

11/29/07—approved 8/29/08

**COLLEGE OF PHARMACY
CONFLICTS OF INTEREST AND CONFLICTS OF COMMITMENT
POLICY FOR STAFF**

Introduction

SPG 201.65-1 requires the deans of the schools or colleges and the directors of administrative units to articulate and disseminate implementation policies regarding conflicts of interest and conflicts of commitment that apply to faculty and/or staff within those units. The implementation policy and procedures for staff in the College of Pharmacy are provided below. This policy and its procedures apply to all full-time staff, whether permanent or temporary, and to all permanent part-time staff in the unit. The University expects all staff to be familiar with the contents of SPG 201.65-1 and with the applicable set of unit implementation procedures.

A. Statement of Principles for the College of Pharmacy's Policy

The policy section of SPG 201.65-1 outlines a set of key principles relevant to conflicts of interest and conflicts of commitment, including the principles stated below.

All staff members are to act with honesty, integrity, and in the best interest of the University when performing their duties, and to abide by the highest standards of research, educational, professional, and fiscal conduct. Outside activities should not interfere with an individual's University obligations. Staff must not use their official University positions or influence to further gain advancement for themselves, parents, siblings, spouse or partner, children, dependent relatives, or other personal associates, at the expense of the University. In accordance with its mission, however, the University of Michigan allows and encourages staff to engage in outside activities and relationships that enhance the mission of the University. As a result, potential conflicts of interest and commitment are inevitable, but these potential conflicts are not necessarily problematic. Rather, the essential point is that staff must disclose these potential conflicts of interest so that they can be evaluated and, if necessary, managed or eliminated.

* When implementing SPG 201.65-1, academic and administrative units must also consider both particular rules of conduct within the University and rules that govern outside activities applicable to the staff of the College of Pharmacy. These include:

- Regents' Bylaw 5.13, related to governmental elective/appointed service <http://www.umich.edu/%7Eregents/bylaws/bylaws05b.html#4>;
- SPG 201.12, related to misconduct and discipline <http://spg.umich.edu/section/201/>;
- SPG 201.23, related to hiring of relatives or those with a close personal relationship <http://spg.umich.edu/section/201/>; and
- SPG 201.85, related to work performed for other University units <http://spg.umich.edu/section/201/>.

The specific definitions for a *potential conflict of interest* and *potential conflict of commitment* in Section II.A of SPG 201.65-1 also apply to the procedures described below. Broadly defined, a potential conflict of interest encompasses external ties that may or may appear to improperly bias a staff member's judgment in performing his or her University job responsibilities. A potential conflict of commitment, broadly defined, encompasses situations in which a staff member's external relationships or activities may or may appear to interfere or compete with the University's mission, or with the staff member's ability or willingness to perform his or her job responsibilities.

B. Disclosing, Evaluating, and Managing Potential Conflicts of Interest and Conflicts of Commitment

1. Disclosing potential conflicts of interest and conflicts of commitment

Whenever a potential conflict of interest or conflict of commitment arises for a staff member, he or she must promptly disclose it in writing, using the online COI/COC reporting form, to their supervisor and to the associate dean serving as the College's COI/COC manager for staff. (SPG 201.65-1, Section III.A.3.) Each year all COI/COC issues and the procedures for managing them will be reported to the dean.

Examples of potential conflicts include (but are not limited to):

- Performing work for other University departments or units for additional pay;
- Participating in decisions or deliberations where your own personal financial interests are or could be affected;
- Participating in decisions or deliberations where a family member is or could be affected, financially or otherwise (Note: As stated in SPG 201.65-1, family members include parents, siblings, a spouse or partner, children, and dependent relatives.);
- Performing activities for non-University entities for pay;
- Accepting gifts, entertainment, or other items of value from vendors or other third parties that do or have business with the University (also see below);
- Accepting an incentive or benefit to gain access to a staff member's supervisor; and

Gifts

A potential conflict exists when a vendor, current or potential, gives a gift to a staff member. General University policy prohibits employees from accepting any gift of substantial value from vendors or from students or subordinates (Regents' Bylaw 2.16).

