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<http://www.tga.gov.au/about/tga-information-to.htm>.

Annual declaration of interests

For members of TGA expert advisory committees

Member name	
Committee name	Advisory Committee on Vaccines

The external committees of the TGA undertake a vital function in providing advice and expertise that is essential to the TGA in carrying out its regulatory functions. Members must have specialist knowledge and expertise in one or more designated areas and 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 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 and in a position 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 TGA requires members to notify 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 annually thereafter, as well as before, or at, meetings of the committee. A copy of the TGA Advisory Committee Guidelines: declaration of interests, managing conflicts of interest and confidentiality obligations can be found on the TGA website. (<http://www.tga.gov.au/about/committees-expert-guidelines.htm>)

Under regulation 42 of the Therapeutic Goods Regulations 1990 (Appendix 1) members of advisory committees of the TGA are required 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 the meeting¹. The committee then manages any possible conflict of interest by determining whether the member should participate in any consideration by the committee of that matter. The member must not, unless the committee agrees, be present during the committee's deliberation of a matter in relation to which the member has disclosed an interest. The member must not be present during the committee's deliberation about whether that member should be so present. Any disclosure must be recorded in the minutes of the meeting.

¹ More information can be found in the TGA Advisory Committee Guidelines: Declarations of interests, managing conflicts of interest and confidentiality obligations.

Section 1. Pecuniary interests (Please tick all boxes)

Interest	Myself	Immediate family or other relationship (of which you are aware)
a. 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"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b. Current shareholding through an unlisted managed fund or trust, if the member could significantly influence investment decisions	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
c. Other sources of funds or other benefits or advantage (including partnerships and trusts)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
d. Ownership of a patent for a therapeutic good or ownership of such a patent by employer	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
e. Board memberships (executive or non-executive) or other offices in a company in the last 3 years.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
f. Paid employment, contracting, consultancy, commissioned fee-paid work or work as a paid speaker or paid expert adviser in the last 3 years.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
g. Grants for overseas travel, research or education or paid conference expenses in the last 3 years.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
h. Holding a retainer or receiving pay for a company that manufactures or is a sponsor of therapeutic goods in the last 3 years.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
i. Significant hospitality in the last 3 years.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
j. A financial involvement in any therapeutic goods, or other products, services or matters having any connection with therapeutic goods, in the last 3 years.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
k. Other pecuniary interests	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Section 2. Professional interests

Interest	Myself	Immediate family or other relationship (of which you are aware)
a. Involvement in any company or organisation involved in the development, manufacture or marketing and distribution of therapeutic goods in the last 3 years, including membership of advisory board.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b. Accepting sponsorship of an event or for a professional organisation from such a company or organisation in the last 3 years.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
c. Participation in a clinical trial (whether as a principal investigator, contributor of patients or otherwise) in the last 3 years.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
d. Involvement as a researcher or in any other capacity in relation to therapeutic goods or their development in the last 3 years.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
e. Other professional interest.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

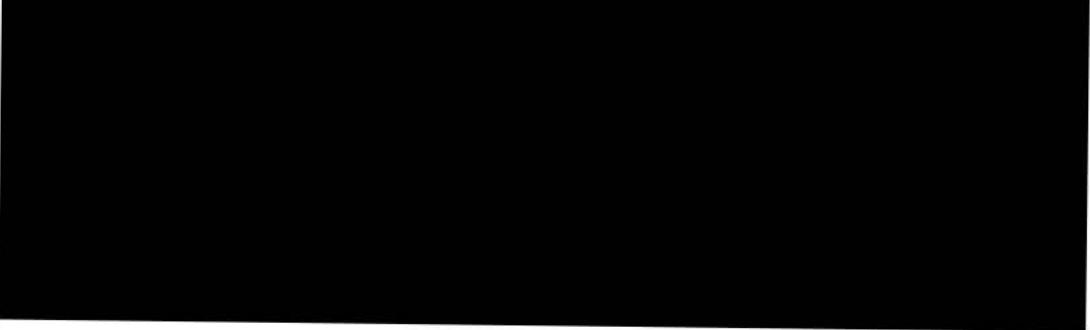
Section 3. Non-pecuniary interests

Interest	Myself	Immediate family or other relationship (of which you are aware)
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

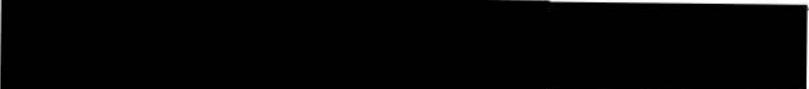
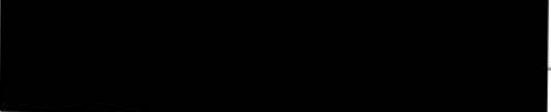
Interest	Myself	Immediate family or other relationship (of which you are aware)
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

For interests declared in Sections 1 to 4 above, please provide details below, including the type of interest, the relevant company/organisation and whether the interest is held by you or by your immediate family or other person. Please attach additional pages where required.

5. Declaration

Name

	
Signature	Date
	2. Dec. 2017.

