**Code of Conduct and Conflict of Interest Policy**

Date: 13/3/2022

Version: 1.0

***Caesar's wife must be above suspicion***

*Julius Caesar (100BC to 44BC)*

**1. INTRODUCTION**

1.1 LMC Board members are prominent leaders of the GP community. As such their behaviour must at all times reflect the values of the LMC, and they must always act in such a way not to bring the LMC into disrepute, but to act to protect the reputation and integrity of the LMC.

1.2 This code of conduct and conflict of interest policy provides guidance on expected behaviour and sets out the standards of conduct that support The LMC’s values.

1.3 The LMC welcomes open debate and free exchange of ideas and is committed to creating a culture that is inclusive of all members. Every member should feel able to contribute, knowing that their points of view will be valued and differences of opinion will be respected. The LMC wants to attract and retain members who reflect and represent local general practice.

1.4 Members must conduct themselves so as to promote the success of the LMC and maintain the individual and collective reputation of the Committee and its members. On standing for election or being appointed, every member is bound by this code of conduct and conflict of interest policy.

**2. NOLAN PRINCIPLES**

2.1 The 7 principles of public life were first set out by Lord Nolan in 1995 and they apply to anyone who works as a public office-holder. This includes people who are elected or appointed to public office, nationally and locally, and all people appointed to work in health, education, social and care services. The Committee works closely with the NHS and as a consequence its values must reflect those at the heart of the NHS. All LMC members are therefore expected to know, understand and keep regard of these principles when representing the LMC

**1. Representative (Selflessness)**

Holders of public office should act solely in terms of representing their constituency.

**2. Integrity**

Members must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must declare and resolve any interests and relationships.

**3. Objectivity**

Members must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias.

**4. Accountability**

Members are accountable to local GPs for their decisions and actions and must submit themselves to the scrutiny necessary.

**5. Openness**

Members should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing.

**6. Honesty**

Members should be truthful.

**7. Leadership**

Members should exhibit these principles in their own behaviour. They should actively promote and robustly support the principles and be willing to challenge poor behaviour wherever it occurs.

**3. GENERAL PRINCIPLES**

* 1. This code of conduct will not be applied unreasonably or disproportionately.

3.2 The LMC Board will support members or any constituent who challenge poor conduct and behaviours.

* 1. LMC Board Members are expected to familiarise themselves with the LMC’s constitution.

3.4 LMC Board Members are expected to promote the success of the LMC for the benefit of local general practices. Members must exercise reasonable care and diligence in all their duties.

**4. Personal Conduct**

4.1 Members are expected to maintain a high standard of personal conduct and treat LMC employees and other members with respect. Members are required to promote the behaviour principles outlined in this code of conduct and act as a role model. General Practitioners are expected to display the same duty of care towards one another as they would patients and in the workplace.

**5. Conflicts of Interest**

5.1 A conflict of interest can be defined as a ‘set of circumstances that creates a risk that an individual’s ability to apply objective judgement or act in one role is, or could be, impaired or influenced by a secondary interest.’ (National Audit Office “Conflicts of interest” 27th January 2015).

5.2 Any Registered Medical Practitioner acting on behalf of the LMC, must have knowledge of, and regard to the General Medical Council’s Duties of a Doctor:

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| **Domain 4: Maintaining Trust : Honesty in financial dealings****77.** You must be honest in financial and commercial dealings with patients, employers, insurers and other organisations or individuals.**78**. You must not allow any interests you have to affect the way you prescribe for, treat, refer, or commission services for patients.**79**. If you are faced with a conflict of interest, you must be open about the conflict, declaring your interest formally, and you should be prepared to exclude yourself from decision making. |

5.3 Any LMC Board Member representing the LMC in any meeting or otherwise with an NHS body must have knowledge of and regard to the NHS Document: “**MANAGING CONFLICTS OF INTEREST IN THE NHS: Guidance for Staff & Organisations** (Publications Gateway Reference: 06419):”

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| “This guidance does not apply to bodies not listed above (i.e., independent and private sector organisations, general practices\*, social enterprises, community pharmacies, community dental practices, optical providers, local authorities – who are subject to different legislative and governance requirements). However, the boards/governing bodies of these organisations are invited to consider implementing the guidance as a means to effectively manage conflicts of interest and provide safeguards for their staff. The requirements of GC27.2 of the generic NHS Standard Contract (2017/18 and 2018/19 edition) should be interpreted in that light. **\* However, GP practice staff should note that the requirements in the statutory guidance for CCGs on the management of conflicts of interest (referred to above) continue to apply to GP partners (or where the practice is a company, each director) and individuals in a practice directly involved with the business or decision making of their CCG.** For the purposes of this guidance a ‘conflict of interest’ is defined as: “A set of circumstances by which a reasonable person would consider that an individual’s ability to apply judgement or act, in the context of delivering, commissioning, or assuring taxpayer funded health and care services is, or could be, impaired or influenced by another interest they hold.”  |

5.4 Conflicts of interests occur where an LMC Board Member acting in a representative capacity, could be unfairly influenced by financial or other commitments into failing to represent their constituency adequately, or adequately discharge their responsibilities in their appointed position.

