

DEVELOPING GUIDANCE ON ASSESSING AND MANAGING CONFLICTS OF INTEREST FOR A COMPLEX PUBLIC HEALTH RESEARCH CONSORTIUM

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Developing COI Guidance for a Complex Research Consortium

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ABSTRACT

What is new?	Conflicts of interest in public health research are often addressed through disclosure alone, which is insufficient to protect research integrity. This paper reflects on the process of developing and implementing a conflict of interest policy for a complex, multi-institutional and multi-sector research consortium.
What was the approach?	The research uses a reflective case study approach, drawing on documents and reflexive notes to document the development and implementation of a COI policy in a research consortium on the commercial determinants of health.
What is the academic impact?	The paper identifies practical steps and considerations for managing conflicts of interest in complex collaborative research settings, reflecting on key questions and challenges encountered during this process. It details an empirically grounded framework for governing conflicts of interest in research and advances understanding of how such policies can be operationalised in practice.
What is the wider impact?	The paper offers actionable guidance on designing and embedding conflict of interest policies in complex collaborations, supporting more robust research governance and helping to safeguard the integrity of public health research.
Keywords	Conflicts of Interest; Research Governance; Public Health Research; Commercial Determinants of Health.

INTRODUCTION

The risks to research posed by conflicts of interest (COIs) have been increasingly recognised in public health, medical and nutrition literatures (Adams & Gregan, 2024; Legg et al., 2021). COIs occur in situations where a researcher's primary interest conflicts with a secondary interest, for example the interest in receiving continued funding from a specific company to conduct more research on their products (Bero & Grundy, 2018). The implications of COIs in research span ethical, reputational, governance, neutrality and democratic risks to researchers and the scientific field more generally (Adams & Gregan, 2024). A particular issue in public health research is industry funding of science, which has been shown to be a key source of bias. Research from several fields has shown that industry-sponsored studies are more likely to have outcomes and conclusions that favour the sponsor's interests compared to studies that are not industry sponsored (Lesser et al., 2007; Lundh et al., 2017). For example, research on review articles of the harmful effects of passive smoking showed that the only factor associated with a review concluding that passive smoking is not harmful to health was an author's affiliation to the tobacco industry, even after controlling for article quality, topic, year of publication and peer review status (Barnes, 1998). This bias can emerge from the types of questions that are asked, the methods used to answer these questions, and the results that are eventually reported in resulting publications (Fabbri et al., 2018; Legg et al., 2021). For example, research into the sugar industry's historic influence on science demonstrates how research agendas aligned with the interests of the industry were consistently prioritised, while research that could have been harmful to those interests was held back (Kearns et al., 2015).

Addressing COIs pertaining to industry influence on science is particularly relevant in the context of the commercial determinants of health (CDOH) research agenda. Defined as the "systems, practices and pathways through which commercial actors drive health and equity" (Gilmore et al., 2023), research on the CDOH seeks to elucidate and address the various direct and indirect ways in which the private sector interacts with public health and equity. With roots in research on tobacco, alcohol, gambling and ultra-processed foods, the research agenda of the CDOH is in part based on the recognition that the primary interest of such industries – to maximise profits – conflicts with public health (Gilmore et al., 2023). One well-documented strategy industries use to maximise their profits is to influence science throughout the academic cycle, to undermine the knowledge base on the industry's products, practices and the system in which they operate (Bero, 2022; Legg et al., 2021). In response to evidence on the risks associated with industry influence on science, progress is being made to prevent, address or manage COIs. However, a 2021 review of policies for managing conflicts of interests in UK universities found that most universities' governance processes were "strikingly inadequate" (Collin et al., 2021). In a context of increasing pressure for collaboration, there is therefore a need for more guidelines on how to assess and manage conflicts of interest in scientific organisations (Parker & Bero, 2022). While this article focuses on conflicts of interest in public health research, the need for conflicts of