2. Evaluating disclosures of potential conflicts of interest or conflicts of commitment

The associate dean serving as COI/COC manager shall evaluate all disclosed potential conflicts of interest or conflicts of commitment. The associate dean serving as the COI/COC manager may require the staff member to provide additional information or documentation that may be relevant to evaluating the potential conflict of interest or conflict of commitment.

As needed, the associate dean serving as the COI/COC manager will consult with appropriate central administrative offices (e.g., Office of the Provost and Executive Vice President for Academic Affairs, Office of Human Resources and Affirmative Action, Office of the Vice President for Research, Office of the Vice President and General Counsel). (See also Section B.4, below.) As needed, he or she will also consult with the dean.

3. Developing plans to manage potential conflicts of interest and conflicts of commitment

When the associate dean serving as the COI/COC manager has determined that a potential conflict of interest or conflict of commitment exists that must be managed or eliminated, he or she must develop, in consultation with the employee, their supervisor, and the dean, a recommended plan for managing the potential conflict. The associate dean serving as the COI/COC manager will then provide the plan to the dean, who has authority for approving it. The associate dean serving as the COI/COC manager will provide the supervisor and the employee with copies of the approved conflict management plan and will meet with them to discuss it and any related ambiguities or issues that arise.

4. Involving other University individuals or offices, as required

Purchasing

When a potential conflict involves a purchase of goods or services, the associate dean serving as the COI/COC manager must also disclose the conflict to the appropriate staff person in the University's Office of Purchasing Services, and also to the unit staff member responsible for handling unit purchases. If the associate dean serving as the COI/COC manager determines that a conflict exists that must be managed or eliminated, he or she will consult with these individuals in developing a plan to manage the conflict.

Research

When a potential conflict involves work performed for a research project, the associate dean serving as the COI/COC manager must inform the head of the research project and the associate dean for research and graduate education. If the associate dean serving as the COI/COC manager determines that a conflict exists that must be managed or eliminated, it is his or her responsibility to ensure, in consultation with the head of the research project, that the conflict management plan does not conflict with requirements related to the research or to research funding.

C. Administering the Policy

1. Record-Keeping and Issues of Confidentiality and Privacy

When personal financial or associational documents are provided to the associate dean serving as the COI/COC manager, the documents shall be placed in a secure file accessible only to him/her and the dean. Where any other staff member has a legitimate business reason to access the documentation, then either the associate dean serving as the COI/COC manager or the dean may authorize access to the file and provide either copies and/or information, as may be required for the stated business purpose. If the associate dean serving as the COI/COC manager, the dean, or his or her designate provides copies of information in the files to a staff member, he or she must also ask that staff member to maintain the same level of confidentiality for the copied information as applies to the original information or documents.

Documentation of the staff member's disclosure and action taken shall be included within the secure file. The documentation may be as simple as identifying the disclosure and, when no further action was required, including a notation to that effect on the disclosure description. The associate dean serving as the COI/COC manager should ensure that the unit purges the

documentation from the staff member's file three years after the potential conflict no longer exists, except where University record retention policies require the unit to retain the records for a longer period (e.g., as specified in SPG 201.46).

In some circumstances, the University is required to disclose potential conflicts to people within or outside the University. For example, if a conflict exists within the context of a federally sponsored project, the University *is required* both to disclose the existence of that conflict (without providing identifying information) to the federal government and to indicate whether it has managed the conflict. Also, the University may be legally required to disclose information in response to requests made under the Michigan Freedom of Information Act (FOIA) <http://www.umich.edu/~urel/foia.html>. In addition to the people listed above, should any other individual have a legitimate educational or business reason to access the confidential records, whether in the context of a federally sponsored project, a FOIA request, or otherwise, the associate dean serving as the COI/COC manager or the dean may authorize access to the file, provide copies, or provide oral or written summaries of the information in the file. Where possible, the individual to whom the associate dean serving as the COI/COC manager or the dean authorizes disclosure shall be required to maintain at least the same level of confidentiality as applies to the original information.

Administrators of this policy will make every reasonable effort to preserve confidentiality and protect the privacy of all parties in the course of investigating a potential conflict of interest or commitment and, as applicable, in developing a plan to manage the conflict. (See Regents' Bylaw 14.07 *Privacy and Access to Information* and SPG 201.46 *Personnel Records – Collection, Retention and Release*.)

