



GMDC Conflict of Interest Policy (Governing Body)

Policy Number	GENP1.2
Policy Type	General Policy
Policy Owner	Grenada Medical and Dental Council
Approval Authority	GMDC Governing Body
Originally Issued	May 12, 2020 Approved June 12, 2020 Effective June 13, 2020
Version History	Revised November 30, 2021 Effective December 16, 2021
Contact Person/ Office	Dr. Michelle George (accreditation@gmdc.gd)



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I. Who Should Read This Policy?

1. Members of the Governing Body of Grenada Medical and Dental Council (GMDC)
2. GMDC Accreditation Secretariat

II. Rationale

GMDC's accreditation process draws individuals with specific experience to serve on the governing body. These roles potentially can conflict with personal or employment interests, resulting in actual or perceived biases in accreditation decisions. Therefore, in this policy, GMDC insists on maintaining integrity in executing all its duties. It is incumbent on all members of the Governing Body to declare any known conflict of interest to mitigate against real or perceived biases; unknown direct/indirect relationships, and any other factor that may call into question the impartiality, objectivity, and/or professionalism of the Governing Body of the GMDC.

III. Statement of Policy

Essential to the proper conduct of the accreditation process, and evaluation of quality assurance, is adherence to the principles of honesty, integrity, and impartiality by each member of the Grenada Medical and Dental Council's ("GMDC") Governing Body.

A conflict of interest as it relates to the Governing Body means an individual (as well as that individual's immediate family members) who has employment, contractual, or other financial interest in, has served as a governing board member of, is/has been enrolled as a student at a medical school seeking accreditation for its medical education programme from, or is accredited by, GMDC, within the previous twelve (12) months from the date of nomination to serve as a member of the Governing Body.

IV. Standards of Conduct

All members of the Governing Body are expected to adhere to the following standards of conduct in the performance of GMDC activities and official actions:

1. Members of the Governing Body shall conduct themselves in a manner that avoids a conflict of interest. Every Governing Body member shall disclose all current personal interests, financial or otherwise, in any medical school with an accredited program or has applied to GMDC for accreditation.



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2. Upon appointment to GMDC, and every year thereafter, all Governing Body members shall disclose in writing any direct or indirect personal interests in a medical school that has a programme accredited by or has applied to become accredited by GMDC. Should a conflict of interest arise prior to the annual update, members of the Governing Body shall inform the GMDC Chair (or the Deputy Chair if the Chair is the subject of a conflict of interest) in a timely manner, but no later than thirty (30) days from the date when the individual becomes aware of the conflict.
3. Members of the Governing Body shall not solicit or accept, for themselves or any other person, gifts, gratuities, entertainment, loans, or other consideration from individuals that own, operate, or are otherwise associated or affiliated with schools that have programmes accredited by or have applied to become accredited by GMDC.
4. Except for activities that are part of the accreditation services offered by GMDC, members of the Governing Body shall not consult with a medical school that has a GMDC-accredited programme unless at the direction of GMDC or to perform activities on its behalf.
5. A member of the Governing Body, directly following the conclusion of their GMDC service, shall not provide consultation services on GMDC accreditation matters for a period of two years.
6. Members of the Governing Body shall participate fully in the GMDC accreditation processes, and shall otherwise conduct themselves in meetings, and activities in a manner consistent with their best, impartial, and unfettered judgment. This is for the furtherance of GMDC's purposes, without regard for the potential impact of GMDC's decisions on members' professional and financial interests or those of their friends, family members, or colleagues.
7. To the extent that any member of the Governing Body becomes aware of a potential or actual conflict of interest during their service to the GMDC, they shall immediately report it to the Chair of the Council, (or the Deputy Chair if the Chair is the subject of a conflict of interest), who will inquire into the matter and direct the required action in accordance with this policy.
8. If the GMDC Chair (or the Deputy Chair if the Chair is the subject of a conflict of interest) determines that the individual has a conflict of interest, he/she shall recuse from any review, discussion, or vote regarding the accreditation status of that school. The recusal decision and the individual who is the subject of the recusal shall be noted in the minutes of the GMDC meeting.
9. In all activities conducted on behalf of the GMDC, members of the Governing Body shall conduct themselves professionally, impartially, and courteously.



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V. Acknowledgement Form

I have read the GMDC Conflict of Interest Policy set forth above and agree to always comply fully with its terms and conditions during my service as a member of the GMDC Governing Body. If at any time, following the submission of the GMDC Disclosure Supplement, I become aware of any actual or potential conflict of interest, or if the information provided below becomes inaccurate or incomplete, I will promptly notify the GMDC Chair (or the Deputy Chair if the Chair is the subject of a conflict of interest) in writing.

NAME OF MEMBER: _____

PROFESSIONAL/POSITION TITLE: _____

ORGANIZATION/AFFILIATION: _____

GMDC Conflict of Interest Disclosure Supplement: Governing Body

1. Did you, in a private capacity, provide consulting, advisory, or outreach accreditation services to any entity or persons outside GMDC that might, in your good faith judgment, present or appear to present a conflict of interest with your GMDC obligations (especially within the past twelve (12) months)?

Circle Response: Yes No

2. Do you have any immediate family members* who currently have (or had within the last twelve (12) months) an employment, consulting, or other financial relationship with—

(a) A medical school that has or is seeking GMDC accreditation?

Circle Response: Yes No

(b) A company that conducts business with GMDC?

Circle Response: Yes No



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- (c) Or an external organization contributing funds to GMDC that are under your control or the control of an immediate family member?

Circle Response: Yes No

3. Did you or any members of your immediate family*, acquire significant financial interests* in any company or organization (especially within the past twelve (12) months), that directly affects or could reasonably appear to affect your role with GMDC.

Circle Response: Yes No

+Immediate family: Defined as a spouse, domestic partner, child, parent, sibling, or other dependent.

***Significant financial interests:** Financial interests valued in excess of \$5,000 or which equal or exceed 5% ownership (i.e., as the actual or beneficial owner of more than five percent (5%) of the voting stock or controlling interest), for any one enterprise or entity when aggregated for you and your immediate family.

If you have answered “yes” to any of the above questions, please complete the section below by disclosing the entity or entities involved and a description of the relevant activities. Please identify any other relationships, commitments, or activities that you or any members of your immediate family have that might present or reasonably appear to present a financial conflict of interest in your role as a member of GMDC’s Governing Body.

NOTE: This form must be updated and submitted to the Chair within thirty (30) days of any change in status of financial interests (i.e., when financial interests in an entity increase to the \$5,000/5% threshold as noted above). Otherwise, the form is to be updated annually.

Disclosure of Actual or Potential Conflict of Interest:



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In signing and submitting this disclosure form, I certify that the above information is accurate to the best of my knowledge, and that I am complying, to the best of my knowledge, with all GMDC policies and expectations related to a conflict of interest.

Signature: _____

Printed Name: _____ Date: _____

VI. Related Policies

1. Conflict of Interest (Site Visitors)