interest guidelines is not by any means limited to this area of research. While much literature on COIs has been focused in health-related research, similar concerns over COIs have been flagged in multiple other research areas, including in climate research (McGarity & Wagner, 2010; Weinkle et al., 2025), nanotechnology (McComas, 2012), chemical waste and pollution (Schäffer et al., 2023) and nuclear energy (Shrader-Frechette, 2011). Conflicts of interest, both individual and institutional, risk jeopardising the integrity of research in general, meaning that research groups in any field of research would benefit from having some understanding of the risk of COIs and guidelines to prevent, manage or mitigate these risks (Bero, 2022; Resnik, 2019).

It is within this context that a new research consortium on the CDOH set out to develop and implement a COI policy to protect the research consortium against COIs while acknowledging the complexity when working with diverse actors and institutions and that there is not always a shared understanding about norms and practices for addressing COIs across institutions. The scale of the research consortium and the fact that it includes members across institutions, sectors and academic disciplines created a complex context in which there were multiple participating institutions with their own policies, norms and working practices. For most academics, the time funded by this research consortium made up only a small percentage of their working week, and so any policy developed within this consortium would necessarily have to sit alongside other policies within their employer institution. The size of the consortium therefore created a more complex environment within which to develop a COI policy that fit with the policies and working practices of members across institutions and disciplines. At the same time, its scale also allowed the project leads to dedicate significant resource to the COI WG and development of the policy, and meant that we could include members from different institutions in the working group, which would not be feasible in a smaller project with fewer members and resources.

Our approach was informed by a recent review of COI policies in Russell Group universities in the UK, which highlighted the limited scope of these policies from a CDOH perspective (Collin et al., 2021). The review noted that existing COI policies were overwhelmingly focused on individual rather than institutional relationships, and so (with the exception of the tobacco industry) largely failed to consider tensions between industry objectives and university goals. None of the universities, for example, addressed potential scope for COIs with the food industry (Collin et al., 2021). Developing a COI policy through the research consortium was therefore necessary to provide guidance for researchers that their institutions lacked and could inform ongoing debates about how universities manage pressures for increased engagement with the commercial sector.

To this end, the consortium's strategic management group established a COI Working Group at its inception with the remit to develop and operationalise an effective COI policy. Funded by UK government funding through UK Research and Innovation (UKRI), Local Health and Global Profits (LHGP) is one of four research themes in the Population Health Improvement UK (PHI-UK) research network. Within this broader research

network, which is focused on health improvement and reducing health inequalities, LHGP focuses on the role of the commercial sector in driving ill health and health inequalities specifically. Other consortia within this network include those with a focus on healthy urban places, population mental health and policy modelling for health (<https://www.phiuk.org/>). LHGP brings together academics working in universities across the UK alongside non-governmental organisations (NGOs) and local, regional and national government stakeholders, working at the local government level in England to understand and address the CDOH (LHGP, 2024). While researchers work on CDOH as part of LHGP, they operate within universities and on other research projects, which adds a further layer of complexity about potential institutional conflicts of interest. Developing a COI policy and working towards a shared understanding on COIs is therefore key to the effective functioning of the research consortium, particularly given its focus on CDOH.

The aim of this paper is to discuss the process of developing and applying the LHGP COI policy. In sharing the purpose, rationale, design, and implementation of this policy, it is our aim that this reflective article helps other researchers and research funders consider how best to manage conflicts of interest in complex settings.

