KINGSTON HEALTH SCIENCES CENTRE

CORPORATE POLICY MANUAL

Subject:	Conflict of Interest	**Number:**	**01-217**
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1. Introduction

This policy will assist Persons, including physicians and residents, to identify and avoid real or perceived conflicts of interest in their conduct with Kingston Health Sciences Centre (KHSC) and aligns to the guiding principles of transparency and accountability.

This policy is not intended to replace existing KHSC policies or legislative standards that address specific forms of conflict of interest including but not limited to those addressing professional boundaries.

2. Policy

2.1. A person's position or knowledge gained through their employment, appointment, or affiliation is not to be used in a manner that creates a real or perceived conflict of interest. Objectivity must be maintained in both appearance and in fact.

2.2. All staff are expected to identify, disclose, avoid where possible, and appropriately manage actual, potential, and perceived conflicts of interest. If in doubt, the individual should err on the side of caution and discuss potential conflict situations with their Leader or Primary Contact if not an employee.

2.3. The rules and examples that follow do not exhaust the possibilities for conflict of interest, but they identify obvious situations that may arise. Failure to disclose and act in accordance with the policy once a conflict-of-interest situation is identified may lead to disciplinary action by KHSC up to and including dismissal or loss of privileges or placement

3. Definitions

Affiliate: an individual who is not employed by KHSC but performs specific tasks at KHSC, including: learners, volunteers, contractors or employees of contractors who may be members of a third-party contract or under direct contract to KHSC, and individuals working on KHSC premises, but funded/employed through an external source (i.e. research and university staff on site).

Credentialed Staff: Physicians, dentists, midwives, and extended class nurses.

Conflict of Duty: A conflict arising when a Person's duties or responsibilities to KHSC are, or may reasonably be perceived to be, inconsistent with or compromised by duties owed to another employer, organization, board, institution, professional body, business, or other entity. A Conflict of Duty may exist even where the Person receives no financial or personal benefit and may include competing fiduciary, contractual, professional, decision-making, confidentiality, or time commitments.

Conflict of Interest: A divergence between an individual's private interests and their general professional obligations such that an independent observer might reasonably question whether the individual's professional actions or decisions are determined by considerations of personal gain, financial or otherwise.

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Extended Family Member: Includes grandparents, parents-in-law, brothers-in-law, sons-in-law, daughters-in-law, aunts, uncles, nieces, nephews, first cousins, grandchildren, and great grandchildren. Any other relationships that may call into question this definition must be discussed with the Leader/Primary Contract for clarification.

Immediate Family Member: Includes spouse/partner (and same sex equivalent), parent, stepparent, legal guardian, child, stepchild, and sibling, and any other member of the person's household. Any other relationships that may call into question this definition must be discussed with the Leader/Primary Contact for clarification.

Leader: A non-union supervisor, manager, director, executive, credentialed staff (i.e. physicians and residents) who provides supervision to employees, including residents.

Management: Those who have responsibility to hire, terminate, reorganize the workplace, and provide supervision for others.

Persons: Includes the Board of Directors and officers of KHSC, credentialed staff (i.e. physicians and residents), employees, management, contracted services, and people who do business at and on the premises of KHSC.

Primary Contact: For those persons who are not employees of KHSC, is the KHSC manager/delegate responsible for the role. For Volunteers: Director of Volunteer Services; For Credentialed Staff: Director, Medical Affairs or Executive Vice President and Chief of Staff; For Students: Instructor or KHSC educational supervisor, For Contractors: the applicable KHSC liaison and/or overseer of the contract.

Staff: Refers to employees, volunteers, and learners of KHSC, as well as affiliates who perform work for or on behalf of KHSC.

4. Conflicts of Interest Examples

4.1. Financial or Personal Interest

4.1.1. Persons shall not have an undisclosed financial or personal interest in an external business with which KHSC deals.

4.1.2. Persons (individually, through a partnership, corporation, or other business type) shall not conduct a new private practice/business at KHSC unless prior written approval from KHSC has occurred.

