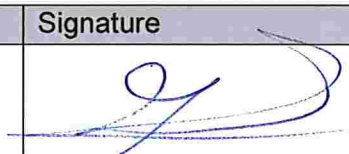
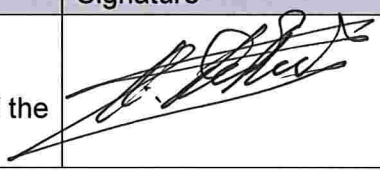
Signature page		
Document name	Conflict of Interest Policy	
Concerns	All individuals involved in ESA activities.	
Owned by	Signature	Date of Signature
Marc Gheeraert Executive Manager of the ESA		25-3-19
Reviewed by	Signature	Date of Signature
Andreas Hoeft Scientific Committee Chair		26. 3. 19
Kai Zacharowski President-elect of the ESA		26/03/2019
Amaury van Kesteren Quality Manager		25/03/2019
Approved by	Signature	Date of Signature
Stefan De Hert President of the Board of Directors of the ESA		25/03/2019

Details	
Document Type	Policy
Document name	Conflict of Interest (COI) Policy
Ref #	POL_ADM_04
Version and Approval date	v2.0 See Signature page
Effective from	01APR2019
Planned Review date	01APR2022
Superseded documents	POL_ADM_04 Conflict of Interest (COI) Policy v1.1 14APR2017
Concerns	All individuals involved in ESA activities.
Relevant regulations / legislation / guidelines / references	1* BioMed Alliance Code of Conduct 11-16 2* Eur_Heart_J-2012-ESC_REPORT-666-741 Policy Statement 3* Annals of Internal Medicine; Vol. 163 No. 7; 6 October 2015: Guidelines International Network: Principles for Disclosure of Interests and Management of Conflicts in Guidelines. 4* CHEST COI Policy 1603

Change History

Date	Version	Change Details
11APR2017	1.0	New document.
14APR2017	1.1	Use of COI form (F1) removed for Faculty.
01APR2019	2.0	Under section 4.1.1: removed sections related to restrictions for ESA Board members, Industrial Liaison Task Force members, Committee Chairs, members of the Research Committee and chairs of the scientific subcommittees to attend industry symposia of industry-related activities at Euroanaesthesia and other ESA organised meetings and activities.

Table of Contents

1 Introduction, Purpose and Scope of this Policy

The ESA acknowledges that eligible persons engage in a wide variety of external activities. The ESA considers that such activities are in the interest of the ESA and the concerned individuals. On occasion, these activities may give rise to conflicts of interests (COI), potential or actual, perceived or alleged.
Inappropriate COI may cause serious damage to the reputation of the ESA and the concerned individuals.

All individuals concerned by this Policy are required to recognise and disclose activities that might give rise to COI or the perception of COI and to ensure that such COI are properly managed.

The purpose of this Procedure is to enhance transparency on external activities of any person involved in the ESA, by identifying potential COI and in relevant cases, manage them properly.

This Policy applies to all ESA members involved in any committee and/or subcommittees, the Board, Council and other relevant functions.

This Policy applies also to all Faculty members providing lectures to any ESA scientific event such as Euroanaesthesia, Focus meeting, Master Classes, as well as to ESA-appointed speakers at international meetings and ESA-endorsed meetings.

This Policy is also applicable to all staff members working in the ESA secretariat and to any employee of a company contracted with the ESA.

It is the responsibility of each individual to recognise situations in which he or she has a COI, or might be seen by others to have a COI, to disclose that COI to the ESA.

If an individual is uncertain about how this procedure might affect his or her activities, then he or she should contact the ESA.

2 Definitions

2.1 COI Disclosure Form

The **COI form** is to be filled in by all individuals concerned by this Policy The declaration of potential COIs should cover the last three years. The filled in COI disclosure form is valid from the 1st of January of each year and till the 31st of December of that year. The template form (ADM_04_F1) is included in the Appendices section.

2.2 COI Disclosure Slide

The presence or lack of COI will be announced on the scientific programme of the given event. At the beginning of every lecture, every speaker will include a **structured disclosure slide** that will be provided by the Scientific Department with the letter of invitation.
The template disclosure slide (ADM_04_F2) is included in the Appendices section.

3 Roles and Responsibilities

Every concerned individual is responsible for keeping the COI form up to date in the case that his or her Affiliation or Financial interest situation changes.

When applying for any active position in the ESA, the COI form is part of the application process. The form is to be returned to the relevant ESA staff in charge.

3.1 Oversight Committee

The Oversight Committee is mandated by the ESA Board of Directors to manage particular Conflicts of Interest.

4 Conflict of Interest Policy

4.1 The ESA Code of Conduct

The ESA Code of Conduct is broadly inspired by the BioMed Alliance Code of Conduct (ref. 1*) and the Conflict of Interest Policy of the European Society of Cardiology (ref. 2*).

4.1.1 Congresses and Masterclasses

1) Every member of the Scientific Committee must complete a declaration of interests. No employee of a medical company can serve as a member of the Scientific Committee.
2) All speakers must declare their conflicts of interests.
3) All speakers must show a slide (ADM_04_F2) with their disclosure of interests, for long enough to ensure that the audience has time to read all content. This should include a statement of possible academic COI as well as any links with the health-care industry.
4) The chairpersons during any session are responsible to alert the audience of any clear COI that have not been disclosed, or of any apparent major bias in the content of a presentation.
5) These recommendations apply to all ESA educational activities.
6) Accreditation of congresses and educational courses for Continuing Medical Education CME/ Continuing Professional Development (CPD) purposes should be sought from an independent organisation such as the European Union of Medical Specialists (UEMS).

