Minutes of the Meeting of the Faculty Senate
November 11, 2010

In Attendance: Drs. Gillard, Kumar, Krollick, Ghosh-Choudhury, Amaechi, Norling, Soucy, Brackley, Butterfras, Beck

Absent: Drs. Bai, Gakunga, Connor, Gerardi, Gill, Ran, Gardner, Shriver, Berggren, Parker, Valle, Nelson, Reddy, Tekmal

Guests: Dr. Theresa Chiang
Vice President for Academic Administration

Dr. Brian Herman
Vice President for Research

Jane Younger
Assistant Vice President for Research and Sponsored Programs

Marcia Zimmerman
Chair, Staff Advisory Council

Convened: 4:05 PM

Dialogue on Shared Governance at UTHSCSA
Dr. Theresa Chiang
Vice President for Academic Administration

Dr. Chiang was asked to discuss the structure and function of shared governance on our campus. She described the source of authority given to various faculty governance organizations (e.g., Regent’s Rule 40101, HOP 1.4.2 [Faculty Councils, the policy-making bodies of the individual schools], HOP 1.4.3 [Faculty Assemblies], HOP 1.4.4 [Faculty Senate]), as well as the expectation that faculty input should be encouraged and allowed at all levels (i.e., UT System, institution, and school).

Members of the Faculty Senate asked Dr. Chiang to encourage discussion by the institution’s Executive Committee members regarding the appointment of a Senate representative (such as the Senate’s past-chair) onto the Executive Committee. There is currently an “at-large” member of the faculty on the EC whose membership is recommended to the President by a dean, with this member coming from each of the five schools on a biennial rotation basis. It was pointed out that this non-elected faculty member is not likely to serve as a true representative of the faculty since he/she is often not an active participant in any faculty governance organization and therefore not fully familiar with the issues-of-the-day or the decision-making
processes within the university. In addition, a direct communication link between the Faculty Senate and the Executive Committee could be very useful.

A diagram of communication/interaction flow is shown below.

Dr. Chiang also noted that another form of faculty representation/input into institutional missions could be found associated with the HSC standing committees. However, it was also noted that improvements on the overall standing committee structure should be considered with a goal being to established better links among the individual committees and those who they represent (i.e., the faculty).

An unrelated item put forward by Dr. Chiang: Dr. Chiang noted that the final report and recommendations have been submitted by Dr. John Mangos regarding his task
force’s review of the current HSC promotion and tenure system. Dr. Chiang asked that the Faculty Senate review the report and provide feedback. The most striking recommendations made by the PTAC Task Force was 1) that the current system, for the most part, is working fine; and 2) that there is generally inadequate and inconsistent mentoring available to faculty seeking promotion and tenure. Dr. Chiang commented on this latter recommendation, first, by reminding the faculty of the Promotion and Tenure Workshops organized by her office *(next workshop is coming on January 24, 2011)*, but also that Drs. Henrich and Chiang will be meeting with the deans to identify additional strategies for better mentoring our faculty.

**Overview: Staff Advisory Council**
Marsha Zimmerman  
CTRC/Office of the Director  
Chair, Staff Advisory Council

Ms. Zimmerman described the structure and functions of the SAC. Each work unit provides representatives; numbers of representative reflect the number of employees in a unit (1 rep per 100 employees, with a total of 24).

She expressed some concern over maintaining interest and enthusiasm of employees for participating in this governance organization, particularly in leadership roles. Since movement from one work unit to another is common, maintaining a stable structure of representation is sometimes difficult, including difficulty in communicating issues to staff across the campus. In addition, supervisors should be encouraged to support employees who wish to participate in SAC activities.

**Recent Accomplishments:**

Fund raiser that raised capital allowing the development of a fund to be set up using $100 WalMart cards to provide temporary employee financial assistance during times of hardship.

Have received yellow badges to identify SAC members in order to make more effective connections between SAC and the staff-at-large. Trying to get word out about issues.

Recently, in response to a request from Dr. Bonnie Blankmeyer, have sent out surveys regarding changes to benefits. SAC Administration and Communication Committee has recommended sending the same questionnaire to all UT System staff so that a System-wide picture of benefits satisfaction can be developed.

