

BSSH Code of Conduct

Purpose

To set out the responsibilities and behaviours expected of individuals whilst in pursuit of the aims and work of BSSH. To provide guidance for all BSSH members, trustees and employees, regarding professional behaviour during Society activities, including social events. Procedures for reporting, and the algorithm for investigating and managing unprofessional behaviour are included.

All individuals covered by this document have a duty to behave in a responsible manner, with standards of conduct that support our common values, and to comply with this code at all times. This extends beyond the requirements of employment law and the professional guidelines of GMC. By joining the BSSH, in any of the above capacities, the individual implies that they will abide by this code and will be expected to sign up to comply with it.

The code should engender confidence that the organisation genuinely cares about developing and maintaining an appropriate work environment for all concerned, that is mutually supportive and consistent with achievement of the Society's charitable aims.

Scope

This code applies to all BSSH members, employees, trustees, and officers when involved in Society business. This does not address patient-doctor interactions or personal behaviour outwith the remit of BSSH work or activities.

Society business includes but is not limited to, all meetings, written & verbal communications, social events, educational activities, website or social media activity.

Lay members, course faculty and other individuals interacting with the society would be expected to behave in similar fashion although it is not practical to expect them to formally sign up. And, if not compliant, will be asked to discontinue in their role for the Society.



Introduction

The BSSH is a Company Limited by Guarantee (not having any share capital), governed by company law, and a Charity, subject to the jurisdiction of the Charity Commission of England and Wales. Our objectives are to “promote and direct the development of Hand Surgery”.

The BSSH welcomes open debate and free exchange of ideas and is committed to creating a culture that is inclusive of all members and staff. We want every member or employee to feel able to contribute, knowing that their points of view will be valued and differences of opinion will be respected. We want to attract and retain members and staff who reflect and represent the wider society we serve and build a sustainable future for our society.

This code applies to all members and employees of the BSSH who must conduct themselves so as to promote the success of the society and maintain the individual and collective reputation of the society and its members. They must also, at all times, comply with relevant laws.

Section 3 of the Memorandum of the Association, requires all Council Members to make a “declaration of interest” whenever they have a personal interest in any matters to be discussed, requires them to withdraw from the meeting (unless expressly invited to remain), to not be counted in the quorum for that part of the meeting, and to withdraw/ have no vote on the matter in question.

Section 15 of the Articles of the Association, outlines when “a member of the Society shall cease to hold that position”, and part “d” indicates that: “if by reason of conduct deemed by the Council to render him / her unfit to continue as a Member, he / she is removed by a resolution passed by a three fourths majority of the Members of the Council present and voting”.

The BSSH gratefully acknowledges the help and support of the BMA in allowing us to draw substantially from the BMA’s own code of conduct (May 2018) and the BMA’s resolution process (December 2019).



This code will ensure that there is parity between staff and members, with each being held to an equitable standard of conduct. Every BSSH member is bound by this code of conduct when conducting BSSH business. The code should be reviewed 6 months after adoption by HR and Council and then annually and, as a document every five years.

BSSH Behaviour Principles

It is our responsibility as BSSH members to act as role models, to promote positive behaviours and to challenge poor behaviours.

Our behaviour principles are:

- Be Professional
- Be Accountable
- Be Kind
- Be Representative
- Respect Others

These behaviour principles were developed by the BMA during an extensive consultation with this membership in 2017 and are endorsed and gratefully acknowledged by the BSSH (with the BMA's permission- British Medical Association BMA code of conduct May 2018).

No set of guidance can cover all eventualities, but to aid understanding, some examples of these principles in practice are described. These were identified by BMA members and examples of positive and poor behaviours are in Appendix 1.

Code of Conduct

1. Responsibilities of the BSSH towards members and staff

- The BSSH recognises that it has a reciprocal duty of care towards members and staff
- This code of conduct will not be applied inequitably, unreasonably or disproportionately
- The BSSH will support members and staff who challenge poor conduct and behaviours



Appropriate pastoral support should be available to all parties to a complaint. This support is available through, for example, access to the BMA Doctors for Doctors service (BMA members) and DocHealth. The Staff Handbook will be updated to give details of support available to staff.