4.1.2 Satellite symposia

7) Industrial satellite symposia should be clearly marked as sponsored by industry and the commercial motive and risk of influence in such events should be recognised. If details are included in a conference programme, then they should be listed in a separate and clearly identifiable section e.g. on differently coloured paper).
8) Satellite symposia should be held at times that do not coincide with any scientific sessions.
9) Academic invited speakers are accountable for the information presented on their slides.

4.1.3 Trade exhibitions

10) Any company participating in a trade exhibition at an ESA congress must meet all the requirements included in industry codes of practice.

4.1.4 Unrestricted grants

11) The concept of an 'unrestricted educational grant' from a pharmaceutical or company is permissible. Funds obtained through unrestricted educational grants will be disbursed for CME/CPD activities at the sole discretion of the ESA.

4.1.5 Webinars and eLearning

12) Transparency requirements for Internet-based educational activities are the same as for congresses and face-to-face educational meetings.
13) All presenters of online educational material must present a disclosure slide at the start of the educational material. Direct company sponsorship is not permitted, but support in the form of unrestricted educational grants is allowable. A clear distinction between these two types of e-learning videos must be made.
14) Video-taped educational material from ESA should clearly state potential COI of the person presenting the material by including a disclosure slide at the beginning of the video.

4.1.6 ESA Research

15) Scientific registries of clinical practice must be conducted according to high ethical standards, accountable, and subject to peer review.
16) Observational research may be supported by unrestricted educational grants.
17) Donated funds should be pooled and administered centrally, and these should not influence the content or conduct of the programme. Doctors participating in commercially sponsored research should declare their interests using the COI Disclosure form (ADM_04_F1).
18) Any real or perceived COI between the ESA research activities and the Academic Research Organisation should be avoided. In case of doubt or discussion, the board will decide.

4.2 Guidelines

The Guidelines International Network has established rules in the particular case of writing Guidelines with respect to the COI (ref. 3*) The American College of Chest Physicians (CHEST) provides further insight (ref. 4*). These rules are planned in nine principles presented below.

Principle 1: Guideline developers should make all possible efforts to avoid real or perceived COIs for the members of the relevant guidelines task force.

Although the GIN recognises the need for exceptions when this is not practical, such issues should not diminish the importance of this principle. In situations in which panel members have COIs, conflicted members should represent a minority on a guideline panel and the guideline

developer should be transparent about the reasons for including conflicted members and the management of COIs.

Principle 2: The definition of COI and its management applies to all members of a guideline development group, regardless of the discipline or stakeholders they represent, and this should be determined before a panel is constituted.

Principle 3: A guideline development group should use standardised forms for disclosure of interests.

Principle 4: A guideline development group should disclose interests publicly, including all direct financial and indirect COIs, and these should be easily accessible for users of the guideline.

As part of this disclosure, the guideline development group should disclose all specific monetary values because COIs may arise at different levels in different settings. Reporting of actual or approximate amounts, if known, increases transparency. Registries of disclosures could be used.

Principle 5: All members of a guideline development group should declare and update any changes in interests at each meeting of the group and at regular intervals (for example, annually for standing guideline development groups).

Principle 6: Chairs of guideline development groups should have no direct financial or other relevant indirect COIs. When direct or indirect COIs of a chair are unavoidable, a co-chair with no COIs who leads the guideline panel should be appointed.

A relevant COI exists if it influences the direction or strength of a recommendation. An example of a co-chair without such conflicts is a methodologist who has no interest related to the direction or strength of the recommendation.

Principle 7: Experts with relevant COIs and specific knowledge or expertise may be permitted to participate in discussion of individual topics, but there should be an appropriate balance of opinion among those sought to provide input.

In some settings, persons who fulfil this role may be considered expert advisers who are neither voting nor nonvoting members of the guideline development group.

Principle 8: No member of the guideline development group deciding about the direction or strength of a recommendation should have a direct financial COI.

These members should not participate in this phase of guideline development. They should be physically absent from the discussion about the direction and strength of the recommendation.

4.3 Oversight Committee

The ESA Board of Directors is responsible for developing and implementing rules related to COIs.
In case of doubt about the relevance of the COI or its consequences, or in case of situations that can be designated as “sensitive”, the Board analyses the case and takes a decision on the COI and the appropriate position of ESA and involved ESA members/staff.
In complicated cases or when there are conflicts between parties, the Board will seek external advice and base further decisions on this advice. Among the external experts (a maximum of three), one will be a member of a Patients’ Organisation. The external experts’ recommendation will be considered by the Board of Directors when they take the final decisions.

5 External References

1* BioMed Alliance Code of Conduct 11-16
2* Eur_Heart_J-2012-ESC_REPORT-666-741 Policy Statement
3* Annals of Internal Medicine; Vol. 163 No. 7; 6 October 2015: Guidelines International Network: Principles for Disclosure of Interests and Management of Conflicts in Guidelines.
4* CHEST COI Policy 1603

6 Appendices

ADM_04_F1 COI disclosure form
ADM_04_F2 COI disclosure slide