

# System Manager Gift Declaration Registry (GDR) User Guide

## Introduction

WA Health's *Gifts, Benefits and Hospitality Policy* (the Policy) requires all Department of Health employees and Health Service Provider staff members to register **all offers** of gifts received in the course of, or in connection to their employment. This includes offers of gifts that were not accepted.

This User Guide is intended to provide guidance about the process of declaring and approving gifts in the System Manager GDR.

Department of Health employees and Health Service Provider staff members may only accept a gift if it is approved by the relevant authorised person. This approval to accept a gift is obtained through the System Manager GDR.

If you require further advice or assistance regarding the acceptance of gifts or use of the System Manager GDR, contact your WA health system entity Integrity area.

## Accessing the System Manager GDR

The System Manager GDR may be accessed through the following link: <http://gdr.hdwa.health.wa.gov.au>

To log into the System Manager GDR, Department of Health employees or Health Service Provider staff members must enter their HE number and WA health system password in the field shown below:



Department of Health employees and Health Service Provider staff members are reminded that all information recorded in the System Manager GDR constitutes a formal written record. You must ensure that all information provided is accurate and complete.

## Registering an offer of a gift in the System Manager GDR

### Step 1: Enter a new declaration.

Select “Enter a new gift declaration” as shown on the main System Manager GDR screen.



### Step 2: Identify the recipient.

Follow the prompt below to identify if the gift was offered to yourself or another person.



**Gift Declaration Wizard**

Welcome to the Gift Declaration wizard. This wizard will guide you through the process of declaring a gift.

Were you, Your Name, offered the gift?

Yes ▾

Next >

Close

If the gift you are registering was **not offered to you**, complete the details (Name, Position and Contact Number) of the person who was offered the gift, as shown below:



**Gift Declaration Wizard**

Please enter the details of the person who had the gift offered to them.

Recipient Name:

Recipient Position:

Recipient Contact Number:

< Back

Next >

Close

### **Step 3: Provide details of the recipient.**

Enter the details of the person who received an offer of a gift. If this person is you, enter your details.

**Gift Declaration Wizard**

Enter details in relation to the person who had the gift offered to them.

Agency:  ▼

Division:  ▼

Department:  ▼

Award:  ▼

Employment Level:

To select an approver, type in their surname follow by a comma, a space and first name eg. if you are want to assign John Smith as the approver, type in Smith, John  
The approver is the recipient's Director/Head of Department.

Approver:  

The WA health system entity is responsible for identifying who the authorised approvers are under this section. If you are unsure who this person is, please contact your Integrity area for further guidance.

The authorised approver for gifts offered to Chief Executives of Health Service Providers is the Director General of the Department of Health. Where a gift declaration is made in relation to a gift offered to a Chief Executive, the approver which should be selected in the Approver field is [Swis, SWIS - (he164560)].

#### **Step 4: Provide details of the person offering the gift.**

Enter the details of the person and/or company which offered the gift.

**Gift Declaration Wizard**

Please enter the person and/or company that offered the gift.

Provider:

Company/Business/Organisation Name:

Name of person providing:   
**\*Please input the person's first name first follow by the last name**

Does a commercial relationship exist between the provider of the gift and the health service?

Commercial Relationship:

If yes, please describe the nature of the commercial relationship

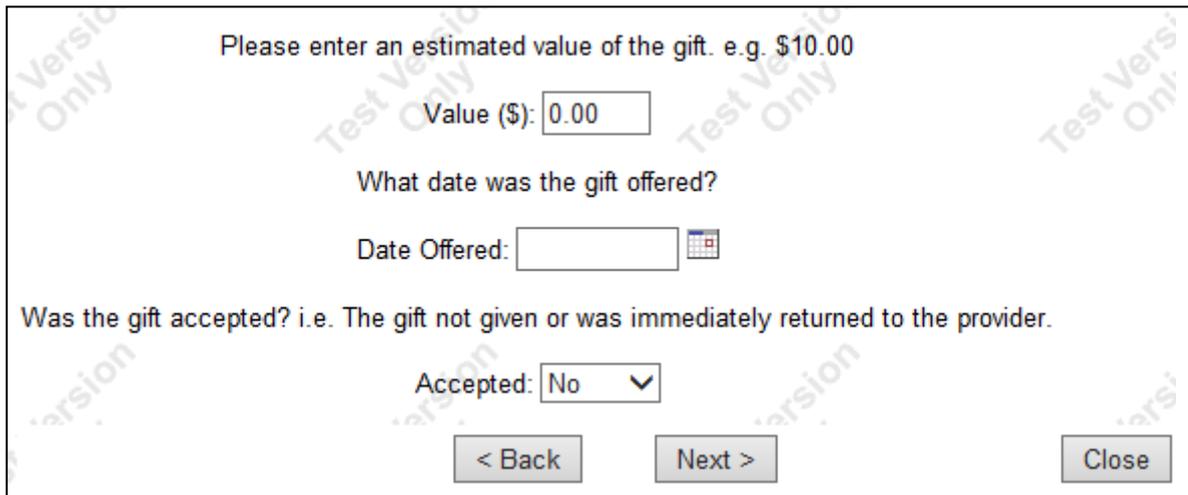
Gifts offered by any organisation which has an actual or potential commercial relationship with WA Health are not to be accepted when the recipient of the proposed gift has, is or is likely to be involved in decision making relative to that commercial organisation.

