



Registered Charity Number: 1075588
Registered in England and Wales
A company limited by guarantee
Company Number: 3019382

T: 020 7251 9060
W: www.ncepod.org.uk
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Conflict of Interest/Professional Status/Confidentiality Policy and Procedures Clinical and Lay Involvement

This policy applies to Steering Group members, Clinical Co-ordinators, Lay members, Study Advisory Group members and Case Reviewers.

The aim of this policy is to protect both NCEPOD and the individuals involved from any impropriety or the appearance of impropriety.

A conflict of interest is any situation in which an individual's interests, or interests that they owe to another body, may (or may appear to) influence their decision-making in relation to NCEPOD enquiries. Types of conflict of interest include, but are not limited to:

- Conflict of loyalties e.g. where an individual has links with one of the charity's funders.
- Being subject to a review of professional practice.

Conflicts may create problems, and can:

- Inhibit free discussion;
- Result in decisions or actions that are not in the interests of the charity; and
- Risk the impression that the charity has acted improperly.

THE DECLARATION AND REGISTER OF INTERESTS

All personnel are required to declare their interests, and professional status on appointment or as soon as is practicable, these details are kept on a Register of Interests.

A 'Declaration of Interests' form is provided as [Appendix 1](#) to this policy.

To be effective, the declaration of interests is updated annually and also within 28 days of any changes occurring.

On receipt, the Chief Executive reviews the interests and answers to the professional status and raises any concerns with the Chair.

In the event of the Board of Trustees having to decide upon an interest/professional status, all decisions will be made by vote, with a simple majority required. A quorum must be present for the discussion and decision.

All decisions under a conflict of interest/professional status will be recorded by the Chief Executive and reported in the minutes of the meeting. The report will record:

- The nature and extent of the conflict;
- An outline of the discussion;
- The actions taken to manage the conflict.

Where conflicts cannot be resolved through the usual procedures, the Chair will be asked to oversee internal moderation.

Independent external moderation will only be used as a last recourse where it is not possible to resolve matters internally.



APPENDIX 1 - DECLARATION OF INTERESTS AND PROFESSIONAL STATUS

Details	
Full name	
Job title	
Email	
Telephone number	
Organisation	
Regulatory Body Number	

ASSOCIATED INTERESTS

Please declare any associated interests that may have relevance to your role – such as involvement with partner or similar organisations or involvement with a similar study.

Associated interests	Date added	Potential conflict – in the opinion of the person completing the form – Y/N	Checked by NCEPOD

CONFIDENTIALITY STATEMENT

- In carrying out your duties with NCEPOD, you will receive information, some of which may be of a highly sensitive nature. You must not (other than in the proper discharge of your duties to NCEPOD) directly or indirectly
 - Disclose to any person; or
 - Use or exploit for your own purposes or those of any other person - confidential information which you receive or come into your possession in the course of your duties with NCEPOD.
- For these purposes confidential information shall include (but not be limited to) any information relating to an NCEPOD case or any analysis resulting from the data or any information which you might reasonably expect NCEPOD to regard as confidential.
- You must make sure that you keep all information that you receive in the course of your duties safely and effectively protected against improper disclosure. You must also do your best to prevent unauthorised disclosure or use of confidential information by third parties.
- Unless NCEPOD or a duly authorised person acting on its behalf gives you prior written consent, you must not make any public or press statement relating to a particular



NCEPOD case, findings in general before public release or speak with the views of NCEPOD generally.

5. If you are requested to make any disclosure of confidential information by law, you must co-operate with NCEPOD regarding the manner of such disclosure and any legal action that NCEPOD may take to challenge the lawfulness of any such request.
6. Your details may be passed on to the Local Reporter (NCEPOD contact) at your hospital to help champion the study locally.

Termination

NCEPOD reserves the right to terminate your appointment for any breach of the above conditions.

GDPR and Opting in

Your contact details will be kept for the duration of the study. With your permission, we would also like to retain certain details for future use such as if we are seeking reviewers for another study. The details kept would be limited to: title, first name, surname, email address, specialty, hospital and Trust/Health Board name. Your personal phone number and home address details would not be retained. You can opt out at any time and we will delete all details.

Declaration	Tick
<p>I understand that at any point during my involvement with NCEPOD I must declare any changes, addition or removal, to any conflicts of interest notified to NCEPOD at the start of my involvement;</p>	
<p>If at any point during my involvement with NCEPOD I am suspended from clinical work at my Trust/Board I agree to notify the Chief Executive of NCEPOD immediately and will be asked to terminate my appointment (clinical involvement) or;</p>	
<p>At any point during my involvement with NCEPOD my personal or professional standing is called into question by my being referred to a regulatory or legal body I agree to notify the Chief Executive of NCEPOD immediately and may be asked to terminate my appointment (clinical, lay or patient involvement).</p>	
<p>I confirm that I am NOT the subject of an ongoing review by my Trust/Health Board or referral to the Regulator in relation to my personal or professional standing</p>	<input type="checkbox"/>
<p>*If you are please provide brief details below.</p>	



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FOR CASE REVIEWERS ONLY	
I am in active clinical practice and have no plan to retire during the forthcoming year	<input type="checkbox"/>
I can commit to a minimum of 1 day/month to review cases for the next 6-8 months	<input type="checkbox"/>
If I do not review any cases then my name will not be included in the final report	<input type="checkbox"/>
I agree to NCEPOD holding my details until the end of the study, if accepted as a reviewer	<input type="checkbox"/>
At the end of the study I would like my details to be held to be contacted about roles in future studies	<input type="checkbox"/>
I have read and understand the above conditions. I agree to abide by them in my service to NCEPOD.	<input type="checkbox"/>
Signed:	
Dated:	