

Clinical Senate  
Northern England

**Standards of Business Conduct and  
Managing Conflicts of Interest**



First Published: June 2013

Updated: December 2013

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## Version control and Approvals

### Version control

Version	Author	Date of Amendments
Draft vers 0.1	Wendy Ryder	25.11.13
Ver 1.0	Wendy Ryder	11.12.13

### Approvals

Name	Role	Approval date
Professor Andrew Cant	Clinical Senate Chair	
Dr Mike Prentice	Area Team Medical Director	
Clinical Senate Council	All Members	

## Standards of Business Conduct and Managing Conflicts Of Interest

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This policy sets out how the Northern Clinical Senate will manage conflicts and potential conflicts of interest.

This policy has been drafted by the Northern Clinical Senate and draws on examples from other clinical senates and NHS organisations.

It is anticipated that this policy will cover members of the Senate Council and Assembly and relevant individuals who have been commissioned to undertake any work on behalf of the Senate. The aim of the policy is to provide transparency and assure the public and other parties.

Members of the Senate need to demonstrate that the advice they give;

- Clearly meets local health needs and have been considered appropriately
- Goes beyond the scope of a single provider or organisation
- Is in the public and patient best interests

This policy supplements and does not replace the code of conduct of the individuals employing organisation. Ultimately, it is the responsibility of any individual to declare a known conflict.

### **Standards of Business Conduct**

Members of the Northern Clinical Senate Council and Assembly should act in good faith and in the interests of the Senate.

Members of the Senate Council and Assembly must comply with the following statements on managing conflicts of interest.

Individuals appointed or nominated to work on behalf of the Northern Clinical Senate will be made aware of their obligation with regard to declaring conflicts or potential conflicts of interest. This requirement will be written into their accountability and role descriptions.

### **Policy Statement**

This policy supports a culture of openness and transparency with Senate Business. All Senate members are required to

- Ensure that the interest of patients remain paramount at all times
- Be impartial and honest in the conduct of their official business
- Ensure that they do not abuse their official position for personal gain or to the benefit of their family or friends

## **Conflicts of Interest**

A conflict of interest can be defined as “a set of conditions in which a professional judgement concerning a primary interest, tends to be unduly influenced by a secondary interest or situation in which ‘one’s ability’ to exercise judgement in one role is impaired by ones obligation to another ”. (1).

A *Conflict of Loyalties* may also occur when decision-makers have competing loyalties between the organisation to which they have a primary duty and some other person or entity. For healthcare professionals, this could include loyalties to a particular professional body, society and special interest group and could involve an interest in a particular condition or treatment due to an individual’s own experience or that of a family member.

The Northern Clinical Senate will make arrangements to manage conflicts and potential conflicts of interest to ensure that decisions made by the Council and Assembly will be taken and seen to be taken without any possibility of the influence of external or private interest. If conflicts are not managed effectively, it could undermine the business of the Senate.

A conflict of interest will include:

- A direct pecuniary interest : where an individual may financially benefit from the consequences of a commissioning decision (for example, as a provider of services) ;
- An indirect pecuniary interest : for example, where an individual is a partner, member or shareholder in an organisation that will benefit financially from the consequences of a commissioning decision;
- A non-pecuniary interest: where an individual holds a non-remunerative or not-for-profit interest in an organisation, that will benefit from the consequences of a commissioning decision (for example, where an individual is a trustee of a voluntary provider that is bidding for a contract);
- A non-pecuniary personal benefit: where an individual may enjoy a qualitative benefit from the consequences of a commission decision which cannot be given a monetary value (for example, a reconfiguration of hospital services which might result in the closure of a busy clinic next door to an individual’s house);
- Where an individual is closely related to, or in a relationship, including friendship, with an individual in the above categories.

If in doubt, the individual concerned should assume that a potential conflict of interest exists.

