

	<p><b>POLICY</b></p> <p>Number: 7311-30-005  Title: CONFLICT OF INTEREST</p>
<p>Authorization</p> <p>[ ] President and CEO  [X ] Vice President, Finance and Corporate Services</p>	<p>Source: Director, Human Resources  Cross Index: 7311-10-001, 7211-10-002, 7311-75-003  Date Approved: June 23, 1999  Date Revised: March 13, 2017  Date Effective: March 16, 2017  Date Reaffirmed:  Scope: SHR and Affiliates</p>

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**OVERVIEW**

Conflict of interest may arise during the course of employment/relationship with Saskatoon Health Region (SHR). Conflict of interest situations can make it difficult for staff to act impartially. Conflict of interest situations may also lead to lack of transparency or perhaps foster secrecy and erode trust. This policy outlines potential conflict of interest situations that may be experienced by SHR staff from time to time.

**DEFINITIONS**

**Conflict of interest** means any situation in which staff or some other person, attempt to promote a private, professional or personal interest which results or appears to result in:

- (i) an interference with the objective exercise of duties for SHR, or
- (ii) a gain or an advantage by virtue of position with SHR.

**Actual (conflict of interest)** means a direct conflict between an individual's current duties and responsibilities and existing private interests.

**Potential (conflict of interest)** means where staff have private interests that could conflict with official duties in the future. A potential conflict of interest incorporates a concept of foreseeability when staff can foresee that a private interest may someday be sufficient to influence the exercise of their duty, but has not yet; these individuals are in a potential conflict of interest.

**Perceived (conflict of interest)** means situations where it could be perceived, or appears, that an individual's private interests could improperly influence the performance of their duties, whether or not this is in fact the case. A perceived conflict of interest exists when there is a reasonable apprehension, which a reasonably well-informed individual could properly have, that a conflict of interest exists.

**Manager** means out of scope direct report or Department Head.

**Political Donations** means monetary contribution (e.g. political party membership fee, premier's dinner, political party golf tournament) or in-kind contribution (e.g. free use of staff, office space, other material).

**Private Practice** means the provision of services to individuals, groups or agencies, excluding that by physicians, such that SHR staff receive a fee directly from the patient/client/resident or third party which is generally understood to be personal income.

**Relatives** mean spouse, mother, father, grandparent, grandchild, brother, sister, common law relatives, son, daughter, or immediate in-laws.

**Staff** means SHR employees, affiliate employees, practitioner staff, professional staff, contractors, vendors, students and volunteers; includes Staff on a leave of absence.

## 1. PURPOSE

The purpose of this policy is to establish SHR's requirements regarding conflict of interest. This policy also clarifies activities and relationships which are or may constitute a conflict of interest (see Appendix A).

## 2. PRINCIPLES

- 2.1 SHR relies on staff to uphold SHR's *Code of Conduct/Our Values in Action* by ensuring personal interests do not interfere with or influence their decision making process or duties.
- 2.2 SHR upholds the highest standard of public trust and integrity.
- 2.3 SHR is committed to promoting a transparent standard of conduct that preserves and enhances public trust and confidence in the integrity, objectivity, and impartiality of its clinical and business activities.
- 2.4 Professional codes of ethics as well as the by-laws of professional associations also guide conflict of interest situations.

## 3. POLICY

### General

- 3.1 Staff are required to avoid placing themselves in a conflict of interest which impairs, compromises, or can be objectively perceived as impairing or compromising their judgment or duties.
- 3.2 Staff must disclose situations, relationships and/or activities that are, or maybe an actual, potential or perceived conflict of interest (see procedure).

### Acceptance of Gifts or Benefits<sup>1</sup>

- 3.3 Staff should never accept any gift, payment, honorarium, gratuity, service or benefit which is actually, or could be viewed as, a payment for services provided through his/her employment or relationship with SHR.
  - 3.3.1 Staff are not permitted to accept cash.
  - 3.3.2 Any gift or benefit that could be viewed as payment for service must be declined. The individual offering the gift or benefit must be directed to the respective Foundation.

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<sup>1</sup> Saskatchewan Public Service Commission, Conflict of Interest Policy, January 2014

- 3.4** Staff may accept any gift that represents the normal exchange of gifts between friends (e.g. gift cards, box of chocolate, flowers etc.).
- 3.4.1 Tokens exchanged as part of protocol/the normal exchange of hospitality between persons doing business together (including lunches and trips, meals, travel, accommodations paid by the vendor).

#### **Political Donations**

- 3.5** Staff shall not use SHR funds and resources for political donations.
- 3.5.1 This policy does not apply to political donations made by staff using personal funds or resources and/or attending political events, including fundraising events, in a personal capacity.