If the person who offered the gift is an individual who is not associated with a business or organisation, under “Company/Business/Organisation Name” write “None”.

When entering details as to whether “a commercial relationship exists between the provider of the gift and the health service”, consider whether there is potential for a future commercial relationship. For example, whether the individual or organisation is in a line of work where they might be an applicant for a tender process. In doing so, it may be useful to consider the reason why the gift has been provided, or whether there may be any expectation of a future work relationship with this person, business or organisation.

### **Step 5: Provide details of the gift.**

Enter the details of the estimated value of the gift, the date the gift was offered and whether the gift was accepted.



Please enter an estimated value of the gift. e.g. \$10.00

Value (\$):

What date was the gift offered?

Date Offered:  

Was the gift accepted? i.e. The gift not given or was immediately returned to the provider.

Accepted:  

### **Estimating the value of the gift**

In estimating the value of the gift, you may wish to consider conducting an internet search to view the commercial price of comparable products. If a gift is offered which includes multiple components, ensure that you consider the value of each component of the gift. For example, if you were to be offered to be funded to attend a conference or event, consider the costs of any additional activities such as conference dinners, networking drinks, transportation.

In estimating the value of the gift, you should consider the market value of the gift, not the price paid by the person offering the gift.

### **Was the gift accepted?**

In the section which asks “Was the gift accepted” – The “No” option should only be selected if the gift has been returned to the provider or if it was never received by the intended recipient. If you, or another person or area within your workplace is currently in possession of the item, select “Yes”.

If the gift provided is not provided in physical form, e.g. an invitation to a lunch via email, the “No” field should only be selected if the gift has been refused, e.g., an email response stating that you will not be attending.

## **Step 6: Provide details of the offer of the gift.**

Enter details describing the gift, the reason for the gift and the gift status.

Please select the description that matches your gift

Gift Description:

Please enter a brief description of the gift. e.g. A coffee mug

Description:

Please select a reason for the gift

Gift Reason:

Please enter the details of the offering of the gift. e.g. Reason for gift, other relevant details.

Gift Reason Details:

Please enter the current status of the gift. e.g. Stored in Operations Manager's office until decision regarding gift acceptance is made.

Gift Status:

### **Gift Reason Details**

If you are unclear of the reason why the gift was provided, provide details of the nature of the relationship between yourself and the person or business offering the gift.

### **Gift Status**

In the section "Gift Status", provide details of the current location of the gift. If the gift has been returned provide details of when and how the gift was returned.

## **Step 7: Token Gift**

Select whether the gift constitutes a “token gift”.

**Gift Declaration Wizard**

Is the gift a token gift?

▼

**Any gift regardless of value offered by a commercial organisation is not considered a token gift.**

Token gifts are gifts of appreciation to an individual from a patient or colleague with a nominal value of up to \$50.

The following are not considered a "gift":

- Token to a ward, unit or team as chocolates or flowers as a token of appreciation
- Travel - refer to the [WA Health Staff Air Travel Policy](#)

A token gift is a gift of appreciation from a patient or colleague with a nominal value of **up to \$50** to the **entire ward/unit or team** for example chocolates or flowers from a grateful patient or colleague.

Any gift with a value of more than \$50 or for which there may be an expectation of reciprocation cannot be considered a token gift.

## **Step 8: Identify any conflicts of interest.**

Enter details regarding whether the gift could constitute an actual, potential or perceived conflict of interest.

**Gift Declaration Wizard**

Could the acceptance of this gift result in actual, potential or perceived conflict of interest?

Conflict of Interest:

If you answer "Yes" to the question above, please answer the questions below.