## **Declaring and Registering Interests**

The Northern Clinical Senate Management team will maintain a register of the interests of

- The members of the Council;
- The members of its Assembly;
- The Clinical Senate Management Support Team

Senate Assembly members will declare any interest that they have, in relation to a decision/recommendation by the Senate Assembly in writing to the Senate Council. Senate Council members will declare any interest that they have in relation to a decision/recommendation by the Senate Council in writing to the Area Team Medical Director responsible for the Senate area. All declarations of interest should be made as soon as they become apparent and in any event no later than 28 days after becoming aware.

Where an individual is unable to provide a declaration in writing, for example, if a conflict becomes apparent in the course of a meeting, they will make an oral declaration before witnesses, and provide a written declaration as soon as possible thereafter.

The Northern Clinical Senate Manager, who is accountable to the Senate Associate Director, will ensure that the register of interest is reviewed regularly and updated as necessary.

### **Managing Conflicts of interest: general**

Individual members of the Senate Assembly and Council will comply with the arrangements determined by the Northern Clinical Senate Council for managing conflicts or potential conflicts of interest.

The Clinical Senate Manager will ensure that for every interest declared, either in writing or by oral declaration, arrangements are in place to manage the conflict of interests or potential conflict of interests, to ensure the integrity of the group's decision making/recommendation process. The Cumbria, Northumberland and Tyne & Wear Area Team Medical Director and Senate Chair are responsible for overseeing management of conflict of interest on behalf of the Clinical Senate.

Arrangements of the management of conflicts of interest will include the requirement to put in writing to the relevant individual arrangements for managing the conflicts of interests or potential conflicts of interests, within a week of declaration to the Senate Manager. The arrangements will confirm the following:

- When an individual should withdraw from a specified activity, on a temporary or permanent basis;
- Monitoring of the specified activity undertaken by the individual, by a designated individual;
- Where an interest has been declared, either in writing or by oral declaration, the declarer will ensure that before participating in any activity connected with the senate's functions, they have received confirmation of the arrangement to

manage the conflict of interest or potential conflict of interests from the Senate Chair.

Where an individual member of the Senate Council and Assembly is aware of an interest which:

- Has not been declared, either in the register or orally, they will declare this at the start of the meeting;
- Has previously been declared, in relation to the scheduled or likely business of the meeting, the individual concerned will bring this to the attention of the Chair of the meeting, together with details of the arrangements which have been confirmed for the management of the conflict of interests or potential conflict of interests.

The Senate Chair will then determine how this should be managed and inform the member of their decision. Where no arrangements have been confirmed, the Senate Chair may require the individual to withdraw from the meeting or part of it. The individual will then comply with these arrangements, which must be recorded in the minutes of the meeting.

Where the Chair of the Clinical Senate Council or Assembly has a personal interest, previously declared or otherwise, in relation to the scheduled or likely business of the meeting, they must make a declaration and a Deputy Chair will act as Chair for the relevant part of the meeting. Where arrangements have been confirmed for the management of the conflict of interests or potential conflicts of interests in relation to the Chair, the meeting must ensure that these are followed. Where no arrangements have been confirmed, the Deputy Chair may require the Chair to withdraw from the meeting or part of it. Where there is no Deputy Chair, the members of the meeting will select one.

Any declarations of interests, and arrangements agreed in any meeting of the Clinical Senate Council or Assembly, will be recorded in the minutes.

Where more than 50% of the members of a meeting are required to withdraw from a meeting or part of it, owing to the arrangements agreed for the management of conflicts of interests or potential conflicts of interests, the Chair (or deputy) will determine whether or not the discussion can proceed.

In making this decision the Chair will consider whether the meeting is quorate. Where the meeting is not quorate, owing to the absence of certain members, the discussion will be deferred until such time as a quorum can be convened. Where a quorum cannot be convened from the membership of the meeting, owing to the arrangements for the managing conflicts of interest or potential conflicts of interests, the chair of the meeting shall consult with the Area Team Medical Director on the action to be taken.

These arrangements must be recorded in the minutes of the Council and the Assembly.