2. Responsibilities as a member

2.1 Familiarisation

Members are required to familiarise themselves with the BSSH's Constitution and Code of Conduct as set out in the Memorandum and Articles of Association.

Members must act within the Memorandum and Articles of Association and promote the success of the Society for the benefit of its members, and exercise reasonable care, skill and diligence in all their duties.

2.2 Attendance:

Members who undertake work for the Society should be able to allocate sufficient time to the Society to enable them to discharge their responsibilities effectively, and should inform the Officers in a timely fashion if circumstances, such as ill health, preclude this. Officer and Committee Chair and Member role profiles provide further detail.

2.3 Election behaviour:

The BSSH can only function with the contributions of those members who seek election as officers, committee chairs and members. In order that elected representatives work together effectively, on standing for election, members agree to uphold the principles outlined in this Code of Conduct.

Candidates will abide by electoral rules, and respect other candidates. Members will not canvas other members or staff to favour a particular candidate.

2.4 Conflicts of interest:

A conflict of interest is the risk that an individual's ability to apply judgement could be influenced by a secondary interest.



BSSH Council Members are required to complete and update a form yearly registering their interests.

Members must also declare any relevant conflict of interest before a debate or a decision is made.

Where a potential conflict of interest exists, this may limit their participation in debate and/or decision-making.

2.5 Suspension and exclusion:

When an elected officer, committee chair or member becomes aware of allegations made against them that may result in disciplinary or regulatory action by third parties (including but not limited to, being excluded from employment or suspended from medical practice by the GMC), they should consider notifying the President, who will be able to advise on the different ways the BSSH may be able to support. You may also have a confidential conversation about whether it may impact on your BSSH role.

2.6 BSSH staff:

Members must respect and support staff and other team members who assist them in their work, in any interaction with staff, and should be aware of the contents of the BSSH 'Staff Handbook' and associated policies.

2.7 Overseas work

This Code of Conduct will apply to members engaged in work overseas representing BSSH, despite the differences in environment. Members will be expected to conduct themselves as a positive example in both training and behaviour and to respect the beliefs, values and cultures of the country where they are working. Where this conflicts with UK law, it is appropriate to raise this issue with the team locally, decline to be involved if considered inappropriate, but not to impose the member's views upon them.



3. Responsibilities as a member or employee

3.1 Personal conduct:

Members and staff are expected to maintain a high standard of personal conduct and treat all employees and other members with respect. In particular, Members are required to promote and model the behaviour principles outlined in this code of conduct. All Members should display the same duty of care towards one another as they should towards patients and in the workplace.

Bullying and harassment, including sexual harassment, will not be tolerated and cases will be taken extremely seriously.

Bullying includes behaviour that is intimidating, malicious, offensive, undermining or insulting. It is an abuse or misuse of power and is unwarranted and unwelcome.

Harassment is against the law. In the Equality Act 2010, it is defined as conduct that is related to one of the protected characteristics (age, race, religion or belief, gender reassignment, disability, sex, or sexual orientation). It is unwanted by the recipient and it has the purpose or the effect of violating their dignity or creating a hostile, intimidating, offensive, degrading or humiliating environment for them.

Sexual harassment is separately defined in the Equality Act 2010 as unwanted conduct of a sexual nature which has the same purpose or effect.

3.2 Boundaries between Professional and Personal Matters:

Clear boundaries will always be maintained between professional and personal matters. Individuals also need to avoid putting themselves in a position where an abuse of power or breach of professional boundaries might occur, or could be perceived to occur.

Whilst consensual relationships are understood, nevertheless, a power gradient often exists between medical and non-medical Society personnel, as well as between senior and more junior individuals of the same professional background.



Such boundaries will be respected at all times, including at Society social functions. Relevant events include but are not limited to conferences, meetings, working away on Society business, events where one is the guest of a third party as a representative of the Society, office parties or Society related social occasions.

Appropriate and responsible behaviour is expected, including after drinking alcohol when on Society business.

Any unacceptable behaviour, intimidation or humiliation is generally that defined by the recipient, not by the intentions of the person behaving in this way.

3.3 Confidentiality:

Information about, or held by the BSSH, that is not expressly put into the public domain by the Society, may only be given to others if they are entitled to receive it and must not be used except for the benefit of the Society.

