

**SRI LANKA MEDICAL COUNCIL**  
**ACCREDITATION UNIT - ACCREDITATION OF MEDICAL SCHOOLS**  
**CONFLICT OF INTERESTS DECLARATION FORM FOR REVIEWERS**

The SLMC's is empowered as per Ordinance to evaluate medical programs of medical schools for conformity with prescribed "Minimum Standards Regulations" and required standards of World Federation of Medical Education (WFME). To do so Accreditation Unit requires the assistance of members and non-members of the SLMC, and such members may have interests related to the medical school under review. To ensure the highest integrity and public confidence in its activities, the Accreditation Unit requires those serving as reviewers to disclose any information that could give rise to a potential conflict of interest. All reviewers are therefore expected to disclose any circumstances that could represent a potential conflict of interest (i.e., any interest that may affect, or may reasonably be perceived to affect the reviewer's objectivity and independence).

You must disclose on this Declaration of Interests form, any financial, professional, personal or other interest relevant to the medical school under review and any interest that could affect the final decision made by the Accreditation Unit/SLMC regarding recognition of the medical school. You must also declare relevant interest of your immediate family members. Above information is required for the Accreditation Unit to decide on the appointment of reviewers to each medical school.

Please complete this form and submit it to the Head of Accreditation Unit of SLMC prior to undertaking the "Review Process" pertaining to the SER submitted by a medical school.

Please note that answering 'yes' to a question on this form does not automatically disqualify you from undertaking a review. Your answers will be reviewed by the Accreditation Unit to determine whether you have a conflict of interest relevant to the review at hand. The Accreditation Unit may conclude that no potential conflict exists, interest is irrelevant or insignificant and decide whether you should be part of the review team. If you are unable or unwilling to disclose the details, please inform the Head of Accreditation Unit.

**Name of medical school under review:** .....

**Name of reviewer:** .....

**Present post:** ..... **Place of work:** .....

**Address for correspondence:** .....

**Email:** ..... **Mobile Number:** .....

Please answer each of the questions below. If the answer to any of the questions is 'yes', briefly describe the circumstances in the table below.

1. Within the past five years you have been a staff member of the medical school? Yes  No
2. Within the past five years has any of your immediate family members been a staff member of the medical school? Yes  No
3. Within the past five years has any member of your immediate family been a student in the medical school under evaluation? Yes  No
4. Within the past five years have you or any member of your immediate family held an administrative post in the medical school under evaluation or in the affiliated university? Yes  No

*]The term 'immediate family' refers to your spouse or partner with whom you have a similar close personal relationship, parents, siblings, and children].*

Explanation of 'yes' responses: If the answer to any of the above questions is 'yes', briefly describe the circumstances below.

Type of interest (question no)	Relevant to you or a family member? If family member, specify relationship	Describe other relevant details

Declaration: I hereby declare on my honour that the disclosed information is true and complete to the best of my knowledge.

Should there be any change to the above information, I will promptly notify the Registrar / SLMC and complete a new declaration of interest form that describes the changes.

**Signature:** .....

**Date:** .....