DATA AND METHODS

To write this paper, the authors collated documents produced during the establishment of the conflict of interest working group (COI-WG) and the development of the COI policy. The COI-WG was created at the start of the research project with the aim to develop the policy and dedicate capacity to the process of both developing and implementing it. These documents included (a) meeting minutes, (b) early drafts of the COI policy and relevant documentation, and (c) individual members' reflexive diaries and notes they made during this process. The members of the COI-WG jointly discussed these reflections in an iterative process at COI-WG meetings and via shared documents online, adding to and reflecting on each other's notes to deepen and expand our discussion in this paper. The lead author collated this information and developed common reflections and recommendations, grouping these into four stages of the policy development, with reflections and recommendations for each stage. As a final step, the paper was sent to the external advisors to the COI-WG for their input and reflections. In sharing the challenges that we grappled with during the process of setting up the COI-WG and developing the COI policy, as well as some of the trade-offs inevitably made during this period, we are not attempting to claim we 'got it right'. Rather, we aim to provide insights into the processes we worked through, and the difficulties, tensions, and vulnerabilities experienced. The full LHGP COI policy is available online at: phiuk.org/local-health-global-profits/lhgp-conflicts-of-interest-policy.

DEVELOPING A CONSORTIUM-WIDE COI POLICY

In the following section, we will discuss the steps the LGHP consortium took in setting up a consortium-wide COI policy, which are: 1) ensuring broad buy-in; 2) setting up a COI working group and defining its mandate; 3) drafting the COI policy; and, 4) embedding this policy in the research consortium. Table 1 presents an overview of the relevant policy documents, and Table 2 describes the four stages and details some recommendations we have for others seeking to develop a COI policy.

ENSURING BROAD BUY-IN FOR A COI POLICY

A key initial step for setting up a COI process is to ensure there is broad buy-in for a COI policy. This includes prioritisation from senior leadership who confirm that they are willing to dedicate resources to this effort. In LHGP, the principal investigator and co-investigators on the research consortium wrote the establishment of a dedicated COI working group into the grant application for the overall consortium. Written into this grant application was that one of the researcher co-investigators within the consortium was given responsibility for setting up this working group and COI policy, and had time allocated to this role. Considering COIs at the time of grant-writing, rather than further down the line was extremely helpful; it meant the COI-WG could be set up and adequately resourced soon after the start of the project. Given the nature of LHGP's work on the CDOH – where conflicts of interest are a core area of research interest – researchers in LHGP understood the importance of having a strong COI policy and the COI-WG therefore received widespread support from senior researchers in the consortium.

As LHGP is part of a wider research network, it was also considered important to create buy-in from the network of collaborators across PHI-UK, whose work on other areas of population health improvements means that they may not have been as familiar with COIs as researchers in the field of the CDOH generally are. This was important to promote that advisory boards or other steering groups of the wider research network also took COIs into account during recruitment. To this end, the senior leadership of LHGP made the case for the importance of COI policies to the wider PHI-UK consortium, and the COI-WG drafted a document that included a definition of COIs and a brief overview of the evidence on how COIs can impact research, making the case for the importance of developing a COI policy (see Table 1). This document was shared with the chair of the wider research network, for further dissemination within this network.

Definitions of both individual and organisational COIs can be a helpful guide to start thinking about how this might impact a specific research area. The COI policy will need to be specific to the needs of a specific research consortium, so it is important to take some time to reflect on how COIs might emerge within specific areas of research, policy or practice. Being specific about how COIs may impact research and why this matters will not only help create buy-in across the research consortium but will also be helpful

in setting the boundaries for which interests should or should not be considered part of the COI process, as will be described in step three.

SETTING UP A COI WORKING GROUP AND DEFINING ITS MANDATE

The COI-WG was key for ensuring dedicated capacity to develop, implement and oversee the COI policy. The COI-WG chair reached out to one researcher from each of the participating academic institutions to invite them to join the working group, with the intention to help ensure more effective understanding and implementation in all academic partners.