**Update on Conflict of Interest Policy**
Dr. Brian Herman  
Vice President for Research

Jane Younger
Revisions are being made in HOP policy 10.1.6 regarding Conflicts of interest in Scholarly, Research, and Clinical Activity; these HOP revisions are being made so as to align our policies with changes made into UT System Policy 175 concerned with the same issues. The UT System policies go into effect January 1, 2011. The revised HOP policy can be found at the end of these minutes, as well as the slides used in Ms. Younger’s presentation. Faculty are advised to familiarize themselves with the new policies, particularly with regard what sources of income are considered, and should be reported, when determining conflict of interest, and to changes in the maximum income that can be received from outside agents before triggering conflict of interest investigations.

The meeting was adjourned at 5:00 PM.

Attachments:

Jane Youngers’ slides

REVISED HOP POLICY 10.1.6: Conflicts of interest in Scholarly, Research, and Clinical Activity
Proposed Revision
Conflict of Interest Policy

Presentation to HSC Faculty Senate
11/10/10

Current HSC Policies Relating to COI

- HOP, Chapter 10
  - 10.1.6, Conflicts of Interest in Scholarly, Research, and Clinical Activity
  - 10.1.8, Conflict of Commitment
  - 10.1.11, Guidelines for Interactions Between Clinicians and Industry
  - 10.1.12, Institution Conflict of Interest Policy

Status of Regulation

- PHS (NIH) and NSF have policies
- PHS has proposed to amend their policy
  - significant changes were proposed
- UT System issued policy (UTS 175)
  - applicable to UT Health institutions
  - adapted the PHS proposal in total
  - proposed to be effective 1/1/11

UTS 175 Requirements

- Significant Financial Interest changed
  - threshold lowered from $10k to $5k
  - no minimum equity holdings excluded
  - report also on gifts, corporate positions
  - fewer exclusions on other outside activities
- most of SFI definition changes were not issue for us
  - already report at zero dollar level
  - apply rebuttable presumption on clinical research
UTS 175 Requirements (cont)

- other definitions added/changed
  - covered individual
  - covered family
  - institutional responsibilities
- President must formally name institutional COI official

UTS 175 Requirements (cont)

- reporting requirements
  - initial COI report within 30th day of employment; annually not later than March 1; not later than 30th day of acquiring a new Significant Financial Interest
  - all reports must be reviewed and any actions taken within 60 days of receiving COI report

UTS 175 Requirements (cont)

- no expenditure of (research) funds can be made until determination of COI is made
- mandatory education requirements initially and every two years thereafter

UTS 175 Requirements (cont)

- when COI management plan is developed, information must be posted on HSC website
  - name and title of individual
  - nature of conflict
  - value of financial interest (in ranges)
- posting must be updated annually and remain on website for five years after last update
**UTS 175 Requirements (cont)**

- effective date: JANUARY 1, 2011
- date may change contingent on what PHS does
- working with other UT Healths to develop standardizations where possible (i.e., training, website)

**HSC Policy Revision**

- revision of HOP 10.1.6 (Conflicts of Interest in Scholarly, Research, and Clinical Activity) in process
- ad hoc committee also looking at revisions to “Industry Interactions” HOP 10.1.11
- will need to revise HOP 10.1.12 (Institutional COI) to match new definitions

**Annual COI Reporting**

- developing on-line system for reporting as part of the e-Protocol suite (IRB, IACUC, EHS)
- will be effective for 2011 reporting (for cy 2010)
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<th>Chapter 10</th>
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<th>Effective: July 2001</th>
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<td>Responsibility: Vice President for Research</td>
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CONFLICTS OF INTEREST IN SCHOLARLY, RESEARCH, AND CLINICAL ACTIVITY

Overview

UNCHANGED

The University of Texas Health Science Center at San Antonio, as an institution of The University of Texas System, a recipient of externally sponsored funds, and as a holder of the public trust is committed to the open exchange of ideas and information in an atmosphere free from commercial conflict and influence. As such, it has an obligation to assure that the conduct and products of its scholarly research, clinical activity, and other endeavors are recognized as being free of those outside influences.

