

<b>Policy name:</b>	<b>Conflict of Interest</b>
<b>Subject:</b>	<b>Identification and management of conflict of interest in the Accreditation process</b>
<b>Date approved:</b>	<b>13 May 2015</b>
<b>Date of review:</b>	<b>May 2019</b>
<b>Responsible Officer</b>	<b>Chair, Accreditation Subcommittee and Secretariat of Accreditation Subcommittee</b>

### **Policy Statement**

Postgraduate Medical Education Council of Tasmania (PMCT) recognises it is important to ensure that the accreditation process is fair and impartial, thus all participants in the accreditation process must avoid situations in which real and perceived conflicts of interest can arise. This policy provides guidelines for situations that may give rise to real or perceived conflicts of interest and provide a method to deal with these conflicts.

A conflict of interest can be described as a situation where a representative of PMCT (or his/her partner, family member or close friend) has a direct or indirect pecuniary or professional advancement or other interest which influences or may reasonably be believed to influence considerations or decisions relating to PMCT business.

Conflicts of interest are to be expected and are not always avoidable – in fact; they are virtually inevitable where the decision-making processes take place in smaller population centres. Participants in the accreditation process may have the potential for a conflict of interest, simply due to the fact that Tasmania has a smaller number of health services and senior medical staff in comparison to other states in Australia.

This policy is reviewed every four years, or more frequently, if deemed necessary by the Accreditation Subcommittee.

### **Potential Conflicts of Interest**

A conflict of interest may also exist where a member of the Board, Subcommittee, survey team or a PMCT employee has:

- Been previously employed by (or offered a service to) the health service being accredited in any role that influences accreditation;
- A current application for employment at the health service to be accredited;
- Professional or financial involvement in the health service;
- Membership or affiliation with an outside entity that conducts business in an area closely related to PMCT; and/or
- A close or personal relationship with a person either directly involved in medical education of interns, or a stakeholder with an interest in the accreditation (e.g. DCT, MEA, etc.) at the health service being accredited.

### **Accreditation Survey Team**

Intern training programs are carried out at four sites within Tasmanian Public Hospital system and the accreditation survey team is appointed from a small number of eligible. A way of addressing this issue is to invite potential accreditation survey team members from other Australian states, and who do not identify as having a conflict of interest, to join the survey teams.

A survey team normally comprises three to four people, with a minimum of three people, who represent any of the following medical education stakeholder groups:

- Clinician/Term Supervisor;

- Junior Medical Officer (JMO) (Intern through to Registrar);
- Director of Clinical Training (DCT);
- Medical Education Advisor;
- Medical Administrator; and
- Co-opted members as approved by the Accreditation Subcommittee
- Where possible, an Interstate accredited surveyor (except in extenuating circumstances when no interstate surveyor is available to attend)

At least one member of the team will be a member of the Accreditation Subcommittee. The Accreditation Subcommittee may require that the survey team comprises one or more survey team members from interstate

The survey team members are not employed by the health service they accredit, but may be known to staff within the health service being accredited.

### ***Identification of Conflicts of Interest***

The health service being accredited has the right to formally object to the inclusion of a survey team member where they consider a conflict of interest exists. A survey team member can also identify a conflict of interest and decline to participate in a survey. PMCT can also identify potential conflicts of interest. The *PMCT Conflict of Interest – Declaration and Record Form* (attached) is required to be completed by all members of the Survey Team and reviewed by the Chair of the Accreditation Subcommittee or the Chair of PMCT Board whichever is applicable.

The following questions which may assist in identifying if a conflict of interest situation has or could arise:

- Do I have personal or private interests that may conflict, or be perceived to conflict, with my duty to PMCT?
- Could there be benefits for me now, or in the future, that could cast doubt on my independence or objectivity?
- How will my involvement in the decision or action be viewed by others? Are there risks associated for me or PMCT?
- Does my involvement in the decision appear fair and reasonable in all the circumstances?
- What are the consequences if I ignore a conflict of interest? What if my involvement was questioned publicly?
- Have I made any promises or commitments in relation to the matter? Do I stand to gain or lose from the proposed action/decision?

### ***Disclosure***

In any matter where a conflict of interest arises, the conflict must immediately be reported by the individual or health service to PMCT. Team members who believe that they may have a conflict of interest must formally present this to PMCT in writing within a week from the report. Health services can formally object in writing to PMCT. A *Conflict of Interest – Declaration and Record Form* (attached), available from PMCT, is required to be completed.

### ***Management of Conflicts of Interest***

On receiving the formal objections, PMCT will refer the matter to the Accreditation Subcommittee for consideration. The Accreditation Subcommittee will:

- Meet to consider the conflicts of interest/s within two weeks of receiving the objections and determine if a substitute survey member is required;
- Decide on the potential substitute survey team member/s (either in Tasmania or another state/territory in Australia);

- Invite the identified new survey team member/s to be part of the accreditation survey, whom will receive the appropriate training and be appointed as a team member; and
- Advise PMCT of the outcomes.