Working group membership aimed for representation across career stages to broadly reflect the wider consortium's composition of researchers. Members included early- and mid-career researchers and one of the deputy directors of the consortium; the consortium manager joined as observer. Members were individually invited by the working group chair, based on their area of research expertise and career stage, so as to ensure that perspectives from different institutions, research areas and career stages were represented in the group. Some of the consortium members also had extensive experience with researching COIs, and these were invited as either a working group member or external advisor, to ensure that the working group benefited from this research expertise. The group also had two external advisors who were selected based on their extensive research interest and expertise in COIs. One of these external advisors was a senior academic internal to the research consortium but not involved in the wider strategic management of the consortium. The other was an academic working in the lead university. In addition, the chair of the COI-WG, being an early-career researcher, was mentored in this role by the consortium's principal investigator (PI) who therefore also provided input on policies and documentation. One limitation here is that the WG membership only included academics and was not extended to the NGO partners in the LHGP consortium. While they were consulted during the process of developing the COI policy and declaration form for externals, their membership in the COI-WG may facilitate the translation of this policy to non-academic partners and will be considered for the group's future.

One reflection discussed in-depth during the initial stages of the working group was the scope of its mandate, especially in relation to how the consortium's COI policy links to employing institutions' COI policies and which would take precedence if they were to conflict. Consideration of the participating institutions' COI policies found these to be minimal, so an additional policy and guidance from the consortium was desirable. However, this did raise important questions around whether the consortium's COI policy could impact on people's employment. While for most industries the policy aims to foster transparency and dialogue on the implications of those relationships, the stance of LHGP is that any current or previous funding received from the *tobacco industry* within the last five years precludes someone from being employed in LHGP. All job advertisements funded at least in part by LHGP were therefore required to include the following question as part of the advertisement:

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“Please declare any current or previous occupational activity with any tobacco and/or nicotine company or those receiving financial contributions from the industry, whether gainful or not. To avoid potential conflicts of interest and to help ensure compliance with Article 5.3 of the Framework Convention on Tobacco Control (FCTC), we are unable to employ those who have been employed or funded by the tobacco industry in the last 5 years.”

“Please also declare any links to or work for other unhealthy commodity industries, notably ultra-processed foods, fossil fuels, alcohol, and gambling industries.”

However, this raised the question of what to do if a COI was reported by someone who was already employed, which would have prevented them from being employed if it were known during recruitment. LHGP’s stance on tobacco industry funding was not written into employment contracts, and this contract always takes precedence over the consortium’s COI policy. The mandate of the COI-WG was therefore limited to advise during recruitment, and to support consortium members and their line managers in managing any existing COIs. The COI-WG made it clear that any interests declared on the declaration of interest (DOI) form would have no implication for a person’s employment, and this was also written in the terms of reference of the working group, which states the following:

“Please note that the WG will not make a recommendation that impacts the employment contract of existing internal staff. If a specific conflict of interest would preclude someone from gaining employment with one of the collaborating institutions, this should be made clear and handled during the recruitment process (for example by asking applicants to declare COIs as part of their application) before an offer of employment is made.”

As presented in Table 1, the terms of reference for the COI working group sets out the mandate of the working group and process for assessing and managing declarations of interest in detail. The COI-WG used a flowchart (Appendix 1) to identify potential pinch points and establish clear lines of responsibility for different parts of the process. It also helped us think through who would make decisions about how to manage a declared COI. It was decided to again reiterate the role of the COI-WG as an advisory body to the strategic management group, which includes the PI, project manager and work package leads, and holds decision-making power in the consortium, including on whether to act on the COI-WG’s advice. The chair of the COI-WG provides a direct link with the strategic management group. Finally, an appeals process was put in place, so that any concerns regarding the COI-WG’s advice can be raised with the consortium manager, who will discuss this with the principal investigator of the consortium to make a decision on how to respond to the appeal. If required, they may also discuss an

anonymised version of the appeal during a strategic management group meeting from which any members of the COI-WG will be recused.