#### **Private Practitioners**

- 3.6** Staff must obtain approval from their Manager to engage directly or indirectly in private practice where an individual's private practice is or would be in direct competition with existing SHR programs or services.
- 3.7** Staff who engage in private practice must **not**:
- use information gained at SHR to recruit patients/clients/residents for their private practice;
  - promote their private practice during SHR paid time or on SHR premises;
  - use the individual's current position, title, or use of SHR name to promote a private practice;
  - use SHR letterhead, SHR resources, material, photocopiers, telephones, office supplies, etc. for private practice purposes.

#### **Employment of Relatives**

- 3.8** SHR recognizes that all qualified candidates should be provided with the opportunity to be considered for employment and that relatives/family relationships should not unduly or unfairly restrict an individual's opportunities to pursue employment within SHR.
- 3.9** Preferential consideration or treatment of relatives is prohibited.
- 3.10** No relative may be employed in the same department/unit within SHR where:
- 3.10.1 An immediate supervisory relationship would exist such that the supervisor would exercise control or overall management responsibility including: evaluating performance, assigning work, conditions of work, salary and premiums, or potential for promotion, or
- 3.10.2 The working relationship affords an opportunity for collusion which could have a detrimental effect on SHR.
- 3.11** When a potential employee may be in conflict with this policy the Manager and the Specialist, Workforce Planning and Employment must review the situation in consideration of policy 3.8 and 3.9 as well as the following:
- 3.10.1 The details of the relationship and
- 3.10.2 A determination of whether the relationship would adversely affect the work relationship, compromises job performance, or jeopardizes the organization's financial or managerial control. All situations will be decided based on individual circumstances.
- 3.12** Any exemptions to employment of relatives must be approved by the Vice President, People Practice and Quality or the Administrator of the affiliate, as appropriate.

- 3.12.1 Valid grounds for exemptions are:
  - 3.12.1.1 The existence of critical recruitment needs.
  - 3.12.1.2 Where the Staff rights under a collective bargaining agreement conflict with the policy.
  - 3.12.1.3 The marriage of two existing staff, when it is neither possible nor practical to transfer one of the individuals to another department.

#### **4. ROLES AND RESPONSIBILITIES**

##### **4.1 All Staff**

- 4.1.1 Refer to professional codes of ethics and/or by-laws of professional associations as a guide surrounding conflict of interest situations.
- 4.1.2 Identify an actual, potential or perceived conflict of interest.
- 4.1.3 Avoid, mitigate and disclose (verbally or in writing), actual, potential or perceived conflict of interest situations, to allow for transparency in decision making.
- 4.1.4 Provide full disclosure of an actual, potential or perceived conflict of interest situation if requested by SHR.

##### **4.2 Managers and Department Heads**

- 4.2.1 Assess and determine actual, potential or perceived conflict of interest situations.
- 4.2.2 Approve private practice conflict of interest situations in consultation with Human Resources/Ethics.
- 4.2.3 Contact Human Resources/Human Resources Business Partner (where applicable) and/or seek direction from Ethics Services.
- 4.2.4 Report conflict of interest situations the individual to whom you report.
- 4.2.5 Consider and apply the provisions of employment of relatives
- 4.2.6 Department Heads report the situation to the Senior Medical Officer.

##### **4.3 Vice President, People Practice and Quality**

- 4.3.1 Review and approve exemptions regarding employment of relative situations.

#### **5. POLICY MANAGEMENT**

The management of this policy including policy education, monitoring and implementation is the responsibility of the Manager. Amendment is the responsibility of the Director, Human Resources.

#### **6. NON-COMPLIANCE/BREACH**

Non-compliance with this policy may result in disciplinary action up to and including termination of employment and/or privileges.

#### **7. REFERENCES**

Alberta Health Services Policy, Political Activity, 2012  
Saskatchewan Public Service Commission, Human Resource Manual, Conflict of Interest Policy, January 2014

## PROCEDURE

Number: 7311-30-005

Title: CONFLICT OF INTEREST

### Authorization

- [ ] President and CEO  
[X] Vice President, Finance and Corporate Services

Source: Director, Human Resources  
Cross Index: 7311-10-003 (procedure)  
Date Approved: June 23, 1999  
Date Revised: March 13, 2017  
Date Reaffirmed: March 16, 2017  
Scope: SHR and Affiliates

## DEFINITION

**Manager** means out of scope direct report or Department Head.

**Staff means** employees, practitioner staff, professional staff, affiliates, contractors, vendors, students and volunteers.

