



# QUILLEN COLLEGE *of* MEDICINE

EAST TENNESSEE STATE UNIVERSITY

Policy Name: **Conflict of Interest Disclosure**

Policy Replaces a Previous Policy (this includes change in policy name): <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No
If so, list name of previous policy (include policy number if different):
Policy Number (issued by the Office of Academic Affairs upon final approval): <b>ADMIN-0719-8</b>
Policy Owner (Individual, Department, or Committee/Chair): <b>Kenneth Olive, MD / Executive Associate Dean</b>
Committees, Departments, or Individuals Responsible for Implementation: <b>Beth Fox, MD / Vice Dean for Academic Affairs</b>
Original Approval Date and Who Approved by: <b>7/30/2019 / William Block, Jr., MD / Dean of Medicine</b>
Effective Date(s): <b>7/30/2019; 5/23/2024</b>
Revision Date(s) (include a brief description) and Who Approved by (made by Policy Owner and/or Policy Advisory Committee):
Administrative Edits (briefly describe) by Staff and/or the Policy Advisory Committee (PAC) and Date (these revisions do not require voting/approval by the policy owner): <b>2/2/2022 – fixed broken link to HR Conflict of Interest Disclosure Review Committee webpage and added updated Conflict of Interest form.</b>
Exemption(s) to Policy (date, by what committee or individual, and brief description):
LCME Required Policy: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No
If yes, please list the Element(s) Affiliated with this Policy (include Element number/name/statement): <b>1.2 Conflict of Interest Policies</b> <b>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.</b>
<i>All policies will be reviewed by the Policy Advisory Committee every three years unless an earlier review is identified.</i>
Date of Review: <b>5/23/2024</b>
Revisions Made: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, list revisions made: 1. Updated names and links of ETSU policies and websites.
Revisions Require Approval by Policy Owner: <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No

Policy Name: **Conflict of Interest Disclosure**

**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 University’s Conflicts of Interests or Commitments Policy ([https://www.etsu.edu/policies/human\\_resources\\_policies\\_webpage/conflicts\\_interests\\_commitments\\_policy.php](https://www.etsu.edu/policies/human_resources_policies_webpage/conflicts_interests_commitments_policy.php)), and in the COM *Conflict of Interest Disclosure* form.
  - 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 University’s Conflicts of Interests or Commitments 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 review group as outlined in the University’s Conflicts of Interests or Commitments Policy procedures section, [https://www.etsu.edu/policies/human\\_resources\\_policies\\_webpage/conflicts\\_interests\\_commitments\\_policy.php](https://www.etsu.edu/policies/human_resources_policies_webpage/conflicts_interests_commitments_policy.php). The immediate supervisor must provide a description in the comments section as to why a perceived conflict of interest exists.

**Purpose of Policy:**

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

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

All faculty and senior administrative staff members.

**Policy Activities:**

See Policy Statement above.

<b>Administrative Reviews/Approvals</b>	<b>Date Approved</b>
<i>University Compliance (if applicable)</i>	
<i>Policy Advisory Committee (includes three-year reviews)</i>	5/23/2024
<i>Associate Dean for Accreditation Compliance (if applicable)</i>	
<i>Vice Dean for Academic Affairs</i>	5/23/2024

<b>Policy Review and/or Revision Completed By (if applicable)</b>	<b>Date Policy Reviewed and/or Approved (if applies to that department, committee, or group)</b>
<i>Office of the Dean</i>	7/30/2019; 4/10/2024
<i>Office of Academic Affairs</i>	7/30/2019; 5/31/2024
<i>Office of Student Affairs</i>	
<i>Department of Medical Education</i>	

Policy Name: **Conflict of Interest Disclosure**

<i>Medical Student Education Committee</i>	
<i>Student Promotions Committee</i>	
<i>Faculty Advisory Council</i>	August 2019
<i>Administrative Council</i>	
<i>M1/M2 Course Directors</i>	
<i>M3/M4 Clerkship/Course Directors</i>	
<i>Student Groups/Organizations (describe):</i>	
<i>Other (describe):</i>	

<b>Final Policy Emailed to:</b>	<b>Date of Email Notifications</b>
<i>Medical Education Director for Posting on Educational Policies Website</i>	5/1/2024; 5/31/2024
<i>Policy Owner</i>	5/1/2024; 5/31/2024
<i>Admissions Office for Catalog (only new policies)</i>	

**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:

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.

Policy Name: **Conflict of Interest Disclosure**

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.

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: \_\_\_\_\_