1. Do you have anything to do with tenders, contracts and/or supply with the sponsor?:	<input type="text" value="No"/>
2. Do you have a personal or private interest that may conflict, or to be perceived to conflict with your duty as a public officer?:	<input type="text" value="No"/>
3. Have you previously received any personal benefit (including sponsored travel) or may in the future receive a benefit from the sponsor (in any form) that could cast doubt on your or Health Service's independence, objectivity or impartiality?:	<input type="text" value="No"/>
4. Is there any risk to you personally or to the Health Service that the acceptance of this gift could be viewed negatively by others?:	<input type="text" value="No"/>
5. In your opinion by accepting this gift, would either your involvement or the involvement of Health Service be interpreted as unfair and unreasonable to others?:	<input type="text" value="No"/>
6. Is there the potential this offer of a gift may be questioned publicly?:	<input type="text" value="No"/>
7. Have any promises or commitments been made (either personally or on behalf of the Health Service) in relation to the sponsor of their products and services?:	<input type="text" value="No"/>

If you have answered "Yes" to any of the questions above, a Conflict of Interest (Col) form will be automatically generated and sent to you via an email link. The Col form features an integrated approval process.  
Please click on the following link to view the [Conflict of Interest Policy and Guidelines](#)

WA Health Conflict of Interest Policy defines a conflict of interest as:

"A situation arising from conflict between the performance of public duty and private or personal interests"

It is important to note that it is not always possible to avoid a conflict of interest and in itself, a conflict of interest is not necessarily wrong or unethical. What is important, however, is to appropriately identify/disclose and effectively manage any actual, perceived or potential conflict of interest situations.

A conflict of interest can be:

- actual – a conflict actually exists
- perceived – a conflict is only believed to exist
- potential – a conflict is a future possibility

If you are unsure what constitutes an actual, potential or perceived conflict of interest, the definitions and examples below may be able to provide some guidance:

Type of conflict of interest	Examples
An <b>Actual</b> conflict of interest occurs when there is a real conflict between a Department of Health employee or Health Service Provider staff member's public duties and private interests. Where a person's duties as a member of staff (that is the principal goals of the profession or activity, the duties of public office, the protection of clients, the health of patients, or the integrity of research) may be unduly influenced by a secondary interest (such as a personal or competing professional interest, including secondary employment or office).	Kylie is the Chair of an ongoing recruitment process. An applicant in the process sends Kylie a box of chocolates and a bottle of wine.
A <b>Perceived</b> conflict of interest occurs when the public or a third party could form the view that a Department of Health employee or Health Service Provider staff member private interest could improperly influence their decisions or actions, now or in the future, whether or not this is in fact the case.	Tony works in a procurement role. A friend offers Tony a ticket to a football game. Tony's friend happens to work for a telecommunications company that supplies mobile phones to the WA health system.
A <b>Potential</b> conflict of interest occurs when a Department of Health employee's or Health Service Provider staff member's private interests could conflict with their official duties in the future. This refers to circumstances where it is foreseeable that a conflict may arise in the future and steps should be taken now to mitigate that future risk.	Rahnee works in a team which provides education services and occasionally engages external education providers. A new education provider sends Rahnee a gift basket to advise Rahnee of their new business.

If you believe that no conflict of interest exists, consider the list of conflicts of interest described in points 1 – 7 on this page. If one or more of those situations applies, the offer of a gift may constitute a conflict of interest.

If a conflict of interest does exist, select "Yes" and consider if any of points 1 – 7 on previous page apply to the situation.

If you select "Yes" in relation to the question "is this a conflict of interest" or any of points 1 – 7 on previous page, you *are required* to complete a conflict of interest declaration.

If you select "Yes" in response to any of these questions, at the completion of lodging your Gift Declaration, you will receive an email requiring you to lodge a conflict of interest declaration through the System Manager Conflict of Interest Registry (COIR).

For guidance about declaring a Conflict of Interest, see the section titled 'Registering a Conflict of Interest in the System Manager Conflict of Interest Registry (COIR)'.

### **Step 9: Upload relevant documents.**

Upload any documents relevant to the offer, receipt, acceptance or refusal of the gift.

If you have any documents related to the gift declaration you may upload them here. e.g. Image of gift, related correspondence etc.  
NOTE: Please ensure the size of any documents that you upload is less than 2MB

There are currently no Declaration Documents to show.

Options	Description	File
Add	<input type="text"/>	Browse...

Examples of documents which could be uploaded include:

- Copies of emails or letters offering a gift;
- Photographs of the gift;
- Copies of email or letters rejecting or accepting an offer of a gift;
- Copies of emails or letters in which you have received advice about how to deal with the offer of the gift.

## Step 10: Review and submit your declaration.

Review the information that you have provided, and amend any details required. Submit your gift declaration by selecting “Next”. This will send an automated email to the nominated ‘Approver’ to approve your declaration.

Please check the information below to make sure you have entered it correctly. You may amend any of the information you have provided.