4.1.3. Persons must examine their own activities and those of their immediate family to be sure that no such obligation or relationship creates (or appears to create) a conflict of interest.

4.1.4. Persons must disclose to their Leader or Primary Contact (if not an employee) any kind of known financial or personal obligation/relationship or interest that may affect (or may appear to affect) their judgement in the transaction of business with external businesses, healthcare organizations, or individuals, on behalf of KHSC. If employees or their immediate family members have a personal or financial

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interest that might present a real or perceived conflict of interest or bias in connection with their duties as KHSC employees, they must report this in writing to their Leader.

4.2. Reporting Relationships

4.2.1. Where a conflict of interest develops with an immediate or extended family member due to organization restructuring or factors beyond one's control that puts the individual into a supervisory and reporting relationship, immediate disclosure to the individual's Leader or Primary Contact is required. Examples of how this can be eliminated or managed are: make a change in reporting relationship or reassignment within the organization; apply for an alternative job posting that meets their qualifications, and which would resolve the conflict of interest.

4.3. Use of KHSC Time and Resources

4.3.1. Persons must not use KHSC's time and resources for the benefit of personal outside activities or to create intellectual property for exclusive personal gain. For the purpose of this policy, intellectual property means any result of intellectual activity created by staff that can be owned by a person, and includes inventions, publications, computer software, industrial and artistic designs, compositions of matter, new or improved devices, systems, chemical compounds, and any other creation that can be protected under patent, copyright, or trademark laws.

4.4. Gifts, Benefits, and Entertainment

4.4.1. Persons or their immediate family members shall not use their position/relationship with KHSC to solicit any cash, gifts or free services for personal benefit from KHSC or its Foundation, customer, donor, supplier or contractor. Gifts, benefits, or entertainment from others should not be accepted if they exceed a fifty-dollar value, or otherwise improperly influence the organization's business relationship with or create an obligation to a customer, supplier or contractor.

4.4.2. Cash or cash equivalents must never be accepted, regardless of value.

4.4.3. Gifts and gratuities may vary depending upon the circumstance. Discretion must be used when determining whether a gift or gratuity is acceptable or not. If unsure, individuals must consult with their Leader or Primary Contact (if not an employee).

4.4.4. When determining the appropriateness of accepting gifts, benefits and entertainment, including those of nominal value, the individual and their Leader/Primacy Contact should consider the frequency of the gift, benefit or entertainment received.

4.4.5. Invitations to social, cultural or community events may be accepted if the cost is within the nominal gift value and attendance serves a customary business purpose such as networking and it is disclosed and approved by the employee's Leader or Primary Contact (if not an employee).

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4.5. Supplier and Contractor Relationships

4.5.1. Persons should be aware of overt or covert attempts of existing or prospective suppliers/contractors to acquire information through them that is not generally available to the public. Where such an instance arises, individual must consult with their Leader or Primary Contact (if not an employee).

4.6. External Employment, Appointments and Conflicts of Duty

4.6.1. Persons must ensure that external employment, board or committee appointments, cross-appointments, professional activities, institutional responsibilities, and other external roles do not interfere with or compromise their duties to KHSC.

4.6.2. Persons must promptly disclose an actual, potential, or perceived Conflict of Duty where an external role: creates competing fiduciary, contractual, professional, or institutional duties; may influence, or reasonably appear to influence, the Person's judgement or objectivity when acting on behalf of KHSC; provides access to confidential, privileged, proprietary, or commercially sensitive information relevant to both KHSC and the external organization; requires participation in decisions involving both organizations; interferes with the Person's ability to fulfill responsibilities to KHSC; or results, or is reasonably expected to result, in repeated recusals or restrictions that materially affect the Person's ability to perform either role.

4.6.3. Particular care must be taken by members of KHSC's Board of Directors, officers, executives, directors, and other Persons with fiduciary, governance, oversight, procurement, funding, regulatory, contracting, or confidential decision-making responsibilities.

4.6.4. Examples of circumstances requiring disclosure include but are not limited to:

4.6.4.1. a KHSC employee serving as a director, officer, employee, advisor, or committee member of an organization whose interests, activities, or decisions intersect with those of KHSC.

