to be managed, the Department requires the member to notify of the existence of any interests that, taking into account the nature of the Committee's role, functions and responsibilities, may give rise to such a conflict or the perception of one in relation to any matters likely to come before the Committee. This is done by means of a declaration of interests prior to appointment, at appointment and where necessary or as required annually thereafter, on an ad hoc basis when circumstances of a member change, as well as before, or at, meetings of the Committee.

Under the Department's procedures for advisory Committee membership, members are to disclose the nature of any direct or indirect material personal interest (whether pecuniary or not) of which they are aware in a matter being considered at a Committee meeting without delay at or before a meeting. Prospective Committee members are also required to agree to such undertaking by completing and returning the "Deed of Undertaking - In relation to confidential information and conflict of interest".

The Department's management oversight of conflict of interest matters for HTA Advisory Committees and its subcommittees is vested in the Committee Management Group (CMG). This group then provides advice where any possible conflict of interest is identified by assessing and recommending to the Committee whether the member should participate in any consideration by the Committee of that matter. The CMG will then inform the Committee of its recommendation for determination by the Committee. Any disclosures and the Committee's determination of it must be recorded in the minutes of the meeting. These requirements are designed to minimise any risk that the consideration of any matter by the Committee, by the participation of a member who has, or may appear to have, a conflict of interest, will be called into question. **A conflict will arise if a person's personal interests (whether financial or not) conflict with their obligations as a Committee member such that the person may not be independent, objective and impartial in relation to those duties. An apparent conflict of interest will arise if, whether or not there is an actual conflict of interest, a conflict of interests may be perceived by a reasonable observer.**

For the purposes of considering whether a person is suitable for appointment to a Committee, an assessment is made of the range and nature of material interests a potential appointee currently has, has had over the past five years or is likely to have. An assessment can then be made whether the range and nature of those interests are such that, were the person to be appointed as a member of the Committee, the effective performance of his or her role on the Committee could be affected by those interests.

You are therefore requested to provide details of any of your interests (whether pecuniary or not) under each of the headings below. This information will be retained by the Department and will be collected, stored, used and disclosed in accordance with secrecy provisions of relevant legislation (for example information collected about individuals when an officer is performing functions under the *National Health Act 1953*) the *Privacy Act 1988*. The information will only be used for the purposes of considering your application to become a member of the Committee and should you be appointed to the Committee, for the purpose of assisting the Department in the management of any potential conflict of interest while you are a member of the Committee.

A checklist is provided at the end of this document to assist you in identifying whether you or your family have any interests that you need to declare.

(a) Financial interests

If you are receiving or have received funds or any other benefit from, or are aware of obtaining or being eligible for any future advantage or benefit from companies, investments, trusts or other institutions (particularly those with an interest in, or having a connection with the development, manufacture and distribution or use of a product or service relevant to the Committee's responsibility), it is possible that a potential conflict of interest may arise if you are appointed to a Committee. You are asked to list the names of the companies, investments, trusts or partnerships from which you currently receive, or are likely in the near future to receive, or have at any time during the past five years received, funds, any advantage or benefit, under the following headings:

Shareholdings, executive or non-executive board membership (including advisory boards) (over the past 5 years or likely)

Date/s	Company / Organisation and interest	Payment amount & period	Still current Y/N

Paid employment, including consultancy, commissioned fee-paid work, paid speaker, paid expert adviser (over the past 5 years or likely)

Date/s	Please provide details including payer (Please also indicate whether payments made directly to you or a third party (e.g. university, hospital, research body))	Payment amount & period	Still current Y/N

Fellowships, research or education grants (over the past 5 years or likely)

Date/s	Please provide details including payer (Please also indicate whether payments made directly to you or a third party (e.g. university, hospital, research body))	Payment amount & period	Still current Y/N

Travel grant or conference fees or other hospitality (greater than \$100) (over the past 5 years or likely)

Date/s	Please provide details including payer and purpose (e.g. attendance, speaking, poster presentation etc.)	Payment amount & period	Still current Y/N

Any other direct or indirect pecuniary interest (e.g. other investments, partnerships, trusts, ownership of a patent for a therapeutic good or ownership by employer, investments in self-managed superannuation fund) (over the past 5 years or likely)

Date/s	Please provide details of interest including payer	Payment amount & period	Still current Y/N

(b) Professional interests

Please list:

- any involvement in a company or organisation involved in the development, manufacture or marketing and distribution of therapeutic goods or the provision of medical services, including:
 - * membership of advisory board, in the last 5 years or likely;
 - * accepting sponsorship of an event or for a professional organisation from such a company or organisation in the last 5 years or likely;
 - * provision by such a company or organisation of ad hoc support for a patient or student of the potential committee member in the last 5 years or likely;
- participation in clinical trials (whether as principal investigator, contributor of patients or otherwise) in the last 5 years or likely;
- involvement as a researcher or in any other capacity in relation to therapeutic goods or their development in the last 5 years or likely.

