

TITLE	105b: Conflicts of Interest – Researchers
SCOPE	The activities of the Health Research Ethics Board (HREB) operating under the direct authority of the Health Research Ethics Authority (HREA)
APPROVAL AUTHORITY	Ethics Director
EFFECTIVE DATE	April 2021

1.0 PURPOSE

This standard operating procedure (SOP) describes potential Conflicts of Interest (COI) for Researchers and research staff engaged in health research involving human participants, and the requirements and procedures for disclosure and managing COI.

2.0 DEFINITIONS

See the Glossary of Terms.

3.0 RESPONSIBILITIES

HREB members, REO Personnel and Researchers are responsible for ensuring that the requirements of this SOP are met.

Researchers are responsible for disclosing any real, potential or perceived COI to the HREB.

The HREB is responsible for determining whether the disclosed COI is likely to affect or appear to affect the design, conduct or reporting of the research.

4.0 PROCEDURE

A COI (real, potential or perceived) arises when an individual in a position of trust has competing professional or personal interests. Such competing interests may influence the researchers’ professional judgment, objectivity and independence and can potentially influence the outcome of a decision, for personal benefit. A COI may exist even if no unethical or improper act results from the conflict.

Researchers and research staff will identify and manage COI to maintain the public confidence and trust and to maintain the independence and integrity of the research process. If a COI cannot be avoided, procedures will be in place to manage and/or to mitigate the conflict.

The HREB is responsible for determining whether a disclosed or identified COI is likely to affect or appear to affect the design, conduct, or reporting of the research. The HREB must be perceived to be fair and impartial, immune from pressure either by the sponsor, affiliated organizations or the

Researchers whose research is being reviewed, or by other professional and/or nonprofessional sources.

This SOP is not intended to prohibit researcher relationships with companies; however, the HREB will ensure that participant protection, the integrity of the ethics review, and the conduct of the research are not jeopardized by an unidentified and unmanaged COI.

The standard that guides decisions about determining COI is whether an independent observer could reasonably question whether the individual's actions or decisions are based on factors other than the rights, welfare and safety of the participants.

4.1 Researcher Disclosure of Conflicts of Interest

- 4.1.1 Researchers submitting research applications to the HREB shall declare any COI including those of their sub/co-Researcher(s), research staff, immediate families, and/or close relationships.
- 4.1.2 The Researcher will provide information on the clinical trial budget, as applicable, when submitting a research application.
- 4.1.3 Such disclosures shall be sufficiently detailed to allow accurate and objective evaluation of the conflict.
- 4.1.4 The Researcher shall disclose any conflicts to the HREB at the following times:
 - with the initial HREB application;
 - at each continuing review of the project; and/or
 - whenever a COI arises, such as changes in responsibilities or financial circumstances.
- 4.1.5 The Researcher shall cooperate with the HREB and with other officials involved in the review of the pertinent facts and circumstances regarding any COI disclosed, and shall comply with all the requirements of the HREB and with organizational COI policies, as applicable, to eliminate and/or to manage the conflict.
- 4.1.6 The Researcher shall ensure that all requirements from any COI reviews are appropriately incorporated into the corresponding informed consent documents and research, as applicable.
- 4.1.7 If a potential COI relating to a Researcher is disclosed to the HREB, details supporting the rationale for the COI shall be reported to the Chairperson of the HREB and the Ethics Director (ED). The Chairperson and the ED will determine if a COI exists. The [Secretariat on Responsible Conduct of Research](#) may be consulted as necessary to determine COI. The Chairperson will determine what course of action is required to manage the COI. All decisions, the reasons for the decisions, and the COI management plans made or approved by the Chairperson regarding the allegation will be communicated to the Researcher in a timely manner. A COI will be documented in the applicable HREB Board meeting minutes.

4.2 HREB Review of Researcher Conflicts of Interest

4.2.1 The HREB will review each application for disclosure of COI.

4.2.2 If the Researcher indicates on the HREB application that a conflict exists, the HREB will determine whether the disclosed COI is likely to affect or appear to affect the design, conduct, or reporting of the research.

4.2.3 The HREB review shall focus on those aspects of the COI that may reasonably affect human participant protection and the steps taken should be context-based and commensurate with the risks.

4.2.4 In determining the appropriate action, the HREB will take into consideration information presented by the Researcher such as:

- the nature of the research;
- the magnitude of the interest or the degree to which the conflict is related to the research;
- the extent to which the interest could affect the research;
- whether a specific individual possesses unique clinical or scientific qualifications to conduct the research;
- the degree of risk to the human participants involved in the research that is inherent in the research; and/or
- the management plan for the COI already developed by the Researcher.

4.2.5 The HREB may approve the research and may require a management plan, which may include changes at the Researcher's or sponsor's expense, to eliminate or to mitigate the conflict. The Researcher may be required to provide a management plan for review by the HREB. Required actions may include, but are not limited to:

- divestiture or termination of relevant economic interests;
- mandating Researcher recusal from research;
- modifying or limiting the participation of the Researcher in all or in a portion of the research;
- in cases involving equity, imposing a bar on insider trading or requiring the transfer of securities to an independent financial manager or blind trust, or limiting the timing of sales or distributions;
- monitoring research (i.e., independent review of data and other retrospective review for bias, objectivity, comprehensiveness of reporting (versus withholding data);
- independent clinical review of appropriateness of clinical care given to research participants, if applicable;
- monitoring the consent process; and/or
- disclosure of the conflict to organizational committees, research participants, journals, and the data safety monitoring boards.

4.2.6 The HREB has the final authority to determine whether a COI has been eliminated or managed appropriately.

- 4.2.7** Any COI management plan will be documented in the final project files. Any discussions at the HREB meeting regarding the COI and the management plan will be documented in the HREB meeting minutes.
- 4.2.8** After review by the HREB and input by the appropriate Organizational Official within the Researcher's organization, if applicable, the HREB may reject research that involves a COI that cannot be appropriately managed.

4.0 REFERENCES

The Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans, Chapter 7:
[tcps2-2018-en-interactive-final.pdf \(ethics.gc.ca\)](https://www.ethics.gc.ca/tcps2-2018-en-interactive-final.pdf)