When you are happy the information is complete, click the Next button to submit your declaration.

Declaring Recip:

High Tier Recip:

Agency:  Division:

Approver:

Provider:

Company/Business/Organisation Name:

Name of person providing:

Gift Description:  Description:

Date Offered:  Value (\$):  Accepted:

Gift Reason Details:

Gift Status:

Token Gift:  Commercial Relationship:

Conflict of Interest:

1. Do you have anything to do with tenders, contracts and/or supply with the sponsor?:

2. Do you have a personal or private interest that may conflict, or to be perceived to conflict with your duty as a public officer?:

3. Have you previously received any personal benefit (including sponsored travel) or may in the future receive a benefit from the sponsor (in any form) that could cast doubt on your or Health Service's independence, objectivity or impartiality?:

4. Is there any risk to you personally or to the Health Service that the acceptance of this gift could be viewed negatively by others?:

5. In your opinion by accepting this gift, would either your involvement or the involvement of Health Service be interpreted as unfair and unreasonable to others?:

6. Is there the potential this offer of a gift may be questioned publicly?:

7. Have any promises or commitments been made (either personally or on behalf of the Health Service) in relation to the sponsor or their products and services?:

Click the Next button to submit your declaration.

< Back      Next >      Close

**Step 11: Follow up your declaration.**

Upon completing a gift declaration, it is important that you follow up your declaration with the relevant 'Approver' and ensure that they provide a decision through the System Manager GDR.

Ensure that once a decision is made by the 'Approver' that the actions within that decision are followed.

If you have received a gift, and the decision requires you to refuse or return the gift, you must return it to the provider as soon as is reasonably practicable.

It is your responsibility to ensure that you comply with the *Gifts, Benefits and Hospitality Policy* and decisions made by the relevant 'Approver'.

## Editing a declaration in the GDR

Circumstances may arise where you wish to adjust the details of your declaration.

This should be done **prior** to the approval of a declaration in the System Manager GDR.

If you have submitted a declaration, you can do so by selecting “XX Completed Gift Declarations” on the System Manager GDR home page as shown below:



The screenshot shows the 'Home' page of the System Manager GDR. On the left, under 'You may:', there are two links: 'Enter a new gift declaration' and 'View the gift declaration policy'. On the right, under 'There are currently:', there are four links: '49 Completed Gift Declarations', '127 Draft Gift Declarations', '57 Submitted Gift Declarations', and '233 Total Gift Declarations'. A red arrow points to the '49 Completed Gift Declarations' link.

If you have not yet submitted a declaration, but have partially completed it, you can access your declaration by selecting “XX Draft Gift Declarations” as shown below:



This screenshot is identical to the one above, showing the 'Home' page with the same navigation options and declaration counts. A red arrow points to the '127 Draft Gift Declarations' link.

Search for your gift in the list provided using the fields at the bottom of the page.

To edit a declaration, select “Edit” next to your relevant declaration, as shown below:

Options	Number	Declaring Officer	Description	Date Offered	Status
Edit	72		Enter Date test	02/10/2018	Completed
Edit	122		COI - UNKNOWN Email	09/10/2018	Completed
Edit	123		TO TEST 2 emails	16/10/2018	Completed
Edit	181		Dinner	18/10/2018	Completed
Edit	180		Education session, dinner and refreshments	22/10/2018	Completed
Edit	190		Microsoft Training	01/11/2018	Completed
Edit	223		Bottle of wine	06/11/2018	Completed
Edit	225		asdasd	06/11/2018	Completed

Edit the relevant details and select “Save and Close” once completed.

## Approving an offer of a gift in the GDR

### Step 1: Accessing the System Manager GDR to approve a gift.

If you are the relevant 'Approver' for a gift, upon the completion of a declaration in the System Manager GDR you will receive an automated email notifying you that a declaration has been completed and is awaiting approval.

Follow the link in the email to approve the gift.

If you receive an email requiring you to approve a gift declaration, and you do not believe you are the appropriate 'Approver', advise the Department of Health employee or Health Service Provider staff member who made the declaration and request that they alter their declaration accordingly.

### Step 2: Review the information in the declaration.

Upon following the link in the email, you will be taken to the completed declaration.

It is important that you review ALL of the information provided within the declaration.