Members should take all reasonable steps to seek and follow the advice of the relevant chairs of committees and Council and their relevant communications leads before accepting, in a BSSH capacity, meetings, interviews or requests for information from the media or members of UK parliaments or assemblies. For UK-wide issues, this will be the President, another officer, the Chair of the Communications Committee or their appointed deputy.

3.3 Information technology and social media:

Members must observe BSSH Confidentiality, GDPR and GMC guidance for the use of email and other means of electronic communications

Members and staff must observe the BSSH Communications Committee's social media policy (when available) for the use of social media when acting in a BSSH capacity. The BSSH is not responsible for any content not owned or published by the BSSH.



3.4 BSSH resources and property:

Members and staff must take good care of, and return on demitting office, any BSSH equipment that is made available to them. The BSSH is a Charity, funded in part by member subscriptions.

Members and staff should ensure that they are making best use of funds by being mindful of expenses, travel costs and staff time, as well as making a contribution to the meetings that they attend.

3.5 Expenses:

Guidance regarding expenses for travel, accommodation and incidental expenses must be followed. Claimants shall be considerate of the Society's charitable status when incurring expenses. The decision of the Treasurer is final in any disputes regarding payments.

If partners or spouses accompany members or staff, then any additional travel hotel or catering costs are the responsibility of the member and not the Society.

3.6 BSSH crest, logos and reputation:

The Society's logos and letterheads cannot be used without the expressed permission of the Society.

4. Relationships with third parties

4.1 BSSH Members may come into contact with a wide range of suppliers of goods and services including professional advisers and business consultants. Suppliers must be treated with courtesy and fairness at all times.

4.2 Members are required to familiarise themselves with the requirements of the Bribery Act 2010 and the Society's Bribery Policy.

4.3 Members are required to disclose any acceptance of gifts or hospitality given by third parties in circumstances that could be seen as relevant to BSSH business.



4.4 Any offers of third-party sponsorship and co-branding of activities and events must be referred to the President and / or Treasurer.

5. Reporting inappropriate behaviours and how to raise a complaint about a member or employee

5.1 Wherever possible, the BSSH's preference is to promote positive behaviours, and prevent issues from happening in the first place – we are above all, an organisation that supports clinicians, and ultimately, our patients.

5.2 The BSSH recognises the importance of challenging poor behaviours.

5.3 Our preferred approach is to address poor behaviour informally through support, training and feedback. It is anticipated that most minor breaches of the Code will be resolvable through discussion and mediation between the relevant individuals, and that, such episodes will be resolved amicably.

5.4 Where staff or members have a concern about the conduct of a member, and are unable or unwilling to deal with the matter informally, the BSSH resolution process sets out how to raise a complaint and details the investigation, decision-making and appeals process together with potential sanctions.

5.5 Member or staff complaints must not be raised in an open forum.

5.6 The resolution process also provides guidance on tackling poor behaviours informally as well as information about the support that is available to members who are the subject of, or are impacted by complaints.

5.7 Concerns may be raised by the individual affected by the complaint or by staff or members who have witnessed poor behaviour



5.8 Concerns about staff or members should be raised directly with the relevant staff manager or in writing to the BSSH President or Immediate Past President or, if the complainant feels these officers are conflicted, to any Trustee.

5.9 Any of the individuals mentioned in 5.8 who receives such a complaint must trigger the resolution process within 30 days.

Resolution Process

- Minor breaches of this code will be resolved informally where possible by the President or Immediate Past President. This may involve an explanation of why the behaviour was unacceptable to the perpetrator and giving them an opportunity to provide an apology with support to prevent recurrence; more formal mediation; training for the perpetrator.
- Mediation will be the preferred option where there is an established dispute with both the complainant and the individual being complained about being asked to attend sessions organised via Human Resources. This may be triggered:
 - Where a difference of opinion has developed into entrenched views
 - Where the mental wellbeing of either individual is being affected
 - Where behaviours or actions that cause actual or potential for reputational damage to BSSH or, otherwise comprise its operational integrity are occurring.
- Mediation may be requested by either party or a third party by writing to the President or Immediate Past President, or, if they are felt to be conflicted, to any Trustee, who will consider the request and approach both parties to suggest non-judgmental mediation.
- For those cases that are not successfully resolved by mediation, or which are felt by either party to be not suitable for mediation, then an investigative panel as outlined below would consider the matter.
- Substantial breaches of this code will be considered by an investigative panel comprising the President or Immediate Past President, two Trustees and a senior member of the Secretariat.