One challenge was developing a process for data sharing. Given the potentially sensitive information shared in DOI forms, we were conscious of risks to data protection and sought to minimise these by working with a data manager at the LHGP to ensure adequate data storage and sharing processes. As members of the working group worked across institutions, this limited the possible data sharing processes. For example, the working group set up a mailbox to which members of the consortium could send questions and documents. However, because this mailbox was hosted at the lead institution, only people employed at that university were able to gain access to it. With the help of a data manager in LHGP, the working group set up a system where confidential data was stored in a secure server at the lead institution, to which only members of the COI-WG were given access.

DEVELOPING A COI POLICY

The first tasks of the working group were to develop a COI policy and declaration of interest (DOI) form, so these could be distributed to all consortium members. The COI policy provided an overview of the consortium's stance on COIs, such as which activities or actors would be in scope. It also set out the process for assessing and managing COIs. The DOI form was intended to support this process, asking consortium members to declare specific interests to be assessed by the COI-WG.

In developing the COI policy and DOI forms, the working group familiarised themselves with relevant existing materials, notably the UKRI conflicts of interest policy (www.ukri.org/who-we-are/how-we-are-governed/conflicts-of-interests/), the Good Governance Toolkit (www.adph.org.uk/resources/good-governance-toolkit/), the SPECTRUM conflicts of interest policy (spectrum.ed.ac.uk/about/governance) and the COI policy and DOI form from the Tobacco Control Research Group (TCRG) at the University of Bath. The policy documents were developed through a highly iterative process where the WG chair led the drafting of the policy and members fed back via written comments which were discussed during WG meetings. The COI-WG quickly realised that there was a need for documents tailored to different audiences. As the consortium is comprised of NGO partners and policy-makers, in addition to academics, this led us to question for whom the policy was intended, and who should fill in the DOI form. There were concerns about being either too time-intensive or restrictive on the one hand and not capturing relevant interactions on the other hand. A balance needed to be struck so that any potential risks to the research were weighed against the burden placed on those having to engage with the research project. This led us to develop separate documents for different groups of people, splitting this between internals – i.e. those funded at least in part by the project – and externals (more detail on this distinction in the DOI forms is provided below). This provoked a question about what level of engagement with the research warranted being included in this group of 'externals' and therefore having to submit a DOI. We decided to include those whose

role may have an impact on the direction of the research, for example through participating in the advisory board and whose interests are therefore relevant to know. We decided to exclude research participants and leave it to the discretion of the lead researcher for each study to decide whether to ask participants to declare interests prior to participation.

We ultimately developed five separate documents as shown in Table 1.

Table 1 Overview of COI policy documents

Document No.	Title	Purpose
1	Conflicts of interest policy	To raise awareness about conflicts of interest, to outline the responsibilities relating to COIs of those funded by LHGP, and to outline LHGP’s approach to preventing and managing COIs.
2	Introduction to conflicts of interest	To provide a brief introduction to conflicts of interest and why it was important to LHGP to develop a COI policy.
3	Terms of reference for the COI working group	To provide an in-depth overview of the COI working group and the process for assessing and managing COIs in LHGP.
4	Declaration of interest form for internals	A form for those internal to LHGP (i.e. who are at least in part funded by LHGP) to declare their interests.
5	Declaration of interest form for externals	A form for those external to LHGP to declare their interests.

Conflicts of Interest Policy

The COI policy is the main document that those working for or with LHGP will come into contact with. Its purpose is three-fold: to raise awareness of the extent and range of conflicts of interest; to outline the responsibilities of those funded by LHGP; and to outline the approach for preventing and managing COIs to ensure the integrity of our research and the reputation of the consortium.

The policy distinguishes between individual and institutional conflicts of interest. Individual conflicts of interest arise when an individual’s independence, judgment or actions relating to their primary interest have the potential to be, or are perceived to be, unduly influenced by a secondary interest (Brook & Korner, 2024). Institutional conflicts of interest occur when there is potential for an organisation’s primary aims, independence or objectivity to be, or to be perceived to be, unduly influenced by the

conflicting interest of another organisation, group or individual (Brook & Korner, 2024). Both are relevant to the COI policy, although the DOI form focuses on declaring individual COIs, as will be discussed below. The policy also distinguishes between the tobacco industry and other industries, as COIs with the tobacco industry definitively preclude employment with LHGP, while COIs with other industries are cause for open dialogue and management or mitigation strategies to be developed.