**Edit Gift Declaration - fsd**

Declaring Officer: [Text Field] Status: Submitted Number: 240

Declaring Recip: Yes [Dropdown]

High Tier Recip: No [Dropdown]

Agency: [Dropdown] Division: [Dropdown]

Department: None [Dropdown]

Award: [Text Field]

Employment Level: 2 [Text Field]

If you are not the right approver, please nominate the next approver to escalate the approval process

Approver: [Text Field]

Provider: Patient [Dropdown]

Company/Business/Organisation Name: [Text Field]

Name of person providing: [Text Field]

Gift Description: [Text Field] Description: [Text Field]

Date Offered: 27/11/2018 [Text Field] Value (\$): 99.00 [Text Field] Accepted: Yes [Dropdown]

Gift Reason: Gift of appreciation [Dropdown]

Gift Reason Details: [Text Area]

Gift Status: [Text Field]

Token Gift: No [Dropdown] Commercial Relationship: Yes [Dropdown] Date Submitted: 04/12/2018 [Text Field]

The nature of the commercial relationship (if available): [Text Field]

Conflict of Interest: No [Dropdown]

1. Do you have anything to do with tenders, contracts and/or supply with the sponsor?: No [Dropdown]
2. Do you have a personal or private interest that may conflict, or to be perceived to conflict with your duty as a public officer?: No [Dropdown]
3. Have you previously received any personal benefit (including sponsored travel) or may in the future receive a benefit from the sponsor (in any form) that could cast doubt on your or Health Service's independence, objectivity or impartiality?: No [Dropdown]
4. Is there any risk to you personally or to the Health Service that the acceptance of this gift could be viewed negatively by others?: No [Dropdown]
5. In your opinion by accepting this gift, would either your involvement or the involvement of Health Service be interpreted as unfair and unreasonable to others?: No [Dropdown]
6. Is there the potential this offer of a gift may be questioned publicly?: No [Dropdown]
7. Have any promises or commitments been made (either personally or on behalf of the Health Service) in relation to the sponsor of their products and services?: No [Dropdown]

Attached documents can be accessed by selecting the "Declaration Documents" button at the bottom of the page.

If you believe that some of the information is inaccurate or misleading, or that the person making the declaration has failed to consider relevant factors, it is appropriate that you **discuss this directly** with the person who made the declaration.

If it is agreed that information needs to be adjusted, the person who made the declaration is able to access the declaration and amend these details.

If you are unclear about the information in the declaration, it is important that you discuss the matter with the person making the declaration to enable you to make a fully informed decision.

### **Step 3: Make and submit a decision.**

Considering the information provided in the declaration, you will need to make a decision as to the appropriate action to be taken in relation to the gift. In doing so, complete the following fields.

Decision:

Is this a gift as defined by the policy:  Gift Approved:

Outcome:  Date Completed:  Completed By:

In the field titled “Decision” state whether the gift can or cannot be accepted, your decision as to what should happen with the gift, and a brief reason for your decision.

Ensure that you complete the following fields:

- “Decision”
- “Is this a gift as defined by the policy”
- “Gift Approved”
- “Outcome”

In making your decision, it is essential that you are familiar with and consider the Policy.

Once you have completed these fields, select “Complete Declaration” to complete the approval process.

### **Step 4: Ensure that your decision is carried out.**

It is important that you ensure that the decision you have made in relation to a gift is carried out. If your decision requires that the person who made the declaration returns the gift or uses it in a particular way, it is appropriate for you to discuss this with the relevant person.

It is your responsibility to assure yourself that the actions required in your decisions are carried out, and that the gift is dealt with appropriately.

## Viewing and searching for gift declarations in the System Manager GDR

Declarations in the System Manager GDR can be viewed through the links on the right hand side of the main screen of the System Manager GDR.

**Home**

You may:

- [Enter a new gift declaration](#)
- [View the gift declaration policy](#)

There are currently:

- [49 Completed Gift Declarations](#)
- [127 Draft Gift Declarations](#)
- [57 Submitted Gift Declarations](#)
- [233 Total Gift Declarations](#)

When viewing declarations, it is important that you select the correct set of declarations. The table below indicates the different sets of gift declarations:

Completed Gift Declarations	This includes all declarations that have been submitted AND approved by the relevant Approver. These declarations are finalised.
Draft Gift Declarations	This includes all declarations which are yet to be completed.
Submitted Gift Declarations	This includes all declarations that have been submitted including declarations which have not yet been approved by the relevant Approver.
Total Gift Declarations	This includes all declarations, regardless of whether they have been submitted, approved or are in draft form.