Given that the Health Science Center also recognizes that outside activities and relationships of its faculty and staff enhance the missions of the institution, potential conflicts of interest and commitment are inevitable. Those outside activities and relationships, however, should not interfere with an individual’s obligations to the Health Science Center.

It is the purpose of this policy to promote objectivity in all Health Science Center activities by increasing the awareness of the Health Science Center community with respect to the potential for conflicts of interest and commitment, and to establish procedures whereby such conflicts may be avoided or properly managed. A cornerstone of this policy is reporting both on an annual basis and on an ad hoc basis where an individual’s circumstances have changed since the most recent annual Conflict of Interest (COI) report (alternatively referred to as a Financial Interest Disclosure Statement).

Other reports by members of the Health Science Center community for conflict of interest and other purposes are also required by the Health Science Center, The University of Texas System, and the State of Texas. The Health Science Center also has additional policies regarding faculty and staff conduct, use of institutional facilities,
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This policy is based on the requirements of the State of Texas laws setting forth standards of conduct (Texas Government Code, Chapter 572), Texas Education Code. Section 51.912, the Code of Ethics of The University of Texas System (Regents' Rules and Regulations, 30104), The University of Texas System Policy 175 and regulations of the Public Health Service and the National Science Foundation promoting objectivity in research (effective October 1, 1995) codified at 42 CFR Part 50 and 45 CFR Part 94.

**DEFINITIONS**

**CONFLICT OF COMMITMENT:** MEANS A SITUATION WHERE THE INDIVIDUAL UNDERTAKES EXTERNAL COMMITMENTS THAT BURDEN, INTERFERE, OR DETRACT FROM THE MEMBER’S PRIMARY OBLIGATIONS AND COMMITMENTS TO THE HEALTH SCIENCE CENTER.

**CONFLICT OF INTEREST:** MEANS A SITUATION WHERE THE INDIVIDUAL HAS THE OPPORTUNITY TO INFLUENCE THE HEALTH SCIENCE CENTER’S BUSINESS, ADMINISTRATIVE, ACADEMIC, RESEARCH, OR OTHER DECISIONS IN WAYS THAT COULD LEAD TO PERSONAL FINANCIAL GAIN OR ADVANTAGE OR COULD CAUSE OR APPEAR TO CAUSE BIAS IN THE DESIGN, CONDUCT OR REPORTING OF RESEARCH OR EDUCATIONAL ACTIVITIES.

**FACULTY OR FACULTY MEMBER:** Any individual who is compensated by the Health Science Center and who holds a compensated academic appointment.

**COVERED FAMILY (of a Covered Individual):** Any spouse, dependent child or stepchild, any other person financially dependent on the Covered Individual, and any other person with whom the Covered Individual has joint financial interests such that an objective third party could reasonably conclude that the covered individual’s decisions or other exercise of professional responsibilities at the institution could be influenced by the effect of that action on the person’s financial interest. Any individual may be identified as Covered Family without regard to
whether a legal or biological family relationship exists with the Covered Individual.

**COVERED INDIVIDUAL:** Any person including faculty, family, or researcher who has reporting requirements under this policy.

**INSTITUTIONAL RESPONSIBILITIES:** Any of the professional responsibilities of a Covered Individual on behalf of the Health Science Center, including research, research consultation, teaching, professional practice, institutional committee membership, or service on an institutional panel such as the Institutional Review Board (IRB) or a Data Safety and Monitoring Board (DSMB).

**RESEARCH:** A systematic investigation, including research development, testing, and evaluation, designed to develop or contribute to generalizable knowledge. The term includes both basic and applied research and product development.

**RESEARCHER:** Principal Investigator(s) (PI), sub-investigator(s), and any other person (e.g., postdoctoral fellow, other scientist, graduate student) who is responsible for the design, conduct or reporting of research activities.

**SIGNIFICANT FINANCIAL INTEREST:** Means anything of monetary value and includes, but is not limited to: salary or other payments for services (e.g., consulting fees or honoraria); equity interests (e.g., stocks, stock options or other ownership interests); and, intellectual property rights (e.g., patents, copyrights, and royalties from such rights).