Any faculty or staff member who becomes aware of a COI/COC manager, dean, or unit supervisor who has provided or may have provided unwarranted access to conflict documentation or information, as defined in this policy, should inform the relevant superior for appropriate action.

2. Resolving Disputes

When a staff member disputes any action or decision related to a potential conflict of interest or conflict of commitment, the staff member should first ask that the action or decision be reviewed by his or her supervisor.

If, following the above review, the staff member remains unsatisfied with the action or decision, the staff member may initiate existing University policies and procedures for handling disputes, when available, including, where applicable, collective bargaining agreement grievance procedures.

3. Conducting Education and Training

This policy will be provided to new staff when they begin work at the College and will be circulated each summer to all current staff during the performance review process. The College will develop a website including the College of Pharmacy policy, links to relevant University policies, examples of COI/COC issues, frequently asked questions, and other appropriate links. Staff will be required to utilize the training tutorials provided by the University.

4. Violations

Any violation of SPG 201.65-1 or this policy may be a cause for disciplinary action. In the first instance, the employee's supervisor shall evaluate the violation and take appropriate action, if needed, all in accordance with existing University policies and procedures. Consultation with the employee's Human Resources representative may be appropriate. The outcome of the supervisor's review and any actions taken shall be documented and included within the secure file maintained by the associate dean serving as the COI/COC manager. If appropriate, all relevant documentation may also be included within the employee's personnel file maintained as provided under SPG 201.46.

5. Policy Review and Revision

The associate dean serving as the COI/COC manager shall regularly review all potential conflict disclosures and actions taken with the dean to ensure a consistent approach to potential conflicts within the unit. The dean shall similarly regularly consult and review potential conflict management issues with the provost and executive vice president for academic affairs. If the dean determines that any of the changes he or she would like to adopt will materially change the policy, he/she will follow the procedures used to adopt the original policy <http://www.umich.edu/%7Ehraa/procedures/spg201-65-1.htm>. In particular, the dean will submit any materially revised policy to the provost and vice president for academic affairs for further review and approval and then to the president for formal adoption. A current version of the College of Pharmacy's policy should be on file with the provost and vice president for academic affairs at all times.

D. Other Governing Policies

This policy implements SPG 201.65-1, *Conflicts of Interest and Conflicts of Commitment*, incorporates SPG 201.65-1 in its entirety, and includes all elements required under that SPG. Implementation of SPG 201.65-1 within the College of Pharmacy requires compliance with other University policies and procedures, including all Regents' Bylaws and SPGs, as well as with any relevant external rules of professional conduct and applicable law. Relevant policies, procedures, rules, and law include (but are not limited to) the following:

- Regents' Bylaw 2.16, regarding gifts to University employees <http://www.umich.edu/%7Eregents/bylaws/bylaws02.html#16>;
- Regents' Bylaw 5.13, regarding governmental elected or appointed service <http://www.umich.edu/%7Eregents/bylaws/bylaws05b.html#4>;
- Regents' Bylaw 5.14, regarding leaves of absence <http://www.umich.edu/%7Eregents/bylaws/bylaws05b.html#5>;
- SPG 201.12, regarding misconduct and discipline;
- SPG 201.23, regarding appointment of individuals with close personal or external business relationships;
- SPG 201.65, regarding employment outside the University;
- SPG 201.85, regarding special stipends for work performed for other University units, the payment of honoraria, and the payment of travel expenses;

- SPG 500.01, 601.03-2, and 601.11, in particular to the extent that they address appropriate use of University resources, such as the libraries, office space, computers, secretarial and administrative support staff, and supplies;
- Office of Vice President for Research (OVPR) Policy on Conflict of Interest in Sponsored Research and Technology Transfer Agreements
http://www.research.umich.edu/policies/um/conflict_ovpr_drda_tmo.html;
- Procedures outlined in the College of Pharmacy Staff Handbook.
- Michigan Compiled Laws § 15.321 et seq., regarding contracts of public employees with their employers.
- Where applicable, the current collective bargaining agreement for the staff member.