

Accreditation Program – Conflict of Interest Policy for Assessors / Reviewers

1.0 Policy

1.1 Purpose

- 1.1.1 The Conflict-of-Interest Policy outlines the parameters of conflict of interest for assessors and reviewers for the Accreditation program of the College of Physicians & Surgeons of Alberta (CPSA).

1.2 Principles

- 1.2.1 Assessors/Reviewers for the CPSA Accreditation program are expected to adhere to the highest standards of personal and professional integrity in the conduct of their role and shall protect the interests of the CPSA.
- 1.2.2 Assessors are selected carefully to avoid any real or perceived conflict of interest with the facilities they are assessing. Consideration to employer, geographical area of Alberta and whether the facility to be assessed is publicly or privately owned is taken into consideration.

2.0 Processes

2.1 Responsibility

- 2.1.1 The Assistant Registrar/COO (or designate) is responsible for final decisions on any potential or actual conflicts of interest.
- 2.1.2 The Accreditation Director and Program Manager of the involved program are responsible for presenting a recommendation on any potential or actual conflicts to the Assistant Registrar.
- 2.1.3 Assessors/Reviewers are responsible for declaring any potential or actual conflict of interest prior to being assigned to an assessment.

2.2 Guidelines

- 2.2.1 A conflict of interest for an assessor exists where:
 - 1) the assessor is a previous employee of the facility to be accredited (within a 2-year period)
 - 2) the assessor has a current formal consulting relationship with the facility to be accredited
 - 3) the assessor (or their partner/spouse/family member) has financial or personal interests in the facility or group being accredited

- 4) the assessor has a desire to be hired by the facility/group being accredited
- 5) the assessor is part of a legal proceeding involving the facility/group being accredited
- 6) the assessor is involved in a disciplinary process or hearing involving a regulated health professional working within the facility

In addition:

- 1) an assessor who is employed in a privately-owned facility may not assess another privately owned facility in the same immediate or surrounding community
- 2) an Alberta Health Services / Alberta Precision Laboratories employee may not assess another AHS / APL facility

Exemption

- 1) For CPSA Programs that have limited assessor resources, e.g. the Non-Hospital Surgical Facility Program and the Private Cardiac Stress Testing Program, the following process will be adhered to when assessments are scheduled.
 - i. A copy of each of the CPSA Assessor's signed Confidentiality Agreement.
 - ii. The Medical Director of the facility to be assessed will have the opportunity to review and accept the selected assessor(s) or decline any one or number of the assessment team, indicating the reason. The CPSA will review any identified concerns and alternate individual(s) will be sought out by the CPSA and again the names provided to the Medical Director for review and acceptance.

2.3 Conflict Determination

- 2.3.1 All potential assessors are required to complete a CPSA Assessor Demographic Form (ADF). This form requests information on current and previous employment history.
- 2.3.2 The Program Manager will review ADFs for all assessors assigned to an assessment to determine potential conflict and defer any assessor with a potential conflict.
- 2.3.3 The CPSA will provide the facility / zone / sector / group with a list of all potential assessors, which lists their name, area of assessment, name and location of current and previous employment.
- 2.3.4 If a conflict of interest is identified by the facility or group being accredited at team approval stage, they are required to provide justification.
- 2.3.5 The CPSA reviews and evaluates all identified conflict of interests and, where determined that they are valid, assigns an alternate assessor.

2.4 References

- 2.4.1
- 1) AABB Policy on Conflicts of Interest and Confidentiality. AABB; 2006
 - 2) ASQ Auditing Handbook. JP Russel, Ed. ASQ Press; 2013
 - 3) The Australian Council on Healthcare Standards (ACHS) Code of Conduct, Policy number: 1.3.1
 - 4) College of American Pathologists – Laboratory Accreditation Manual. CAP; 2017
 - 5) ISO 9001 Auditing Practices Group – Guidance on Impartiality. ISO; 2016