A Significant Financial Interest includes:

1. salary, royalties, paid authorship, or other payments for services including travel reimbursement from outside the Health Science Center if, when aggregated for the individual and family is expected to equal or exceed $5,000 from any single source for any 12-month period;
2. equity interest including stock, stock options, or other ownership interest or entitlement to such interest, valued by reference to public prices or other reasonable measures of fair market value, if, when aggregated for the individual and family, equals or exceeds $5,000 in value as determined by valued by reference to public prices or other reasonable measures of fair market value.

3. for the purposes of research involving human research participants, any amount as defined in 1. and 2. of this section must be included on the Conflict of Interest Report reported to the IRB as part of the IRB protocol submission. See section below under “Research Involving Human Research Participants.”

Significant financial interest does not include:

1. Salaries paid by the Health Science Center and/or the Veteran’s Administration (VA).

2. Royalties or other remuneration from the Health Science Center.

3. Income from seminars, lectures, or teaching engagements sponsored by federal, state, or local government or an institution of higher education as defined by 20 USC 1001(a).

4. Income from service on advisory committees or review panel for a federal, state, or local government or an institution of higher education as defined by 20 USC 1001(a).

5. Any interests held indirectly through funds (such as mutual funds and pension funds) in which the faculty member does not control the selection of investments.

For those individuals who conduct studies using human participants, the institution has additional reporting requirements as discussed in this policy under the section “Research Involving Human Research Participants.” Guidance for those making these reports to the IRB is
Fundamental Principles

Perceived or actual conflicts of interest that are not appropriately disclosed, reduced, managed, or eliminated can not only undermine the public’s trust in the Health Science Center, but left unattended may also be violations of policy of The University of Texas System or its Board of Regents as well as those of research sponsors or may even be contrary to Texas law. The Health Science Center is committed to safeguarding the public trust and to complying with all policy and statutory requirements. The following principles, therefore, are among those that underlie the Health Science Center’s policy on conflicts of interest and commitment:

1. External activities should not compromise a Covered Individual’s ability to perform all the activities expected of him or her as a Health Science Center employee.

2. A Covered Individual should not receive remuneration for the conduct of his or her research or clinical activity at the Health Science Center or any other Health Science Center activity except through Health Science Center channels (such as salary).

3. A Covered Individual should not conduct research or engage in clinical activity at the Health Science Center or carry on other Health Science Center business under circumstances in which a
reasonable person would infer that the Health Science Center activity could have been distorted by the desire for or expectation of direct or indirect external economic advantage.

4. Health Science Center Researchers, as defined by this policy, must not be precluded from publishing their work by agreements with external sponsors.

5. Graduate students must not be held to non-disclosure of any aspect of their research in their meetings with individuals at the Health Science Center (including members of their dissertation advisory committees).

6. Health Science Center facilities, equipment, and personnel should be used only for Health Science Center activities and purposes, see the Handbook of Operating Procedures (HOP), 10.1.3, "Personal Use of University Resources, Equipment, and Assets".

7. A Covered Individual should not participate directly in the negotiation of research agreements, technology license agreements, equipment purchases, or other arrangements between the Health Science Center and an organization in which the individual has a Significant Financial Interest.

8. Research involving human research participants should receive especially rigorous review and should be subject to a strong presumption against permitting the participation of any individual holding any financial interest without appropriate review and, when allowed, without an appropriate management plan (see section "Research Involving Human Participants" below).

9. The Health Science Center will not accept research funding that is proposed to be sponsored by a small, privately-held entity in which the Faculty Member who would conduct such research has a significant financial interest and/or Board seat, or other management position unless the Faculty Member provides a
Research Involving Human Participants

Conflicts of interest related to research involving human participants pose special concerns. The Health Science Center and its Researchers have ethical obligations to honor the rights and protect the safety of persons who participate in research. Financial and other interests held by those conducting the research may compromise or appear to compromise the fulfillment of those ethical obligations and the well-being of research participants, as well as the integrity of the research.

Accordingly, there is a strong presumption against permitting any person with related financial or other interests to participate in the conduct of such research, particularly if the protocol involves more than minimal risk. Only in rare and compelling circumstances might an exception be made. The Health Science Center has established a rigorous policy and procedure for review of financial and other interests related to research involving human participants. The Institutional Review Boards (IRBs) have the final approval authority regarding whether the conflicting interest and its management plan, are acceptable to allow the research to be approved. IRB policies are intended to supplement this policy. The IRBs work closely with the Health Science Center Conflict of Interest Official to identify and address all such conflicts. Further information and guidance is available at [website].