4.6.4.2. an employee or representative of an external organization serving on KHSC's Board of Directors or a KHSC committee where that organization funds, approves, regulates, contracts with, supplies, oversees, or otherwise has a material relationship with KHSC; and

4.6.4.3. a Person cross-appointed to another hospital, university, research institute, healthcare organization, professional body, or other entity whose responsibilities or access to information may create competing duties.

4.6.5. A Conflict of Duty may be permitted where KHSC determines that it can be effectively managed through documented measures that protect KHSC's interests, decision-making processes, and confidential information. Measures may include disclosure to relevant decision-makers; recusal from specified discussions, decisions, votes, negotiations, or information; reassignment of responsibilities or reporting relationships; restrictions on access to information; confirmation that KHSC time, resources, systems, information, and authority will not be used for the

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external role; periodic review; and other conditions considered appropriate by KHSC.

4.6.6. Disclosure and recusal may not be sufficient where the conflict is material, ongoing, or recurring. Roles may be considered incompatible where the Person cannot reasonably fulfill one role without breaching or compromising duties owed in the other; the conflict affects core or substantial responsibilities; recusals would be so frequent or significant that they impair governance, oversight, operations, or effective performance; the roles create an unacceptable risk of inappropriate use or disclosure of confidential, privileged, proprietary, or commercially sensitive information; the circumstances could reasonably undermine public, patient, staff, interest holder, or funder confidence in KHSC's integrity or independence; or the conflict cannot be adequately addressed through reasonable and practical management measures.

4.6.7. Where roles are determined to be incompatible, KHSC may require the Person to decline, resign from, relinquish, or modify the external role or responsibility as a condition of continuing in the applicable KHSC role. Any decision must be made in accordance with applicable legislation, contractual obligations, collective agreements, medical staff bylaws, and KHSC governance requirements.

5. Procedure

5.1. All persons should actively review and be aware of existing and new activities/situations that can lead to a real or perceived conflict of interest.

5.2. If a real or perceived conflict of interest arises, staff must make prompt and full written disclosure of any actual, potential, or perceived conflict of interest, including conflicts involving themselves and conflicts involving another Person that they become aware of, to KHSC's Risk Management department. For their own conflicts of interest, staff must also carbon-copy ("CC") their Leader/Primary Contact. The following information should be included when reporting a conflict of interest:

5.2.1. A description of the actual or potential conflict;

5.2.2. The nature of the personal interest, and;

5.2.3. The identity of any other person(s) or organization(s) that may be implicated by the conflict other than the KHSC Person.

5.3. If staff wish to make a report about another person(s) on a confidential basis, staff should refer to KHSC Policy 01-218 – Whistleblowing.

5.4. For disclosures involving external employment, appointments, cross-appointments, or institutional duties, the Person must also provide: the name and nature of the external organization; the Person's title, responsibilities, decision-making authority, and expected time commitment; any fiduciary, contractual, professional, confidentiality, or reporting obligations associated with the external role; the nature of the external organization's relationship with KHSC; the KHSC matters from which recusal may be required; and whether the conflict is expected to be isolated, periodic, recurring, or ongoing.

5.5. KHSC Risk Management will review the particulars and decide if a real or perceived conflict of interest exists, consulting with the Leader, Primary Contact, or other

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departments as necessary. KHSC Risk Management will decide what action is required to remediate the conflict in consultation with senior leadership as appropriate, communicate the recommendation and the decision to the Person and their Leader/Primary Contact.

6. Related Documents

KHSC Corporate Policy 01-218 Whistleblowing Policy
KHSC Corporate Policy 02-143 Workplace Violence Prevention
KHSC Corporate Policy 12-320 Code of Behaviour (Be Real)

7. References

"Conflict of Interest", Providence Care Centre.
"Conflict of Interest and Conflict of Commitment," Queens University.
"Conflict of Interest Rules for Public Servants," Ontario Regulation 382/07.

Authorizing Signature:



Dr. David Pichora
President and Chief Executive Officer

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