



# **ACCREDITATION CONFLICT OF INTEREST POLICY AND PROCEDURE**

## Policy Statement

The South Australian Medical Education and Training (SA MET) Health Advisory Council (the Advisory Council) is committed to having accreditation processes that are transparent, impartial and without undue influence or interference from any person or organisation, including government, health facility or professional association.

This policy outlines a governance framework for identifying and managing conflicts of interest that will arise from time to time in the SA MET Unit, accreditation teams, the Advisory Council and the Advisory Council Accreditation Committee (the Accreditation Committee).

For the purpose of this policy a conflict of interest is a set of circumstances that create a risk of professional judgement or actions being unduly influenced by a personal interest.

## Scope

This policy applies to all SA MET Unit staff, members of accreditation teams and members of the Advisory Council and the Accreditation Committee who are involved in any aspect of the accreditation process including, but not limited to, the following activities:

- Review of local health network (LHN) accreditation submissions
- Supporting and advising facilities in accreditation preparation
- Analysis of accreditation data
- Supporting and advising accreditation teams at visits and in report development
- Review of accreditation reports
- Participating in discussions on accreditation matters
- Formulation of accreditation provisos, recommendations and commendations
- Monitoring progress on accreditation provisos and recommendations

## Context

The accreditation process draws people of broad experience from public and private health services to participate on accreditation teams or have membership of the Advisory Council or Accreditation Committee. These roles have the potential to conflict with employment or personal interests which could lead to an actual or perceived bias in accreditation decisions.

Examples of a perceived or actual conflict of interest include where an SA MET Unit staff member, accreditation team member, Advisory Council member or Accreditation Committee member:

- is currently or was recently employed at a facility or LHN being visited
- has professional or financial involvement in the facility or LHN being visited
- has a current application for employment at the facility or LHN being visited
- has a significant relationship with a person, for example a spouse, either directly involved in medical education of Trainee Medical Officers (TMOs), or an interest in an accreditation decision, for example a Director of Clinical Training (DCT), Medical Education Officer (MEO) or Director of Medical Services (DMS) at the facility being visited
- has professional, personal or financial interests which may conflict, or be perceived to conflict, with the accreditation function.

A TMO member of an accreditation team undertaking a unit visit may be employed by the same LHN, but not work at the same primary facility.

## Principles

The following principles govern the SA MET Unit management of conflict of interest:

- Transparency and accountability
- Fairness and integrity
- Impartial and objective decision making
- A high standard of ethics

## Responsibilities

Responsibility for the management of the Conflict of Interest Policy and Procedures rests with the Advisory Council supported by the Accreditation Committee and the SA MET Unit.

### **SA MET Unit will:**

- Identify where a conflict of interest could exist
- Notify the Chair of the Advisory Council and Chair of the Accreditation Committee where there is a concern that a conflict of interest exists
- Restrict access to relevant materials where a conflict of interest exists.

### **Advisory Council and Accreditation Committee members will:**

- Disclose any actual or perceived conflict of interest with agenda items at the beginning of meetings or during the meeting should a conflict of interest become evident.

### **The Advisory Council and Accreditation Committee will:**

- Include declaration of conflict of interest as a standing agenda item
- Ensure conflicts of interest are identified in the minutes and that the member with a conflict of interest does not take part in any discussion or vote on the matter

### **Accreditation team members will:**

- Notify SA MET Unit if they believe their role on an accreditation visit could be seen as an actual or potential conflict of interest.

### **LHN undergoing accreditation will:**

- Notify SA MET Unit in writing if they are aware of any conflicts of interest that could influence the outcome of an accreditation visit.

## Procedures for Managing Conflict of Interest

To ensure there is confidence in the accreditation processes the following steps will apply to manage conflict of interest.

1. All Advisory Council, Accreditation Committee and accreditation team members will complete a Confidentiality and Conflict of Interest declaration.
2. All conflicts of interest will be entered on a register to be updated regularly.