Research Sponsored by Start-Up Companies

Faculty relationships with start-up companies—newly-formed, privately-held, for-profit companies based usually, but not always, on Health Science Center-owned intellectual property frequently present multifaceted conflicts of interest and commitment. Faculty who have ownership, managerial, or Board relationships with a start-up are required by this policy, and the Board of Regents ([Rule 90103]: “Equity Interests” and [Rule 90104]: “Business Participation and Reporting”) to disclose their interest and implement a conflict of interest management plan. Where the start-up forms from Health Science Center-owned,
### Interactions Between Clinicians and Industry

Industry plays a vital role in drug discovery, technology development, and improving the public health. Relationships with industry that facilitate discovery and evidence-based use of medications and devices, as well as upholding the highest professional standards of ethics and integrity are welcomed by the Health Science Center. Accordingly, the “Guidelines for Interactions Between Clinicians and Researchers With Industry” have been promulgated. These guidelines seek to preserve and fortify the independence of Faculty and trainees, ensure that the most objective information in the care of patients is available, that the potential for real or perceived bias in programs of clinical care, research, and education is reduced, and to ensure compliance with appropriate laws and regulations. These guidelines are available in the HOP, 10.1.11, “Guidelines for Interactions Between Clinicians and Researchers With Industry”.

### Conflict of Interest Official

The Vice President for Research has been designated as the Conflict of Interest Official for the Health Science Center and is responsible for all aspects of this policy including the education requirements. He shall
NEW; VPR IS DESIGNATED AS COI OFFICIAL, AVP/OSP IS DAY-TO-DAY

**Conflict of Interest Committee**

The President or designee shall appoint a Conflict of Interest Advisory Committee to provide advice on policy development, review conflict of interest/commitment issues, to consider COI Reports that indicate real or potential Significant Conflicts of Interest or commitment, and any other such tasks as assigned by the President. The Committee shall be composed of at least one faculty member from each of the Schools and one member external to the Health Science Center who is involved in research activities in a San Antonio institution or corporation, and one community representative. The Assistant Vice President for Research and Sponsored Programs, the Assistant Vice President for Technology Management, the Director of the IRB, and the Chief Legal Officer or designee will serve as ex-officio non-voting members of the Committee. The Committee shall be chaired by one of the appointed faculty members and will report to the Vice President for Research.

**Reporting Requirements**

A Covered Individual shall submit or update a COI Report not later than the thirtieth (30th) day of initial employment (covering the twelve months preceding the date of disclosure); annually not later than March 1; and not later than the thirtieth (30th) day after acquiring a new Significant Financial Interest (see definitions) Additionally, the President or the Vice President for Research or designee may require a Covered Individual to submit additional COI Report.

Each Covered Individual shall include information for Covered Family on the COI Report.

As part of the COI Report, each covered individual must acknowledge that they are aware of and have read this policy and is aware of their own responsibilities regarding disclosure and applicable regulations.
Each Faculty Member shall also indicate on the Certification of Proposal submitted with each proposal or agreement for external project funding that each Faculty Member and/or Researcher associated with the project has met these reporting requirements.

**Extent and Content of Annual Disclosure and Updates**

**Significant Revisions to Accommodate UTS Requirements and What We Actually Require for Disclosure (Including Days and Amount of External Activities, Gifts, Boards, Etc.)**

We already require gift reporting but wasn’t in our policy previously. UTS requires it to be in policy.

We have required this disclosure in the past, but are now more explicit.

The Health Science Center requires that each Covered Individual report the following on the COI Report:

1. All payments received from any entity external to the Health Science Center and associated time spent on those compensated activities including any payments defined by this policy as a Significant Financial Interest.

2. All uncompensated activities relating to the individual’s Health Science Center responsibilities. (See exceptions to the definition of Significant Financial Interest for activities that do not require reporting.)

3. Information on intellectual property and royalties including a description of intellectual property rights held and the amount and source of royalty income received or had the right to receive in the preceding twelve months.