The approach laid out in the COI policy is built on four key principles, stating that LHGP and its partners:

1. Recognise that the core mandate of LHGP is to conduct independent, high-quality research in the public interest and act in accordance with, and support of, this mandate;
2. Ensure that all key decisions about the direction of the research are free from undue influence;
3. Aim to prevent COIs where possible, and otherwise minimise and manage COIs through a process of openness and transparency; and
4. Remain vigilant of potential COIs and aim to identify and mitigate or manage their impact, should they arise.

The full policy is available upon request from the corresponding author or online at: phiuk.org/local-health-global-profits/lhgp-conflicts-of-interest-policy.

Declaration of Interest Forms

When developing the DOI forms to operationalise this policy, we distinguished between those internal and those external to LHGP. Those external to LHGP were asked to fill in a DOI form prior to their first engagement with LHGP and update this annually if necessary, as in the case of the advisory board.

Those internal to LHGP were required to fill in a DOI form as soon as possible after commencing employment, and update this annually. As part of this form, people not only declared existing interests, but agreed to adhere to good practice, including: not to take funding from commercial actors with conflicting interests, including but not limited to those outlined in the DOI form (which are the nicotine, pharmaceuticals and medical technologies, food and drink, chemicals, alcohol, fossil fuels, car, extractive, gambling and cannabis industries) for the duration of the consortium; not to engage in activities which involve commercial actors with conflicting interests during the course of the consortium's work, unless the benefits of such an interaction clearly outweigh the risks; and, not to accept employment from any of the commercial actors listed in the introduction to the DOI form for a period of at least one year post employment by LHGP.

When developing the DOI form, questions arose around the scope of the relevant interests and whether this was limited only to the individual's interests or included the interests of close colleagues, family members or even the institution that employed them. Members within LHGP work across universities, some of whom may accept

funding from commercial actors that are included on our declaration of interest list. While CDOH researchers in LHGP may have an understanding of the importance of COIs, these norms and practices may not be shared by the institution they work for, adding a level of complexity to questions around what interests are in and out of scope for these declarations. While the interests of the institution that people work for may impact them, this is not something that people can be expected to know in full, or something they are generally able to influence. For pragmatic reasons, we therefore decided not to ask people to declare the interests of their employer. Similarly, we excluded things like pension funds, which may invest in industries opposed to the interests of the research, but which is again not something people can be expected to be aware of or are able to change. In navigating through this question, we followed the example of another research group at the University of Bath (the Tobacco Control Research Group) and asked people to focus on the following types of COIs and declare these as they were known to them:

1. Financial interests via ownership of stocks and shares (excluding pensions), previous (last five years) employment, grants, consultancies, fellowships or paid expenses (e.g. to attend conferences). Organisational financial interests (for instance a grant to your current research team or former employer) may also be relevant here, if known.
2. Non-financial relationships, whether personal or professional (for instance, collaborative working such as unpaid advisory positions or co-authoring papers with interested parties).
3. Someone close to you (a close family member, partner, close friend) has interests of these kinds even if you do not yourself. For instance, someone that you may speak to about your work.

To aid people in identifying which interests or interactions may be relevant to declare, they were encouraged to reach out to the working group for advice. In addition, the COI policy suggests making use of the Integrity Matrix developed by Marks (2019) which was included in the policy and a template was made available for people to fill in. When someone submits a DOI, two members of the COI-WG independently assess the declared interest and record their assessment, categorising the interest as either no/minimal risk, potential risk or serious risk. Any instances of potential or serious risk, or when there is no consensus on there being no/minimal risk, are discussed at the next COI-WG meeting. At this meeting the group will refer to the policy and the COI process to discuss next steps. If consensus is reached on there being no/minimal risk, no further action is required. If there is no consensus that there is no/minimal risk, the group can decide to either request input from the external advisors, request more information from the person making the declaration, or flag the risk and make a recommendation to the SMG.