### 1. PURPOSE

The purpose of this procedure is to establish the process for disclosure, assessment and documentation of an actual, potential or perceived conflict of interest.

### 2. PROCEDURE

#### Actual, Potential or Perceived Conflict of Interest situations of other Staff

- 2.1 Staff immediately bring a conflict of interest concern to the attention of their Manager (see SHR procedure: *Reporting of Wrongdoing* (attached to SHR Policy: *Speaking Up: Protection of Persons Reporting Wrongdoing*)).

#### Actual, Potential or Perceived Conflict of Interest

##### 2.2 Disclose

- 2.2.1 Staff and Managers may discuss the matter/seek preliminary advice from SHR Legal Counsel and/or Ethics for input into the review and assessment, however, the Manager has the authority to determine if an actual, potential or perceived conflict of interest situation exists.
- 2.2.2 Staff immediately bring a conflict of interest concern to the attention of the Manager/SMO (if the concern is related to a Department head).
- 2.2.3 If there is a concern with the Senior Medical Officer (SMO) or President and CEO, bring the concern to the Chairperson of the Authority.<sup>2</sup>

##### 2.3 Assess

- 2.3.1 Manger assesses the severity of the situation (risk assessment).
- 2.3.1.1 Manager contacts Human Resources/HR Business Partner (were available) to coordinate a response with Human Resources/Labour Relations Services to determine appropriate action and response.
- Labour Relations may consult Ethics Services for advice.
- 2.3.1.2 If the situation involves a physician, the Department Head contacts the SMO and/or Ethics to determine appropriate action and response.

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<sup>2</sup> SRHA Governance Charter, Conflict of Interest Governance Process

- 2.3.2 Manager/SMO (for physicians) determine, if a conflict of interest exists.
- 2.3.2.1 If the situation is not a conflict of interest see 2.4 below.
  - 2.3.2.2 If the situation is a potential or perceived conflict of interest, make arrangements to reduce or eliminate the conflict of interest.
  - 2.3.2.2 If an actual conflict of interest exists, the Manager makes arrangements with the individual(s) to reduce or eliminate the actual conflict of interest or disclose verbally or in writing.
  - 2.3.2.3 Manager/SMO documents the outcome (see 2.4 below).
- 2.3.3 If a conflict of interest cannot be reduced or eliminated, the Manager determines the appropriate action and response in consultation with Human Resources/Labour Relations/SMO (for physicians).
- 2.3.4 Where a conflict of interest situation exists and/or a violation of this policy occurs the Manager/SMO advises staff in writing to:
- Recuse – advise staff not to participate in and/or influence any decisions for SHR related to the conflict; **or**
  - Divest/Transfer – advise staff to remove the conflict or to cease the activities that are creating the actual conflict of interest.
- 2.3.5 For physicians, the SMO determines whether there is a conflict of interest and outlines what, if any, involvement in discussions and voting the physician/Department Head may have<sup>3</sup> and determines any changes to privileges or discipline as a result.<sup>4</sup>

#### **2.4 Documentation**

Manager documents the conflict of interest concern received and provides written follow-up to the individual(s) involved. The disclosure and the written decision is retained with the Manager/Practitioner Staff Affairs on the personnel file.

#### **4. PROCEDURE MANAGEMENT**

The management of this procedure including procedure education, monitoring and implementation is the responsibility of the Manager. Amendment is the responsibility of the Director, Human Resources.

#### **5. NON-COMPLIANCE/BREACH**

Non-compliance with this procedure may result in disciplinary action up to and including termination of employment and/or privileges.

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<sup>3</sup> Practitioner Staff Bylaws, 2008 s. 94(2)

<sup>4</sup> Practitioner Staff Bylaws, 2008 s.94(1)(b)

**CONFLICT OF INTEREST**

**Conflict of Interest situations include, but are not limited to:**

- An interest or activity advanced outside of SHR that could be advanced at the expense or detriment of SHR.
- Utilizing position or authority so as to appear to be sanctioned by SHR.
- The unauthorized use of SHR time, premises, supplies, or resources in furtherance of an outside personal activity.
- A direct or indirect financial interest in a supplier or any other entity that provides supplies or services or otherwise contracts with SHR while in a position to influence a management decision related to the supplier or other entity.
- The unauthorized use or exploitation of any property or product developed for the benefit of SHR by the employee or contractor while employed or contracted by SHR (see SHR Policy: Intellectual Property).
- Accepting a personal gift from the same individual/organization on an ongoing basis and viewed as whole as payment of services.
- Volunteer or paid involvement on Boards, Commissions that have a direct or indirect relationship with SHR.