



Support and Advocacy: Of, by and for people with dementia

Dementia Alliance International PO BOX 582 Ankeny IA 50021-0582 info@infodai.org

DEMENTIA ALLIANCE INTERNATIONAL (DAI)

Conflict of interest policy

Background

The purpose of the following guidelines is to prevent and avoid conflicts of interest that may arise between the Board and staff leadership and the best interests of DAI.

The underlying principle is that Board, staff and leadership must establish by example and attitude an atmosphere of personal integrity. Some situations need only a brief informal comment to maintain that climate. In other situations a decision may be delayed because of the need to ensure that the decision has been made truly in the best interests of DAI.

There are three simple safeguards can go a long way towards preventing and avoiding conflicts of interest.

1. A conflict of interest policy, signed by all board members, Action Group members, Support Group hosts, and Senior Leaders, at the time they join and renewed annually.
2. Establishing disclosure as a normal habit or practice. Board and seniors members should find it customary for someone to say, for example, "This next agenda item relates to joining a collaboration with another organisation. As I am a board member of that organisation I have a potential conflict of interest and I am going to excuse myself from the room for this discussion." Disclosures and excusal from voting should be recorded in the meeting's minutes.
3. If major purchases/services are contemplated where a board member may financially benefit, competitive written bids should be obtained to ensure that prices and products are comparable and the board member should not take part in any discussion relating to the proposed purchase.

Examples of interests to declare:

Relationships with other Advocacy organisations

- Employment as a staff member or contractor
- Voluntary - board member of national association, volunteer on helpline for association branch, board member of regional group
- Financial support to attend ADI meetings

Relationships with pharmaceutical companies or DAI sponsors

- Personal financial gain - payment for advice or employment
- Financial support to attend ADI meetings
- Advisor
- Institutional/Employer benefit - you or your employer are an investigator for clinical trial

Relationships with related organisations

Board member / advisor:

- DAA (USA and UK)
- DEEP
- DEMENTIA WORKING/ADVISORY GROUPS
- WHO
- Other related associations / foundations / government organisations

Business

Conference organising, printing, travel, communications, PR, legal, financial, where you offer services that could be used by DAI in relation to a specific activity

Professional

Where your day to day work could be influenced by policy decisions/position statements/standards of DAI e.g. nursing home/day care administrator

Family

Also consider if any of your family has something that may be a potential conflict of interest for you.



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Conflict of Interest Policy

The standard of behaviour at Dementia Alliance International is that all staff, volunteers, board members, action group members, support group hosts and seniors leaders, and volunteers and staff scrupulously avoid any conflict of interest between the interests of DAI on one hand, and personal, professional, and business interests on the other. This includes avoiding perceptions of conflicts of interest as well as actual conflicts of interest.

I understand that the purposes of this policy are: to protect the integrity of DAI's decision-making process, to enable our constituencies to have confidence in our integrity, and to protect the integrity and reputation of volunteers, staff, senior leaders and board members.

Upon or before election, employment or appointment, I will make a full, written disclosure of interests, relationships, and holdings that could potentially result in a conflict of interest. This written disclosure will be kept on file and I will update it as appropriate.

In the course of meetings or activities, I will disclose any interests in a transaction or decision where I (including my professional interests, business or other voluntary/ charitable/ non-profit affiliation), my family and/or my significant other, employer, or close associates will receive a benefit or gain. After disclosure, I understand that I will be asked to leave the room for the discussion and will not be permitted to vote on the question.

I understand that this policy is meant to be a supplement to good judgment, and I will respect its spirit as well as its wording.

Please check the examples listed before answering.

I have no conflicts of interests to declare;

Name: _____

Signed: _____

Date: _____



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I have the following interests to declare:

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Name: _____

Signed: _____ Date: _____