3. LHNs will be notified of the membership of accreditation visit teams at least two weeks prior to a visit and will be required to respond in writing to confirm that a conflict of interest either does or does not exist.
4. Any informal notification, which includes 'off the record' information, of a perceived or actual conflict of interest of an accreditation team member or SA MET Unit staff member must be recorded and investigated.
5. The response to any informal or 'off the record' notification, which will include informing the team member or SA MET Unit staff member, must also be recorded and notified to the facility concerned.
6. If a conflict of interest emerges during an accreditation visit the nature of the conflict is to be recorded and the team leader is to advise the SA MET Unit. Depending on the level and nature of the conflict the team member may be asked to abstain from participating further in the visit and not contribute to the accreditation recommendation, at the team leader's discretion.
7. Members of the Advisory Council or Accreditation Committee that have registered a conflict of interest will not receive any material related to the matter.
8. If a conflict of interest emerges during discussion of an accreditation matter at Advisory Council or Accreditation Committee meeting the nature of the conflict is to be minuted and it will be at the Chair's discretion whether the member remains in the room or is asked to remove themselves. The action taken in the meeting in response to the identified conflict is to be minuted.

## Monitoring

This policy and procedure will be reviewed on annual basis.

## Definitions

**Actual conflict of interest** – an actual conflict of interest exists where a person's current employment or financial interests, or personal relationships could compromise their impartiality in contributing to accreditation decisions or having membership of an accreditation team.

**Perceived Conflict of Interest** – a perceived conflict of interest exists if it can be perceived by others that a conflict of interest could exist that may affect the person's capacity to be seen as being independent.

**Potential conflict of interest** – a conflict may arise if a particular set of circumstances should occur.

## Relevant Legislation

Public Sector (*Honesty and Accountability*) Act 1995

Public Sector Act 2009

Health Care Act 2008

## Relevant SA IMET Policies and Guidelines

SA MET Accreditation Policy

SA MET Accreditation Visitor Guide

## Other relevant documentation

Code of Ethics for the South Australian Public Sector

Government of South Australia Honesty and accountability of members of government boards

## Document history

<b>Date effective</b>	<b>Author/Editor</b>	<b>Approved by</b>	<b>Version</b>	<b>Change Reference</b>
March 2014	Project Officer, Accreditation	SAMET Health Advisory Council	0.7	Original document
February 2015	Project Officer, Accreditation	Senior Project Officer, Accreditation	1.0	Updated to align with new standards and processes

# Confidentiality Agreement and Conflict of Interest Declaration



I, ..... give this agreement to the South Australian Medical Education and Training (SA MET) Health Advisory Council (the Advisory Council).

I acknowledge that all information to which I gain access as a result of my work as an accreditation team member for the Advisory Council and/or as a member of the Advisory Council Accreditation Committee, including information provided by the health service, documents relating to accreditation visits and any report I author or co-author in this capacity is confidential and will be used for the sole purpose of fulfilling my role as an accreditation team member and/or member of the Advisory Council Accreditation Committee.

I acknowledge that any perceived or actual conflict I may have between my membership of the Accreditation Committee or an accreditation team and my professional or personal interests must be fully disclosed in this form in accordance with the SA MET Accreditation Conflict of Interest Policy. I acknowledge and agree to comply with any approach for removing or managing a perceived or actual conflict of interest.

## The terms of the agreement are:

1. I will not disclose, either directly or indirectly, the contents of any accreditation team reports, associated material or data without prior written authorisation from the Advisory Council Accreditation Committee Chair.
2. I will take all reasonable steps to ensure that any person, other than those persons permitted by SA MET, does not have an opportunity to inspect or otherwise have access to confidential accreditation information.
3. I have read and understood the SA MET Accreditation Conflict of Interest Policy and have made a full and frank disclosure of interests that may put me in a conflict of interest situation.
4. I will take all reasonable steps to notify SA MET of any conflict that arises through professional or personal interests in the future.

I have professional, personal or personal interests which may conflict, or be perceived to conflict with the SA MET accreditation function as outlined below:

Nature of the interest (professional, employment, personal, financial, other)	Name facility, private practice, or LHN

**NAME:** *(please print):*

**SIGNED:**

**DATE:**    /    /