4. The value and source of any single gift that the Covered Individual or Covered Family Member received in the preceding twelve months and that exceed $250 in value or multiple gifts from a single entity that in the aggregate exceed $250 in value. Gifts from Covered Family Members are not required to be reported.

5. Any fiduciary position that the Covered Individual held in a for-profit or non-profit entity in the preceding twelve months, including a position as a member of the board of directors, an officer, or other executive or management position for which the individual received any form of remuneration or reimbursement for expenses, and the name and principal address of the entity.

6. Any interest in a legal entity, including a foundation or a trust that is controlled or directed by the Covered Individual or a Covered Family Member.
If a Covered Individual discloses payments, intellectual property interests, or royalties, the Covered Individual must provide a copy of any related agreement, contract, offer letter, or other documentation on request of the Health Science Center President, the Vice President for Research, or any other person or entity with administrative responsibility in regard to reviewing financial disclosure statements or approving a related management plan.

The submission process for the annual COI report as required by this policy shall be coordinated by the Office of the Vice President for Research.

It is the responsibility of each hiring unit (e.g., department) to assure that the COI Report due at hiring is completed by the Covered Individual; to provide the required updates of any new financial interest for which disclosure is required; and to review and approve each COI report filed by individuals in their unit.

It is the responsibility of the Covered Individual to provide the required updates of any new financial interest for which disclosure is required.

The OSP is the central repository for all COI Reports. If no significant financial interest or potential conflict of commitment is reported, no additional action will be required of the Covered Individual. If required by an external funding agency, notice of review will be forwarded to the agency in accordance with that agency’s policy.

COI Reports for senior administrative officials shall be requested by the AVP/OSP.

Within sixty (60) days after receipt, the AVP/OSP, on behalf of the Office of the Vice President for Research, will make an initial review of all COI Reports submitted and provide information to the Conflict of Interest Committee concerning those reports which identify Significant Financial Interests or commitments for their review. Generally, identified real or potential conflicts of interests and commitments fit into two categories:
1. Significant Financial Interest or potential conflict of interest that is allowable because the reportable items reflect generally accepted practices and are generally minimal in their personal financial impact on the Covered Individual. Examples of such interests may include a Covered Individual receiving royalties for published scholarly work and other writings or a Covered Individual consulting for a company where there is no relationship to the Covered Individual’s Health Science Center duties. Additional input may be sought from the Covered Individual, the department Chair or Academic Director, and any other persons as are necessary. When the Covered Individual indicates that his or her research or scholarly activities involve the utilization of human subjects, the Director of the IRB may also be consulted as necessary.

In these instances, it is likely that no further review will be required, but records will be maintained showing that review has taken place. No additional action will be needed by either the Covered Individual unless a significant change occurs prior to the due date of the next annual COI Report. If required by the external funding agency, notice of review will be forwarded to the agency in accordance with that agency’s policy.

2. Questionable Significant Financial Interests or apparent conflicts reported may or may not be manageable after review. Further review may be sought from the Vice President for Research. As well, the process of such review may require consultation with the Covered Individual’s department, Dean, or appropriate Vice President and may or not require further information and discussion with the Covered Individual. Where the COI Report indicates that human subjects are used in the individual’s research or scholarly activities, the Director of the IRB may also be consulted. Others may also be consulted with as necessary.

After the AVP/OSP has fully reviewed the matter and received advice as necessary from the Conflict of Interest Committee, a recommendation
will be forwarded to the Vice President for Research regarding disposition of the reported actual or potential conflict. Such disposition may include requesting that the potential or actual conflict of interest be managed according to a management plan developed by AVP/OSP in conjunction with the Covered Individual and others, as appropriate, and in compliance with applicable statutes, rules, regulations, and guidance.

A management plan may impose any condition and prescribe any action necessary to manage the conflict including reducing or eliminating the conflict to ensure that any bias or appearance of bias has been eliminated.

Examples of conditions or actions that may be prescribed in the plan include:

1. public disclosure of the conflict in presentations and publications;
2. disclosure of the conflict to students, staff, and/or patients;
3. divestiture or reduction of the financial interest; or
4. severance of relationships that create an actual or potential financial conflict of interest.