- Where a member of the Secretariat or an Officer are implicated, an HR representative will be contracted for the purpose.
- Findings of the investigation will be brought to a closed confidential meeting of the investigative panel and sanctions determined.
- The conclusion of the investigation will be made known to the complainant
- Temporary suspension of role within or for BSSH pending further investigation or outcome of formal professional proceedings may be required but only in serious circumstances. This should not be regarded as routine nor as a form of disciplinary action.
- Possible sanctions include:
 - Formal letter notifying member of the breach and warning that a second breach will result in expulsion from the Society
 - Loss of officer role, committee chair or committee member position
 - Loss of place on Council
 - Loss of employment and other sanctions for staff (after appropriate Disciplinary procedure as laid out in Employees Handbook)
 - Referral to the GMC or relevant professional regulator

Whistleblowing Charter

Purpose

To provide a policy to be used in conjunction with our Code of Conduct to give Members and staff support in speaking out (whistle-blowing) and raising concerns about behaviours or policies within the work of BSSH, without fear of redress or sanction. We recognize that those individuals feel vulnerable and we wish to support them. To provide guidance for all BSSH members, trustees and employees, in procedures for reporting concerns, and the algorithm for investigating them.

Scope

This policy applies to all BSSH members, employees, trustees, and officers when involved in Society business and lay members, course faculty and other individuals, such as exhibitors, interacting with the Society.



Society business includes but is not limited to, all meetings, written & verbal communications, social events, educational activities, website or social media activity.

Introduction

The BSSH objectives are to “promote and direct the development of Hand Surgery”.

We recognize that, at times, individual’s behaviour may differ from that expected by our Code of Conduct and we want individuals to be able to highlight this, without fear of reprisal or prejudice to their own position, so that it can be addressed early and by simple measures, rather than escalate to a more entrenched problem.

This Policy, together with the Code of Conduct, will ensure that there is a process to deal with whistleblowing that encourages individual’s disclosure of concerns and early resolution of problems.

Concerns to be raised

Concerns may be about anything that an individual considers is harming our objectives as a Society. That includes concerns of:

- Bullying
- Harassment
- Discrimination
- Nepotism
- Unsafe working practices
- Unsafe patient care
- Inappropriate behaviour
- Risk of reputational damage to BSSH
- Risk of loss of operational integrity to BSSH
- Financial mismanagement

If an individual has a personal grievance concerning an individual then this is more appropriately managed through a mediation policy.



Protection for Those Raising Concerns

1. Responsibilities of the BSSH

- The BSSH recognises that it has duty to investigate such concerns
- The BSSH recognizes that the complainant may be misinformed or mistaken and, if genuinely concerned, no sanctions will be taken against the complainant.
- The BSSH will support the complainant during any investigation in a non-judgmental way and will advise avenues of pastoral support
- The BSSH will not tolerate harassment, victimization or bullying of any complainant by any member of its society or staff
- The BSSH will subject any member or employee who raises a concern, which they know to be untrue, through malice, to disciplinary action.
- The BSSH will treat the identity of the complainant in confidentiality, unless required to disclose it for legal means or with their permission
- The BSSH will consider the complaint and, where necessary, investigate in a timely manner
- The BSSH will give the complainant feedback on the progress of the investigation

2. Individuals raising concerns

2.1 Any member, employee, or external individual may raise concerns on their own behalf or if they have seen evidence warranting disclosure relating to other individuals.

2.2 The BSSH will protect the confidentiality of the individual complainant but will have not have jurisdiction over employers from external organisations in how they manage their employee.

2.3 The complainant will be kept informed about the investigation and its conclusions

2.4 If the matter, requires disclosure to the police or GMC, then confidentiality of the complainant may be required to be waived.