EMBEDDING PROCESS OVER THE LONGER TERM

The final, ongoing, step is embedding the COI process in the research consortium over the longer term. Key to this is getting members to regularly update their DOIs and having the capacity to process these DOIs. In LHGP, the chair of the COI-WG sends out an email to all LHGP members annually asking them to update their DOI form if their situation has changed. Similarly, the COI policy is not a static document but will be revisited annually by the COI-WG and updated if necessary. All updates will be tracked and previous versions stored. To enable the COI policy to be updated regularly, the COI policy is available online at: phiuk.org/local-health-global-profits/lhgp-conflicts-of-interest-policy.

Following the development and implementation of our COI policy, the authors have collated common reflections and recommendations based on our experience of this process, grouping these into four stages of policy development with reflections and recommendations for each stage. These are presented below in Table 2.

Table 2 Recommendations for others seeking to develop a COI policy as part of their research

Step	Recommendations for setting up a COI policy
Ensuring broad buy-in for a COI policy	<p>Development of a COI policy should ideally be built into the research design and funding application, so it can become a deliverable with dedicated time and resource</p> <p>Failing that, it is essential to ensure senior buy-in and adequate resource allocation from across the consortium for the development of a comprehensive, consortium-wide COI policy as early as possible during grant implementation</p> <p>It is helpful to be clear on what is meant by COIs, which COIs are included in this definition, and why they are important to the research.</p>
Setting up a COI working group and defining its mandate	<p>Ensure appropriate membership in the group, balancing expertise and capacity for delivery</p> <p>Ensure clear mandate, and reporting and decision-making structures</p> <p>Ensure clear decision-making process – e.g. is consensus required? How will disagreement be dealt with?</p> <p>Establish trust within the group and for the group within the consortium from the start. For the process to work, members need to share sensitive information and trust the group to deal with it confidentially and adequately</p>

Step	Recommendations for setting up a COI policy
	Get advice on data management so that data is stored securely and all members of the working group can access this data.
Developing a COI policy	<p>Establish who the audience for the COI policy is, and whether there are different groups that require a different process or policy</p> <p>Decide on whether research participants are included in this process or, if not, what other process they require and who is responsible for this.</p> <p>Define the key principles for the research consortium and use these as a basis to develop the policy.</p>
Embedding the process over the long term	<p>Decide on the frequency of asking research consortium members to engage with the COI policy and process</p> <p>Set out clear responsibilities for who leads on sending out reminders and keeps the process going</p> <p>Decide how often the COI policy and process need to be revisited and by whom.</p>

CONCLUSION

When it comes to conflict-of-interest policies, there is no one size fits all. This article has presented reflections on the development process of the LHGP research consortium COI policy. The complexity of the LHGP research consortium, including its close ties across academic institutions and beyond academia, means both that this process may have been more complex than for other research projects, while also benefitting from more dedicated resource than other research projects may have. Moreover, the distinctive focus on CDOH means that issues around COI are core to the activities and identity of the research consortium, and familiar to many of its researchers, in ways that may not be the case for other research areas. Nevertheless, we hope that the basic approach and reflections that accompany each of the steps in this approach will be valuable to others, as they outline some generalisable questions that may arise when setting out to develop a COI policy in research.

Nearly one year into having set up the above process, our experience with operationalising this process has been positive. Consortium members have asked the COI-WG for advice on several occasions, and the working group in turn has asked its external advisors for additional advice in some cases. Thus far, the process has allowed any issues to be resolved. There were some parts of the process that could have perhaps moved faster or that we might have been done differently. For example, working group membership is currently limited to academics. In the future, we may consider extending involvement to our NGO partners, especially as the research

increasingly engages with policymakers and practitioners, which may require some of the materials to be translated to a non-academic audience.