Searches of these sets of declarations can be conducted by selecting the relevant set of declarations, and filtering details through the various fields shown below:

Fields	
Date/Time Created:	Contains <input type="text"/>
Created By:	Contains <input type="text"/>
Date/Time Modified:	Contains <input type="text"/>
Number:	Contains <input type="text"/>
Declaring Officer:	Contains <input type="text"/>
Decl. is Rec.:	Equals <input type="checkbox"/> Any <input type="checkbox"/>
	Not Equal <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/>
Recipient Name:	Contains <input type="text"/>
Recipient Position:	Contains <input type="text"/>
Contact Number:	Contains <input type="text"/>
HT Recip.	Equals <input type="checkbox"/> Any <input type="checkbox"/>
	Not Equal <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/>
Division:	Equals <input type="checkbox"/> Any <input type="checkbox"/>
	Not Equal <input type="checkbox"/> Area Allied Health <input type="checkbox"/>
	Area Clinical Services <input type="checkbox"/>
Agency:	Equals <input type="checkbox"/> Any <input type="checkbox"/>
	Not Equal <input type="checkbox"/> CAHS <input type="checkbox"/>
	Dept of Health (DOH) <input type="checkbox"/>
Approver:	Equals <input type="checkbox"/> Any <input type="checkbox"/>
	Not Equal <input type="checkbox"/> A M Ali, Kongit (he26889) <input type="checkbox"/>

To complete a search, select the relevant fields you require and click “Perform Search”.

To view individual gift declarations select the “Edit” field next to the relevant declaration.

Ensure that if you are conducting multiple searches that you clear the relevant fields after each search by selecting “Clear Filter”.

Search results can be printed by selecting “Print”.

To extract search results to Excel, select “Export”.

## Registering a Conflict of Interest in the System Manager Conflict of Interest Registry (COIR)

If you have lodged a Gift Declaration through the System Manager GDR which identifies that a conflict of interest may exist, a Conflict of Interest form will be automatically generated and sent to you via an email link, such as the one below. The Conflict of Interest form features an integrated approval process.

Thank you for your gift declaration submission.

You have indicated Yes on whether there is a conflict of interest with this declaration.

Please click on the link below to fill in a Conflict of Interest Declaration.

[Conflict of Interest Form](#)

Regards,

*Gift Declaration Registry*

Please note this is an automated email. Please do not reply to this email.

Lodging a Conflict of Interest declaration through the System Manager COIR replaces the need for the completion of a physical conflict of interest form.

**Step 1: Enter your person details.**

Enter your name, HE number, position, location, employer and contact details in the fields shown below:

**Conflict of Interest Form**

Employee Details	
HE Number	<input type="text"/> <input type="button" value="Check"/>
First Name	<input type="text"/>
Last Name	<input type="text"/>
Position	<input type="text"/>
Location	<input type="text"/>
Telephone	<input type="text"/>
Email	<input type="text"/>
Health Services Provider	<input type="text" value="- Please select -"/>

**Step 2: Provide details of the conflict of interest.**

Complete the fields below, describing both the nature of the conflict of interest and describing the public duty in question.

Conflict of Interest Details
<p>Describe the nature of the matter or issue that is the subject of the possible conflict of interest:</p> <div style="border: 1px solid #ccc; height: 100px;"></div>
<p>Describe the public duty in question (eg involvement in tender process):</p> <div style="border: 1px solid #ccc; height: 100px;"></div>

### **Step 3: Answer all the questions related to the 6 P's.**

Provide an answer to each of the questions listed below:

**Private Interest:**

Do I have personal or private interests that may conflict or be perceived to conflict with my public duty?

Do I have any significant ties, obligations, financial relationships and/or affiliations with organisations, clubs, groups or individuals who stand to gain or lose from this matter? Not Set ▼

Do I, or anyone associated with me, have a private business (or secondary employment) interest in this matter? Not Set ▼

Do I have significant family or other relationships with clients, contractors or other people involved in the matter? Not Set ▼

Does the matter relate to financial (pecuniary) interest as defined in legislation and regulations? Not Set ▼

If there is a private interest, is it sufficiently influential or motivating so that it may lead to a conflict of interest? Not Set ▼

Do I have doubts about my ability to act impartially in the public interest (ie to absolutely ensure that any private considerations do not affect my decisions/actions)? Not Set ▼

**Potential Benefits:**

Could there be benefits for me now or in the future that could cast doubt on my objectivity?

Could I, or anyone associated with me, benefit now or in the future from my actions or decisions in relation to the matter? Not Set ▼

Could I, or anyone associated with me, be detrimentally affected now or in the future by my actions or decisions in relation to this matter? Not Set ▼

Have I received a benefit, gift, donation or hospitality (eg meals, drinks, tickets, etc) from someone who stands to gain or lose from a decision or action in relation to this matter? Not Set ▼

Am I, or anyone associated with me (eg a relative, friend or associate) likely to gain or lose financially if the matter is resolved a certain way? Not Set ▼

Could the matter have an influence on my future employment opportunities? Not Set ▼

**Perceptions:**

Remembering that perception is important, how will my involvement in the decision or action be viewed by others? Are there risks associated for me or my organisation?