2.5 The complainant, and the individual complained about, may need to be suspended from BSSH duties during the investigation but this should not be considered a punitive action



3. Making a 'protected disclosure' – covered under the Law

More serious concerns may have legal consequences and need to be reported to an outside body. To be covered by whistleblowing law, a complainant when raising a concern (to be able to claim the protection that accompanies it) must reasonably believe two things:

- i. They are acting in the public interest (this needs to be more than a personal grievance)
- ii. Disclosure tends to show past, present or future wrongdoing that falls into one or more of the following categories:
 - Criminal offence
 - Failure to comply with a legal obligation
 - Miscarriage of justice
 - Danger to the health or safety of any individual
 - Damage to the environment and/or
 - Covering up the wrongdoing in the above categories

4. Responsibilities as a member

2.1 Members are required to raise concerns if they see behaviours or policies that they believe may be injurious to individual members, staff or the Society.

2.2 Concerns must not be raised in an open forum but in confidence to the President or any other Officer or another Trustee.

2.3 Members may be called upon to give evidence in investigations and should attend in person or virtually to do so if required by the investigating team. Their evidence should be treated as confidential as should all details of the complainant and the investigation.

2.4 In investigations, the individual about whom a complaint has been made may attend with a fellow member, friend or representative for support.



Appendix 1

Shared with permission and thanks from:
BMA Code of Conduct Document (May 2018)
Examples of positive and poor behaviours

These are verbatim comments from BMA members

	POSITIVE BEHAVIOURS	POOR BEHAVIOURS
Respect others	<ul style="list-style-type: none"> - Everyone has the right to contribute and should be encouraged to do so - Every contribution is valued - Listen to one another – do not interrupt - Be open to others’ ideas and opinions - Try to see things from the point of view of others - Be prepared to change your mind 	<ul style="list-style-type: none"> - Ignore the input or value of others’ contributions - Alienate others - Interrupt one another - Not listen to one another - Refuse to consider alternative points of view - Undermine, humiliate or degrade others
Be professional	<ul style="list-style-type: none"> - Remember you are a doctor with expected professional behaviours - Prepare for meetings – read papers - Flag controversial issues with the chair beforehand to allow for extra time or debate - Attend and actively participate in meetings - Mentor and support new members 	<ul style="list-style-type: none"> - Behave in a way unbecoming of a doctor - Persistent non-attendance at meetings without good reason - Attend meetings without reading papers - Do not participate fully across the agenda - Fail to support less experienced members
Be accountable	<ul style="list-style-type: none"> - State your case with clarity and brevity - Explain your decisions and actions to your constituents - Debate in private but support democratic decisions in public - Maintain confidentiality - Challenge constructively – consider the time, place and impact on others 	<ul style="list-style-type: none"> - Dominate conversations and restate the same arguments - Do not explain decisions and actions to constituents - Undermine democratic decisions in public - Breach confidentiality - Raise vexatious complaints
Be representative	<ul style="list-style-type: none"> - Where possible, seek the views of those you represent on the issues that affect them - Where possible, share relevant information and feed back any outcomes which are not confidential to your constituents - Represent constituents’ views at meetings and when voting - Act in the best interests of members 	<ul style="list-style-type: none"> - Assume the views of others without asking or testing assumptions - Represent personal views in opposition to the views of constituents - Do not communicate relevant information to constituents - Do not explain to constituents why decisions were taken - Fail to disclose or manage conflicts of interest
Be kind	<ul style="list-style-type: none"> - Be welcoming - Criticise ideas, not people - Recognise positive behaviours - Challenge disrespectful behaviours 	<ul style="list-style-type: none"> - Do not welcome others – form cliques & exclude others - Blame and mistrust others - Criticise people, rather than ideas - Do not praise positive behaviours - Do not challenge poor behaviours - Be aggressive and impatient

Published version September 2020

Authors and contributors: David Warwick, Meg Birks, Ian McNab, Michelle Prescott, Gill Smith, Gemma Adlington, Charlotte Smith

Overview and advice: Professor Vivien Lees



020 7831 5162
www.bssh.ac.uk
secretariat@bssh.ac.uk
The Royal College of Surgeons of England
38-43 Lincoln’s Inn Fields
London WC2A 3PE

The British Society for Surgery of the Hand
is a registered charity and a company
limited by guarantee

VAT No: 494 7444 04
Registered Charity No: 268396
Registered in England: 1213982