One of the challenges of developing a COI policy for LHGP specifically was the dynamic and at times unpredictable nature of the research itself. When developing the policy, we did not yet know who all our collaborators would be, nor which research activities we would undertake with different participants. For this reason and others, it was helpful to explicitly exclude research participants from this COI policy. Our experience reiterates the importance of revisiting a COI policy throughout the duration of a research collaboration, enabling the policy and process to respond to emergent situations and potential issues while retaining core principles and procedural elements that all members of the consortium are comfortable with and that protect the integrity of the research.

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DECLARATION OF INTEREST

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BIOGRAPHIES

Amber van den Akker is a Research Associate in the Centre for 21st Century Public Health at the University of Bath, UK. Her research explores pathways to address the commercial determinants of health through a complex systems approach, focused on corporate influence on public health policy. Amber is currently working on the Local Health and Global Profits (LHGP) project, which is part of UKRI Population Health Improvement UK, a national research network which works to transform health and reduce inequalities through change at the population level.

Elizabeth McGill is an Assistant Professor in Public Health at the London School of Hygiene & Tropical Medicine. Her research focuses on complex systems approaches to evaluation, the commercial determinants of health and health inequalities. She also has a particular interest in building research capability and capacity in local government settings.

Nason Maani is Senior Lecturer in Inequalities and Global Health Policy at the University of Edinburgh's Global Health Policy Unit, in the School of Social and Political Science. His research focuses on the commercial determinants of health, seeking to describe the mechanisms through which commercial actors affect health inequalities, knowledge, and public discourse. He is deputy director of the Local Health, Global Profits research theme within UK Population Health Improvement, and a work package co-lead on the NIHR ACORDS project on the commercial determinants of health in sub-Saharan Africa. He is editor of the Oxford University Press textbook "the Commercial Determinants of Health", and author of the upcoming book "A Healthier Profit", to be published in 2027 by Oxford University Press. He is a Commonwealth Fund Senior Harkness Fellow, a Fellow of the UK Royal Society of the Arts, a regular essayist on Substack and the host of Money Power Health, a podcast series discussing the social and commercial forces that shape health.

Nancy Karreman is a Research Associate in the MRC Epidemiology Unit at the University of Cambridge School of Clinical Medicine. Nancy's research addresses how language is used to frame arguments in UK dietary public health policy. Her work employs qualitative methods drawn from sociology, political science, and policy studies.

Alice Fabbri is a public health physician. Her research has focused on conflicts of interest and the commercial determinants of health.

Jeff Collin is Professor of Global Health Policy at the University of Edinburgh. A political scientist by background, his research centres on the regulation of unhealthy commodity industries and their engagement in health governance. This seeks to develop strategies

for managing conflict of interest and promoting policy coherence to address the commercial determinants of health and tackle non-communicable diseases. He co-leads ACORDS a new NIHR Global Health Research Group 'Addressing the Commercial Determinants of Health in Sub-Saharan Africa'. Jeff's engagement with international organisations includes work on developing approaches to managing conflict of interest in health policy with WHO, PAHO and WHO Europe, and he has worked extensively with government agencies and with civil society organisations.

Anna Gilmore is Professor of Public Health, Founding Director of the [Tobacco Control Research Group](#) and Co-Director of the [Centre for 21st Century Public Health](#) at the University of Bath, and Adjunct Professor at the School of Medicine, Trinity College Dublin. As well as evaluating the impacts of public policies, she has critically examined commercial sector influences on health (an area now known as the commercial determinants of health) since 2002. In 2012 her team established the ground-breaking knowledge exchange platform www.TobaccoTactics.org. She currently leads the [Local Health Global Profits](#) research consortium, part of Population Health Improvement UK.

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