Would it appear to a neutral or disinterested observer that my private interests were in conflict with my public duty? Not Set ▼

Could a neutral or disinterested observer reasonably believe my private interests had influenced me? Not Set ▼

Do I hold any private or professional views and biases that may lead others to conclude that I am not an appropriate person to deal with this? Not Set ▼

Are there perception risks for WA Health or myself if I remain involved? Not Set ▼

Would I think it was wrong or improper if I saw someone else doing this? Not Set ▼

**Proportionality:**

Does my involvement in the decision appear fair and reasonable in all the circumstances?

If I am not involved, is there a better way to ensure impartiality, fairness and to protect the public interest? Not Set ▼

Is my involvement illegal? Not Set ▼

Is my involvement contrary to WA Health policies and procedures and/or those of the public sector? Not Set ▼

Do I need to seek advice from someone who knows about these things or who is an objective party? Not Set ▼

**Public Scrutiny Test:**

What are the consequences if I ignore a conflict of interest? What if my involvement was questioned publicly?

Is the matter one of significant public interest? Is it controversial and likely to attract significant public attention?

 ▼

Would I be unhappy if my private connection or association was made? Would I feel ashamed if my private interest was exposed on the evening news or the front page of a newspaper?

 ▼

Would I find it hard to defend and justify my actions and/or involvement if questioned publicly?

 ▼

Could my involvement result in negative consequences for others, WA Health or myself?

 ▼

**Promises and Obligations:**

Have I made any promises or commitments, been involved in or contributed privately to the matter?

 ▼

Do I have a current or previous relationship with interested parties that would place me under an obligation?

 ▼

Do I have affiliations past or present (eg political, union, profession, religious) past or present that could place me under an obligation?

 ▼

**Step 4: Identify conflict and the proposed strategy for resolving or managing the conflict.**

Complete the fields shown below:

The identified conflict of interest is:

- Please select -

The type of conflict is:

- Please select -

Is it an isolated event

Is it an ongoing conflict of interest

Proposed strategy for resolving or managing the conflict of interest.

Comment/Notes:

In order to determine whether a conflict of interest is an actual, perceived or potential conflict of interest, it may be helpful to consider the following definitions and examples.

Type of conflict of interest	Examples
An <b>Actual</b> conflict of interest occurs when there is an actual conflict between a public and private duty, occurring at that point in time.	Linda is on a panel in a recruitment process. When she starts assessing the applications, she sees that her friend Fred has applied for the position.
A <b>Perceived</b> conflict of interest occurs when there is the appearance of a conflict or when someone does not know all the facts about a situation and believes that a conflict exists.	Tony works in a procurement role. A friend offers Tony a ticket to a football game. Tony's friend happens to work for a telecommunications company that supplies mobile phones to WA health system.
A <b>Potential</b> conflict of interest occurs when a person's private interests might interfere with official duties in the future, but are not doing so currently.	Sarah is a pharmacist working in a WA public hospital. She seeks permission for secondary employment to work in her Auntie's pharmacy in her local shopping centre.

In identifying the type of conflict of interest, it may be worth noting that:

- a “financial conflict of interest” relates to a situation where a private duty concerns the financial interests of a person
- a “partiality conflict of interest” relates to a situation where a private duty may be likely to give preference to one person or group over another
- a “role conflict of interest” relates to a situation where a private duty arises as a result of a role, job or position held by a person.

In providing details of proposed strategy for resolving or managing a conflict of interest, it is best to be specific. Strategies may incorporate one or more of the following options for managing a Conflict of Interest:

<b>Record or register</b>	Recording the disclosure of a conflict of interest in a register is an important first step. However, this does not necessarily resolve the conflict. It may be necessary to assess the situation and determine whether one or more of the following strategies is also required.
<b>Restrict</b>	It may be appropriate for the Department of Health employee or Health Service Provider staff member to restrict their involvement in the matter. For example, refrain from taking part in debate about a specific issue, abstain from voting on decisions, or restrict access to information relating to the conflict of interest. If this situation occurs frequently and ongoing conflict of interest is likely, further steps may be required.
<b>Recruit</b>	If it is not practical for the officer to restrict their involvement, an independent third party may need to be engaged to participate in, oversee or review the integrity of the decision-making process.
<b>Remove</b>	Removal from involvement in the matter altogether is the best option when ad hoc or recruitment strategies are not feasible or appropriate.
<b>Relinquish</b>	Relinquishing the personal or private interests may be a valid strategy for ensuring there is no conflict with an officer’s public duty. This may be the relinquishing of shares or membership of a club or association.
<b>Resignation</b>	Resignation may be an option if the conflict of interest cannot be resolved in any other way, particularly where conflicting private interests cannot be relinquished.
<b>Record or register</b>	Recording the disclosure of a conflict of interest in a register is an important first step. However, this does not necessarily resolve the conflict. It may be necessary to assess the situation and determine whether one or more of the following strategies is also required.

