



Policy Replaces a Previous Policy [Yes/No] (*this includes change in policy name*): **No**
If so, list name of previous policy (*include policy number if different*):

Policy Number: **ADMIN-0719-8**

Originator Name and/or Committee (*if a committee, include name of chair*): **Kenneth Olive, MD / Executive Associate Dean**

Committees, Departments, or Individuals Responsible for Implementation: **Beth Fox, MD / Associate Dean and Chief of Staff**

Original Approval Date and Who Approved by: **7/30/2019 / William Block, Jr., MD / Dean of Medicine**

Revision Date(s) (*include a brief description*) and Who Approved by:

Effective Date(s): **7/30/2019**

Revision(s) (*briefly describe*) by Administrative Staff and Date (*these revisions do not require voting/approval by a committee and/or individual*):

2/2/2022 – fixed broken link to HR Conflict of Interest Disclosure Review Committee webpage and added updated Conflict of Interest form.

Exemption(s) to Policy (*date, by what committee or individual, and brief description*):

LCME Required Policy [Yes/No]: **Yes**

LCME Element(s) Affiliated with Policy (*include Element number/name/statement*):

1.2 Conflict of Interest Policies

A medical school has in place and follows effective policies and procedures applicable to board members, faculty members, and any other individuals who participate in decision-making affecting the medical education program to avoid the impact of conflicts of interest in the operation of the medical education program, its associated clinical facilities, and any related enterprises.

All policies will be reviewed every four years unless an earlier review is identified.

(A.) Policy Statement:

1. Quillen College of Medicine (COM) faculty members and senior administrative staff will complete a COM *Conflict of Interest Disclosure* form annually. See attached form.
2. Conflicts of interest are generally described in the Tennessee Board of Regents (TBR) *Conflict of Interest: 1:02:03:10* policy (<https://policies.tbr.edu/policies/conflict-interest>), and in the COM *Conflict of Interest Disclosure* form.

Policy Name: Conflict of Interest Disclosure

- a. When a potential conflict is identified, the initial level of review is by the individual’s immediate supervisor based on the principles outlined in the TBR *Conflict of Interest* policy and the COM *Conflict of Interest Disclosure* form.
- b. If the reviewing supervisor determines that a significant conflict of interest does **not** exist, no further action is required.
- c. If the reviewing supervisor determines that a potentially significant conflict of interest **does** exist, then the issue(s) will be referred to the East Tennessee State University (ETSU) Conflict of Interest Disclosure Review Committee as outlined in the ETSU Human Resources *Conflict of Interest Disclosure Review Committee: PPP-72* policy https://www.etsu.edu/human-resources/documents/ppps/ppp72_conflict_of_interest_review.pdf.

(B.) Purpose of Policy:

To define the process of managing potential conflicts of interest identified on annual disclosures.

(C.) Scope of Policy (*applies to*):

All faculty and senior administrative staff members.

(D.) Policy Activities:

See Policy Statement (A.) above.

| Policy Review and/or Revision Completed By <i>(if applicable)</i> | | Date(s) | |
|--|---|-------------|-----------|
| | | Reviews | Revisions |
| | Office of the Dean | 7/30/2019 | |
| | Academic Affairs <i>(this includes the four-year reviews by administrative staff)</i> | 7/30/2019 | |
| | Student Affairs | | |
| | Medical Student Education Committee | | |
| | Student Promotions Committee | | |
| | Faculty Advisory Council | August 2019 | |
| | Administrative Council | | |
| | M1/M2 Course Directors | | |
| | M3/M4 Clerkship/Course Directors | | |
| | Student Groups/Organizations <i>(describe)</i> : | | |
| | Other <i>(describe)</i> : | | |

Policy Name: Conflict of Interest Disclosure

| Notifications of New or Revised Policy (<i>if applicable</i>) | Date and Method of Notifications |
|--|---|
| Medical Students | |
| Administrative Council | |
| Faculty Advisory Council | |
| All QCOM Faculty | August 2019 - email |
| All QCOM Staff | August 2019 - email |
| Admissions Office for Catalog | |



Conflict of Interest Disclosure Form

Definitions:

- A. Conflict of Interest: Occurs when the personal interests, financial or otherwise, of a person who owes a duty to East Tennessee State University actually or potentially diverge from the person's professional obligations to, and from the best interests of, the University.

- B. Family Member: Includes the parent, spouse, and children (both dependent and non-dependent) of a person covered by this policy. Other ETSU policies may have definitions of "family member" and those definitions apply in the instances covered by the relevant policy.

- C. Immediate Family - For purposes of General Disclosure Requirements section of T.C.A. § 12-4-103, immediate family means spouse, dependent children or stepchildren, or relatives related by blood or marriage.

This Conflict of Interest Disclosure Form should indicate whether the faculty member has an economic interest in, or acts as an officer or a director of, any outside entity whose financial interests would reasonably appear to be affected by the individual's responsibilities as an ETSU faculty member. The faculty member should also disclose any personal, business, or volunteer affiliations that may give rise to a potential or actual conflict of interest. Potential or actual conflicts of interest must be disclosed, monitored and managed by the appropriate University official.

Date: _____

Name of Faculty Member: _____

Department/Position: _____

Please describe below any relationships, transactions, positions you hold (volunteer or otherwise), or circumstances that you believe could give rise to a potential or actual conflict of interest:

___ I have no conflict of interest to report.

___ I have already reported conflicts of interest on either the ETSU Significant Financial Interest Disclosure Form for research or an ETSU Continuing Medical Education conflict of interest disclosure and have no other disclosures to report.

___ I have the following conflict(s) of interest to report:

Policy Name: Conflict of Interest Disclosure

Please list all relationships or business affiliations where you are or a member of your immediate family is an officer, director, trustee, partner, employee or agent of such organization.

1. _____

2. _____

3. _____

Please list all relationships or business affiliations where you or a member of your immediate family is the actual or beneficial owner of more than 4% of the voting stock or controlling interest in such organization.

Please list all relationships or business affiliations where you have or a member of your family has any direct or indirect dealings with such organization (not listed above) from which you knowingly materially benefit (i.e., through receipt directly or indirectly of cash or other property in excess of \$4,000 per year exclusive of dividends or interest).

ADDITIONAL INFORMATION: List any additional information you wish to disclose. (Examples: financial or other interest in a business which manufactures medical devices or equipment, pharmaceuticals, or other health care products; royalties paid in connection with intellectual property rights such as patents and copyrights; business or financial relationships with research sponsors.)

I hereby certify that the information set forth above is true and complete to the best of my knowledge.

Faculty Signature: _____ Date: _____

____ I have reviewed this reported conflict of interest and determined that a significant conflict of interest does not exist.

Policy Name: Conflict of Interest Disclosure

____I have reviewed this reported conflict of interest and determined that a potentially significant conflict of interest does exist, and that it should be referred to the East Tennessee State University (ETSU) Conflict of Interest Disclosure Review Committee.

Comments: _____

Supervisor Signature: _____ Date: _____