

Health PEI Policy

TITLE:	Employee Conflict of Interest	Monitoring:	Human Resources
Chapter:	Administration and Support	Approving Authority:	Executive Leadership Team
Section:	Human Resources	Draft Date:	
Subsection:	Personnel Management	Effective Date:	April, 2008
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1.0 POLICY

- 1.1 Employees are to conduct themselves in accordance with the highest standards of integrity, and avoid conflicts or appearance of conflicts of interest as employees of Health PEI.
- 1.2 When the question of conflict of interest arises, it must be recognized, disclosed, and either eliminated or properly managed.

2.0 DEFINITIONS

- 2.1 A conflict of interest exists in any situation where an employee, either for himself/herself or some other person(s), attempts to promote a private or personal interest which actually or apparently:
 - a) interferes with the objective exercise of the employees' duties as an employee of Health PEI.
 - b) advances or enhances the employee due to their position with Health PEI.

3.0 PURPOSE

- 3.1 To develop an equitable and fair policy for employees that will address any potential for conflict of interest.

4.0 APPLICATION

- 4.1 This policy has been designed to apply to all positions within the system.

5.0 PROCESS

- 5.1 All employees should not knowingly put themselves in an actual or perceived conflict of interest. Employees are responsible to be knowledgeable about the

policy on conflict of interest. Knowingly putting oneself in a conflict of interest may result in disciplinary action.

- 5.2 Employees will promptly report to his or her supervisor any issue, interest, or planned interest that presents, or appears to present, a conflict of interest as an employee of Health PEI. Knowingly failing to report such a conflict may result in disciplinary action.
- 5.3 The Employee should complete **Form “A”** and submit the form to their supervisor, who, with the Executive Director of their Division, will review the circumstances and consult with the necessary parties to make a final disposition and to identify actions to address any such conflict of interest. Such discussion and final disposition will be documented on **Form “A”**.
- 5.4 To encourage full disclosure of potential conflicts, disclosures will be treated as confidential and will not be disclosed, except as is required by law or as may be necessary under the Conflict of Interest Policy for Health PEI.
- 5.5 The responsibility to determine if an employee is in a conflict of interest rests with the Senior Director of each division within Health PEI. The Executive Director should consult with other relevant persons, as required, and inform the CEO of Health PEI of any conflict of interest situations.
- 5.6 Employees may not use paid work time, Health PEI property, funds, resources, or materials for private purposes without the consent of their supervisor and proper reimbursement from the employee.
- 5.7 Employees may use privileged information only in the conduct of their work with Health PEI.
- 5.8 Employees may not use their positions to gain benefit for themselves, family members, friends, or current or former business associates by having, or endeavouring to have, a business relationship with Health PEI.
- 5.9 If an employee is working outside of work in a similar field for which they are employed in Health PEI, this must be disclosed to their supervisor and there must be a clear distinction between their work for Health PEI and their private work:
 - a) An employee must not refer work (clients/patients, etc.) to themselves;
 - b) Employees should not be referred work from their employer except in special circumstances, i.e., employee working part-time and has a private practice;
 - c) In situations where clients/patients are referred for services, the client must be fully aware of the nature of the referral, and provided with other options, where possible, to receive the same service within the program;
 - d) Any private service provided must be viewed and operated as totally separate from the employee’s work and mandate.

- 5.10 Involvement in community activities by the employee is supported by Health PEI, unless the involvement results in a conflict of interest. Any employee is required to inform their employer if they are involved in a community activity that could give rise to a conflict of interest. If a conflict arises, the employee may be required to curtail, modify, or cease the activity.
- 5.11 Gifts, hospitalities, or other benefits that could influence employees in their judgement or performance of their duties must be declined:

Employees shall not, either directly or indirectly, demand or accept a gift, favour, or service from any individual, organization, or corporation other than:

- a) the normal exchange of hospitality between persons doing business together;
- b) token exchanges as part of protocol;
- c) the normal presentation of gifts to person participating in a public function;
- d) the normal exchange of gifts between friends;
- e) a gift, favour, or service authorized by Health PEI.

- 5.12 An employee may participate in political activities in accordance and/or consistent with Collective Agreements.
- 5.13 Where a potential conflict of interest exists, there will be consultation with the employee and attempts to achieve a mutual agreement. However, the final decision that a conflict of interest exists, and permission to undertake or continue with the arrangement as an employee, will be under the authority of Health PEI.
- 5.14 A response will be provided within four(4) weeks of the receipt of [Form "A"](#).
- 5.15 Executive Directors will ensure that the requirements of this policy are known to all employees and will establish monitoring procedures to verify compliance.

6.0 CROSS REFERENCE

- 6.1 Hiring and Promotion of Relatives
- 6.2 Client Mistreatment by an Employee

7.0 ATTACHMENTS

[Form "A" - Conflict of Interest Disclosure Form](#)
[Conflict of Interest Guidelines, Questions and Answers](#)

CONFLICT OF INTEREST GUIDELINES

QUESTIONS & ANSWERS

- 1. Q. What happens if I am in a conflict of interest?**

A. If you are aware that you are, or potentially are, in a conflict of interest it is your duty to disclose the situation to our supervisor or designate. You may be directed to avoid or withdraw from the activity which is creating the conflict of interest. Alternatively, in an appropriate case, you can divest yourself of an asset to eliminate the conflict of interest.
- 2. Q. What should I do if I am not sure whether I am in a conflict of interest?**

A. If you think the you could be in a conflict of interest, you must seek clarification from your Divisional Executive Director or designate.
- 3. Q. What should I do if I am presented with a small gift in appreciation for giving a presentation?**

A. Normally, this would not be a conflict of interest and you may accept the gift. However, if the gift is of more than nominal value and/or if it appears to be given to potentially influence your judgement, you should immediately advise your Divisional Executive Director or designate. A decision will be made as to whether accepting the gift is appropriate.
- 4. Q. If I am in a conflict of interest, will I face disciplinary action?**

A. Just because a person may be in a conflict of interest, it does not mean that the person has done anything wrong. However, it is important that when questions or concerns arise about a “potential” conflict of interest that the situation be reported to your supervisor. The intent of this policy is assist and resolve such issues. At the same time, an employee should not knowingly put themselves in a conflict of interest situation.

**Health PEI
FORM "A"
Conflict of Interest Disclosure Form**

Name		Position Held	
Division		Position Number	
Primary Location of Employment		Date	

I do hereby declare:

I have reviewed the Health PEI Policy on Conflict of Interest, and am requesting that there be a review and determination of a personal circumstance that may be considered a potential conflict of interest under Health PEI Policy.

(OR)

It has been brought to my attention that there may be a personal circumstance which has been discussed with you that may be considered a potential conflict of interest under Health PEI Policy.

Please provide details:

- 1. Describe the nature of the potential conflict, including details of the situation, how long this has been occurring, and who and/or what is involved;**

- 2. Other details;**

- 3. Please identify any actions taken to reduce or eliminate this potential conflict of interest;**

Employee Signature: _____

Date: _____

The above situation has been reviewed by _____ and it has been determined that there **does not** (), **does** () appear to be a conflict of interest.

If a conflict does exist, the following actions are to be undertaken to address the conflict:

(Attach more information, if necessary)

Supervisors Signature _____ Date _____



FINAL DISPOSITION

Executive Directors Signature _____ Date _____



DECLARATION

I, _____, declare that I am not in a conflict of interest and am in compliance with Health PEI Conflict of Interest Policy.

Employees Signature _____ Date _____