**Step 5: Nominate the person who should approve this report.**

Enter the details of person who is required to approve this Conflict of Interest declaration as shown below:

**Please nominate the person who should approve this report**

Approver HE Number

First Name

Last Name

Position

Approver Email

Each WA health system entity is responsible for identifying who the appropriate Approver is under this section. If you are unsure who this person is, please contact your Integrity area for further guidance.

Once completed, select “create” to send the declaration to the relevant Approver.

The authorised approver for conflict interest declarations related to Chief Executives of Health Service Providers is the Director General of the Department of Health. Where a conflict of interest declaration is made in relation to a Chief Executive, the approver which should be selected in the Approver field is:

Approver HE:        he164560  
First Name:         SWIS  
Last Name:          SWIS

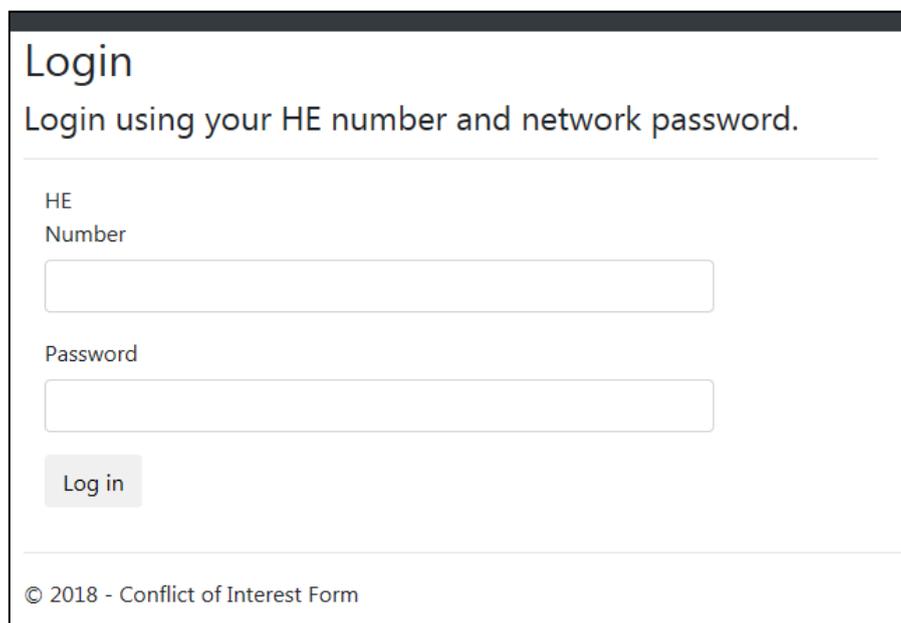
**Step 6: Completion of declaration.**

A declaration is only completed once it is approved. You will receive an automatically generated email advising when your declaration has been approved by the person nominated.

If you do not receive this email, discuss this matter directly with the Approver to determine whether any changes are required. It is important that you ensure that your Conflict of Interest declarations are appropriately approved by the appropriate person.

## Reviewing a Conflict of Interest Declaration

Once a Conflict of Interest declaration has been entered into the System Manager COIR, if you are the nominated Approver you will receive an email containing a link to review and approve the Conflict of Interest. Follow this link and log in to the screen as shown below:



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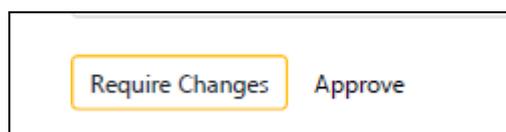
You will be shown the completed details for the declaration as entered by the Department of Health employee or Health Service Provider staff member.

Ensure that you consider the details entered and determine whether the proposed action is appropriate.

If you believe that some of the information is inaccurate or misleading, or that the person making the declaration has failed to consider relevant factors, it is appropriate that you **discuss this directly** with the person who made the declaration.

If you are unclear about the information in the declaration, it is important that you discuss the matter with the person making the declaration to enable you to make a fully informed decision.

If the declaration is not sufficient, select “Require Changes” at the bottom of the screen as shown below, to enable the person who made declaration to edit their declaration. Ensure that if you do require changes, that you discuss this with the Department of Health employee or Health Service Provider staff member.



Require Changes Approve

If you are satisfied with the declaration select “Approve”. This will notify the Department of Health employee or Health Service Provider staff member who made the declaration that their declaration has been reviewed and approved.