

Altamash Institute of Dental Medicine

Department of Medical Education

Name of Policy	Conflict of Interest
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01			

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1. Purpose

The purpose of this policy is to provide guidance to faculty members of AIDM on handling possible academic conflicts of interest that may arise as a result of their roles in various academic responsibilities.

2. Scope

The scope of this policy:

- 2.1 This procedure applies to all members of the committees, AIDM faculty & staff including full-time and part-time (if any).
- 2.2 The content of the procedure cannot cover every potential conflict and must be interpreted in the light of the particular circumstances of each case.

3. Policy statement

This policy aims to:

- 3.1. Define conflict of interest in academic context.
- 3.2. Identify situations where a conflict of interest may arise
- 3.3. Reduce the possibility of a conflict of interest arising
- 3.4. Outline the responsibilities and describe the procedures that should be followed and how to handle potential conflicts of interest.

4. Definitions:

Academics: All the faculty members working for AIDM in any capacity, staff, all the members of AIDM who are working in administrative capacity.

Conflict of interest: A situation in which a person is in a position to derive personal benefit from actions or decisions made in their official capacity

5. Linked/Referenced Documents:

- AIDM policy document, HR documents

6. Responsibilities:

The policy ownership lies with the Department of Medical Education and Dean's office.

6.1. Individual Responsibility:

All staff members should be aware of conflict of interest policy and should inform the Head of Institution if they think there is any potential for a conflict of interest. This may include the recruitment decisions, admissions, examinations mechanism, committee and/or purchase for institution.

The list is not exhaustive and may include other areas as deemed necessary.

- 6.1.1. All the members of committees should report the possible conflict of interest to the chair which may arise during any agenda item or during any proceedings of the body for which they have membership.

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- 6.1.2. The concerned official will declare the possible conflict of interest in writing.
- 6.1.3. The received conflict(s) of interest declarations will be reviewed by the Head of Institution/department and will be recorded formally.
- 6.1.4. The Head of Institution will assess the case, evaluate the impact (if any) and ensure that the conflict of interest is managed effectively. List of actions that could be taken are:
- 6.1.3.1. The individual not taking part in discussions or decisions related to certain matters.
- 6.1.3.2. Referring certain matters such as assessment, verification for decision to others who have no conflict of interest
- 6.1.3.3. Agreeing not to be involved in a particular project.
- The above actions list is not exhaustive.*
- 6.1.3.4. The Head of Institution must inform the involved individual of the taken action.
- 6.1.3.5. In the event the identified conflict of interest cannot be managed by the Head of Institution, the conflict of interest shall be escalated to the competent authority. The competent authority shall investigate and identify the steps to be taken to manage the conflict of interest effectively.
- 6.1.3.6. All Conflict of Interest documents should be retained / maintained with the concerned departments. A sample of such forms would be shared with Department of Dental Education, where such documents will be retained for audit purposes.
- 6.2. Department Responsibility:**
- 6.2.1. Examination department would collect the conflict of interest declaration from every examiner/invigilator. In case, a case is reported, above mechanism would be observed.
- 6.2.2. H.R department would collect the conflict of interest declaration from members of selection board before interviews. The same will also be collected from promotion committee meetings. In case, a case is reported, above mechanism would be observed.
- 6.3. Responsibility division of this policy.**
- 6.3.1. All academic staff has a responsibility to be aware of the potential for a Conflict of Interest
- 6.3.2. All relevant staff is responsible for disclosing any activity that might give rise to a potential conflict of interest to the Head of Department. If the staff member is unsure whether a conflict of interest might arise, they should discuss this with Head of department.
- 6.3.3. In case of any relative or family member of AIDM faculty and staff (assessors, invigilators, reviewers and administrators of assessment-related materials) is accepted, a declaration of interest form must be completed by the concerned faculty.
- 6.3.4. Head of Institution is responsible for documenting the issue carefully.

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7. Policy Implementation Procedure:

7.1. What is a Conflict of Interest?

A conflict of interest is a situation in which an individual has competing interests or loyalties. In the case of an individual, the conflict of interest could compromise or appear to compromise their decisions if it is not properly managed.