5.5 A conflict of interest may be (from MANAGING CONFLICTS OF INTEREST IN THE NHS):

* **ACTUAL:** There is a material conflict between one or more interests.
* **POTENTIAL:** There is the possibility of a material conflict between one or more interests in the future.
* **FINANCIAL INTERESTS:** Where an individual may get direct financial benefit from the consequences of a decision they are involved in making.
* **INDIRECT INTERESTS:** Where an individual has a close association with another individual who has a financial interest, a non-financial professional interest or a non-financial personal interest who would stand to benefit from a decision they are involved in making.
* **NON-FINANCIAL PROFESSIONAL INTERESTS:** Where an individual may obtain a non-financial professional benefit from the consequences of any decisions, they are involved in making, such as increasing their professional reputation or promoting their professional career.
* **NON-FINANCIAL PERSONAL INTERESTS:** Where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit, because of decisions they are involved in making in their professional career.
* **LOYALTY INTERESTS:** Should be declared by staff involved in decision making where they:
* Hold a position of authority in another NHS organisation or commercial, charity, voluntary, professional, statutory or other body which could be seen to influence decisions they take in their NHS role.
* Sit on advisory groups or other paid or unpaid decision-making forums that can influence how their organisation spends taxpayers’ money.
* Are, or could be, involved in the recruitment or management of close family members and relatives, close friends and associates, and business partners.
* Are aware that their organisation does business with an organisation with whom close family members and relatives, close friends and associates, and business partners have decision making responsibilities.”

5.6 LMC Board Members must be open and transparent about other commitments that they may hold. By ensuring that any potential conflicts of interest are disclosed and known to others, they are less likely to influence debates/votes in meetings etc.

5.7 All LMC Board Members must complete a ‘Declaration of Interest’ form. within 14 days of election or appointment to the Board, and must submit a revised version if any additional potential conflict occurs. Any potential conflict of interest should then be declared before or at the commencement of any discussion or debate as well as on appointment to any LMC position. The responsibility for avoiding any conflict of interest lies with the individual.

5.8 The intention is not to prevent participation in other activities outside of the responsibilities of a Board Member, however, members are obligated and have a duty to declare any personal, pecuniary interest in proposed transactions/arrangements, donations made, or any other interest that they think may relate to any decision being taken.

5.9 If there MAY be a conflict, the default is that the Board Member should not be part of the discussion or decision making. In preference that should not be present during any relevant discussion. This applies equally to LMC Board meetings as well as any meeting or such of any other body, where the Board Member is representing the LMC.

5.10 If a Board Member wishes to speak on a matter where the subject of the debate could potentially lead to a conflict, then permission must be sought and given in advance by the chair of the appropriate body

5.11 Any gift or hospitality given by third parties in circumstances that could be seen as relevant to LMC business must be notified to the LMC Board.

5.12 When acting for any other body, LMC Board Members must have regard and comply with the Conflict of Interest Policy for that body.

5.13 When representing the LMC, a Board Member may become party to information that may, or could be perceived to give, an advantage when bidding for a contract. To minimise this situation:

* Any LMC member party to such information, must not normally bid for any such contract, either in person or as part of any group, organisation or company at any time within 6 months of becoming aware of the information. In exceptional circumstances, a bid may be made, but only with the express agreement of the LMC Chair, the Commissioning body, and that the bid expressly includes what information the person was aware of. In this latter circumstance the LMC Board member will stand down from the LMC board until the bid and any appeal process has been completed.
* If an LMC Board Member is also a member of, or is affiliated with, any company or organisation that may bid for any such contract, then the member: should declare this to the commissioning body and LMC Board; must not divulge any information to those preparing the bid; and must not participate in any LMC meeting or discussion relating to the bid.

**6. Confidentiality**

6.1 Information about, or held by the LMC, which is not expressly put into the public domain by the LMC, may only be given to others with the prior agreement of the Executive Chair.

**7. MEDIA AND COMMUNICATIONS**

7.1 LMC Board Members should not accept, in an LMC capacity, meetings, interviews or requests for information from the media or members of UK parliaments, without prior discussion with the Chair and/or press secretary. LMC Board Members should never purport or imply to be representing the LMC on any Social Media without agreement of the LMC Board or Chair.

7.2 LMC Board Members must use the LMC provided email address on all and any occasion when they are communicating on behalf of the LMC, and must include the provided signature with disclaimer.

7.3 LMC Board Members must never use the LMC provided email address for any other purpose.

7.4 When acting on the LMC’s behalf LMC Board Members are required to use the LMC Logo as background during any video conference or meeting, and on any presentation or written document. The LMC Logo must not be used for any non-LMC related business.

**8. LMC resources**

8.1 Members must recognise and respect that all LMC funds are raised from constituents. LMC Board Members must ensure all claims are accurate and in line with the current LMC policy.

**9. COMPLAINTS**

9.1 Any complaint about the LMC, including any elected or staff member, should be made in writing to the Chair.

9.2 Sanctions if a complaint is upheld against an LMC Board Member will be at the discretion of the Chair with or without discussion with the LMC Board, and can include:

* An apology sent to the complainant.
* Suspension of the LMC member for a period not to exceed one year.
* Expelling of the LMC member.
* If expelled, barring from standing in future elections.

Leicester, Leicestershire and Rutland Local Medical Committee

March 2022