Date/s	Organisation and Interest	Payment amount & period	Still current Y/N

(c) Other interests

Please list any other interests **of the kind such that, were you to be appointed as a member of the Committee, a perception of conflict might arise in relation to matters that could be before the Committee** including the following:

- any interests that would, but for the 5 year time period, come within (a) or (b) above;
- personal interests such as strong personal, philosophical or religious beliefs or convictions or personal or family relationships; and
- any financial, professional or other interests of your immediate family or others in a close personal relationship of which you are aware.

Date/s	Please provide a description of the interest	Payment amount & period	Still current Y/N

2. Deed

If you are appointed to the Committee you will be required to sign a deed about the obligations of members in relation to confidential information and the requirements to disclose interests of the kind described above in relation to conflicts of interest.

3. Declaration

I declare that:

I have read the document “Department of Health Advisory Committee Guidelines - Declaration of interests, managing conflicts of interest and confidentiality obligation” and understand, the responsibilities of a member of a Departmental advisory Committee. In particular I acknowledge the obligation to disclose any direct or indirect material personal interest (whether pecuniary or not) in any matter being considered, or about to be considered, by such a Committee at any of its meetings;

I understand that if I were to be appointed to be a member of a Departmental advisory Committee I would be bound by that obligation;

I understand that if I were to be appointed to be a member of a Departmental advisory Committee I would be required to sign the Deed of undertaking in relation to confidential information and conflict of interest;

I understand that if I were to be appointed to be a member of a Departmental advisory Committee I would be required to complete the relevant Committee declaration about my pecuniary and non-pecuniary interests; and

I have provided current and accurate information in this declaration.

I understand the above requirements to provide accurate and current information and that any failure to declare any direct or indirect material personal interest in the following circumstances may result in termination of my appointment;

- a. If when I applied for appointment to the committee I failed to declare any direct or indirect material personal interests,
- b. If I am appointed to the committee I fail to declare any direct or indirect material personal interest or update my declaration from my application,
- c. If I fail to update or declare any direct or indirect material personal interest on my annual declaration,
- d. If I fail to update or declare any direct or indirect material personal interest on an ad-hoc basis, where the personal interest is relevant and should be disclosed, and
- e. If I fail to declare any direct or indirect material personal interest at meetings of the relevant Departmental advisory Committee.

Name (please print)

Signature

Date

Declaration checklist

Section 1. Pecuniary interests

Interest	Myself		Immediate family or other relationship (of which you are aware)	
	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
Current shareholdings which the member controls (including through a self-managed superannuation fund), irrespective of whether the member's name is on the share register	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
Current shareholding through an unlisted managed fund or trust, if the member could significantly influence investment decisions	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
Other sources of funds or other benefits or advantage (including partnerships and trusts)	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
Ownership of a patent for a therapeutic good or ownership of such a patent by employer	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
Board memberships (executive or non-executive) or other offices in a company in the last 5 years or likely	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
Paid employment, contracting, consultancy commissioned fee-paid work or work as a paid speaker or paid expert adviser in the last 5 years or likely	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
Grants for overseas travel, research or education or paid conference expenses in the last 5 years or likely	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
Holding a retainer or receiving pay for a company that manufactures or is a sponsor of therapeutic goods in the last 5 years or likely	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
Significant hospitality in the last 5 years or likely	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N

Interest	Myself		Immediate family or other relationship (of which you are aware)	
A financial involvement in any therapeutic goods, or other products, services or matters having any connection with therapeutic goods, in the last 5 years or likely	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
Other pecuniary interests	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N

Section 2. Professional interests

Interest	Myself		Immediate family or other relationship (of which you are aware)	
Involvement in any company or organisation involved in the development, manufacture or marketing and distribution of therapeutic goods in the last 5 years, including membership of advisory board	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
Accepting sponsorship of an event or for a professional organisation from such a company or organisation in the last 5 years or likely	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
Provision by such a company or organisation of ad hoc support for a patient or student in the last 5 years or likely	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
Participation in a clinical trial (whether as a principal investigator, contributor of patients or otherwise) in the last 5 years or likely	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
Involvement as a researcher or in any other capacity in relation to therapeutic goods or their development in the last 5 years or likely	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
Other professional interest	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N

Section 3. Non-pecuniary interests

Interest	Myself	Immediate family or other relationship (of which you are aware)
	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N

Section 4. Other interests not required to be listed above but that could give rise to an obligation of disclosure to the Committee

Interest	Myself	Immediate family or other relationship (of which you are aware)
	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N

Thank you