7.2. AIDM List of conflict of interest

Conflicts of interest can arise in a variety of circumstances:

7.2.1. An individual whose personal interests' conflict with his professional position.

7.2.2. An individual who is connected to the development, delivery or award of qualifications has interests in any other activity which have the potential to lead that person to act contrary to his interests in that development, delivery or award in accordance with the awarding organizations regulatory requirements.

7.2.3. A member of staff is asked to assess, invigilate or internally verify the work of institute enrolled student who is a family member, other relative, or a close friend.

7.2.4. An individual scheduled to review the work of friend or relatives at AIDM.

7.2.5. Using the Institute's intellectual property to assist a like-business or for purposes relating to a private interest.

7.2.6. Staff or Faculty member (including outsource and part time staff) accepts an undue gift from any student that could affect his decisions in assessments.

7.2.7. Individuals using funds for personal interest and benefiting a family member, other relative, or a close friend with the AIDM funds.

7.2.8. Dental Faculty in OPD's referring AIDM patients to personal clinics

7.2.9. Faculty, staff and other employees acting in ways that may compromise AIDM legality (for e.g. Taking bribes or bribing representatives of legal authorities.

This list of examples is not exhaustive.

7.3. Management of Conflict of Interest (CoI):

The CoI will be managed on the basis of developed policies and Guidelines:

7.3.1. AIDM consist of Reporting Process and channel that every employee, faculty and student need to follow.

7.3.2. Disclosure: All faculty, staff, and relevant stakeholders should be required to disclose any potential conflicts of interest they may have. This can include financial interests, research affiliations, consulting relationships, and more. This disclosure should be made on a regular basis, such as annually or whenever new conflicts arise.

7.3.3. Confidentiality: reporting process is confidential and non-retaliatory. Individuals can freely disclose the conflict of interest without any doubt of fear

7.3.4. Channels of Reporting: Every one need to report Principal/ Vice Principal /Director Student section first and they will deal with any conflict of interest, make a report and present it in the committee meeting, the committee then is responsible

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for handling conflicts.

7.3.5. Documentation: proper documentation of all reported conflicts of interest will be maintain with the administration. This documentation will be asked by the administration for evaluating, managing, and auditing conflicts.

7.4.Steps to Manage Conflicts of Interest:

7.4.1. The committee will review the disclosed conflicts of interest. Assess the nature and extent of the conflict to determine its potential impact on decision-making or activities.

7.4.2. Chair of the committee with the members consensus, evaluate the potential risks associated with the conflict. Consider factors such as financial impact, potential bias, patient safety, and reputation.

7.4.3. If the conflict is deemed significant, the committee will ensure appropriate disclosure to relevant parties.

7.4.4. If the conflict poses a risk to fair decision-making or activity, the individual involved need to recuse themselves from certain decision-making processes or modify their involvement to mitigate the conflict.

7.4.5. There will be a mechanisms made by the committee to ensure that individuals who have disclosed conflicts are abiding by the agreed-upon mitigation strategies.

7.4.6. In research or clinical settings, there will be peers and colleagues invited in the meetings to provide an independent review of work affected by the conflict.

7.4.7. The committee will develop specific plans for managing conflicts of interest based on their nature. For example, financial conflicts might require financial separation or oversight, while research conflicts might require altered study designs or increased peer review.

7.4.8. Committee will meet yearly to review and reassess conflicts of interest to determine if the situation has changed or if new conflicts have arisen.

7.4.9. Committee will establish a clear process for escalating conflicts that cannot be resolved at a lower level. Members will be assigned responsibility for ensuring that appropriate actions required to be taken.

7.4.10. Committee will clearly outline the consequences for individuals who fail to disclose conflicts or do not follow the established mitigation strategies.

8. Revision/Modification History & frequency:

8.1 Review Policy

The policy will be reviewed every three years. However, the owner/custodian of the

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policy may request for a revision based on emerging needs and with the approval from competent authority.


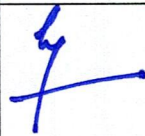
8.2 Custodian of the Policy

A formal approval will be required if a policy is revised more than 25%. Director DME would determine the percentage of revision in consultation with the custodian of policy.

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