The management process via the Accreditation Subcommittee will be recorded and relevant documentation will be stored with the Executive Officer of PMCT and the Chair of the Accreditation Subcommittee.

If, in the case it is believed that a member of the Survey team or a subcommittee member has failed to disclose a conflict of interest, the Chair of the Subcommittee or the Chair of the Board shall inform, within one week of obtaining this information, in writing, the member of the basis of the conflict (perceived or actual) and afford natural justice to explain the potential failure to disclose said conflict.

The response to the allegations must be received by the Chair in writing within one week and after making the necessary investigation the Chair may refer the allegations to the Board for their deliberations, if it has been deemed that the conflict of interest was in fact actual. The possible actions are removal from the Survey team or the Accreditation Subcommittee.

#### **Accreditation Subcommittee Members**

PMCT also recognises that real and perceived conflicts of interest can apply to the Accreditation Subcommittee. Subcommittee meetings will begin with a formal request for members to declare conflicts of interest.

Potential conflicts of interest identified for the survey team members also apply to the Subcommittee members (refer to potential conflict of interests above). A Subcommittee member can also identify a conflict of interest and decline to participate in a survey.

PMCT can also identify potential conflicts of interest.

#### ***Disclosure***

Subcommittee members who believe that they may have a conflict of interest must formally present this to PMCT in writing. A *Conflict of Interest – Declaration and Record Form*, available from PMCT, is required to be completed.

All Accreditation Subcommittee members and those who commence a new position on the Accreditation Subcommittee must, at least once yearly and/or whenever a new conflict of interest may occur, complete a Conflict of Interest form and provide it to the Accreditation Subcommittee Secretariat, for approval by the Chair and for tabling at the next Accreditation Subcommittee meeting. This conflict will be recorded in the minutes of the Accreditation Subcommittee.

#### ***Management of Conflicts of Interest***

On receiving the formal objections, PMCT will refer the matter to the Board and the Board will:

- Meet to consider the conflicts of interest/s within two weeks of reception of the objections and determine if a substitute subcommittee member is required;
- Decide on the potential substitute subcommittee member/s (either in Tasmania or another state/territory in Australia);
- Invite the identified new member/s to be part of the Subcommittee; and
- Advise PMCT of the outcomes.

The management process via the Board will be recorded in the minutes and relevant documentation will be stored with the Executive Officer of PMCT and the Chair of the Accreditation Subcommittee.

**Conflict of Interest – Declaration and Record Form**  
**Accreditation Subcommittee and Accreditation Processes**

**Part A**

To be completed by accreditation survey team member or leader/Accreditation Subcommittee member who identifies a conflict/s of interest as part of the PMCT accreditation process.

Return completed form to Secretariat, PMCT, PO Box 1916, Hobart TAS 7001,  
or Fax: 03 6222 7548

Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**Describe the nature of the matter or issue that is the subject of the possible conflict of interest.**  
(Attach further information and accompanying documentation if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Part B**

To be completed by Chair, Accreditation Subcommittee or Chair of PMCT (if applicable)

This conflict of interest has been received and discussed and has been resolved/has not been resolved at the Accreditation Subcommittee held (date) \_\_\_\_\_

If the issue has not been resolved, further action includes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Acknowledged by Chair, Accreditation Subcommittee

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Definitions

**Real conflict of interest:** A real conflict of interest arises where the private interests of an individual interferes with the individual's public duties and responsibilities.

**Perceived conflict of interest:** A perceived conflict of interest arises where there is room for perception that an individual's private interests could improperly influence, or may have improperly influenced the performance of the individual's duties.

**Potential conflict of interest:** A potential conflict of interest is where the private interests of an individual could interfere with the individual's official duties at some point in the future.

## References

Government of Western Australia, Department of Health. *Managing Conflicts of Interest Guidelines*. Available at <http://www.health.wa.gov.au/CircularsNew/attachments/453.pdf>

Submission of the Integrity Commission October 2013

<http://www.parliament.tas.gov.au/ctee/Joint/Submissions/Integrity%20Commission,%20Submission%20to%20the%20JSC,%20Vol%201%282%29.PDF>

Independent Commission Against Corruption (ICAC) Identifying and managing conflicts of interest in the public sector July 2013 [www.icac.nsw.gov.au](http://www.icac.nsw.gov.au)

Ethics and Integrity Resources: Checklist: identifying conflict of interest risk areas in business/service areas [www.integrity.tas.gov.au](http://www.integrity.tas.gov.au)