In the case of research conflicts, examples of additional conditions or actions are as follows:

1. appointment of an independent monitor with authority to take measures to protect the design, conduct, and reporting of research against bias, or the appearance of bias, resulting from the conflict of interest;
2. for human subjects research, direct disclosure of the conflict of interest to research participants;
3. modification of the research plan; or
4. change of personnel or personnel responsibilities, or disqualification of personnel from participation in all or a portion of the research.

The management plan will be in the form of a written agreement and will include a provision that the Covered Individual acknowledges receipt of
the plan and understands the requirements of this policy and the required actions and other terms of the plan, including the time frames for required actions. In addition, the plan will clearly identify the person or persons responsible for monitoring compliance with the management plan.

If circumstances warrant, it may be necessary to implement an interim management plan or implement other interim measures prior to the development of a final solution.

If required by an external funding agency, notice of disposition will be forwarded by the OSP in accordance with the external funding agency’s policy.

No Expenditure of Funds Prior to Disposition

NEW

In the case of a research project, neither the Health Science Center nor a Covered Individual may expend research funds unless the AVP/OSP has determined that no financial conflict of interest exists or that any financial conflict of interest is manageable in accordance with the terms of an adopted and implemented management plan.

Web Posting of Financial Conflict of Interest Information

NEW

As required by The University of Texas System, this policy and any updates will be published at (website). In compliance with The University of Texas System policy, when a conflict is found to exist and a management plan for that conflict is developed, the following information will be posted on (website): the name and title of the Covered Individual, the nature of the financial interests that constitutes a conflict, and the approximate value of the financial interest by range or, if the dollar value cannot be determined by reference to public prices or other reasonable measures of fair market value, a statement to that effect. If the conflict involves a research project, the role of the individual on the project shall also be disclosed.

The dollar value ranges to be used are as follows: less than $20,000; $20,000 but less than $50,000; $50,000 but less than $100,000;
Concurrent with the review of individual reports, the potential for institutional conflict of interest will be considered. Examples of institutional conflict of interest include situations where the Health Science Center owns equity in a start-up company or where institutional officials have relationships with a company that seeks to do business with the Health Science Center. Where there is the likelihood of an institutional conflict of interest, the COI Report will also be referred to the Health Science Center Institutional Conflict of Interest Committee for disposition under the HOP, 10.1.12, "Institutional Conflict of Interest Policy".

The University of Texas System Board of Regents has implemented a State of Texas legislated policy that requires development and submission of a plan for management of conflicts of interest when a Faculty Member or Researcher participates in the business of or has a financial interest in a company that proposes to sponsor research at or license technology from the Health Science Center. Specifically, this applies to Health Science Center faculty or staff who acquire equity in, or serve as a board member, officer, or key employee of a company that sponsors the faculty member's research or proposes to license technology from the Health Science Center. It is the responsibility of the Faculty Member or Researcher to disclose such a relationship at the time a proposal or agreement for support is presented for review and approval to the OSP whose staff will further advise the Faculty Member or Researcher on the procedures for compliance with these conflict management plan requirements. In the case of a proposed technology licensing agreement, such disclosure shall be made to the Assistant Vice President, South Texas Technology Management.
The Health Science Center requires that individuals subject to this policy will comply fully and promptly with the provisions of this policy. Instances of deliberate breach of this policy, including failure to submit a COI Report (either annually or when changes in financial interests require it); failure to provide additional information needed by the Health Science Center; knowingly filing an incomplete, erroneous or misleading COI Report; knowingly violating the state law, Regents' Rules and Regulations, or this policy; or failure to comply with a management plan and/or prescribed monitoring processes will subject the Covered Individual to disciplinary action under Health Science Center policy and The University of Texas System Regents' Rules and Regulations, as well as possible enforcement actions mandated by a granting agency. Such disciplinary action might be as severe as dismissal from the Health Science Center, debarment from eligibility for federal funds, and possible prosecution under state or federal law.

Each Covered Individual is required to complete a specific education program relating to this policy and applicable policies, laws, and regulations at least every two years. A Covered Individual who is new to the Health Science Center must complete the required training before engaging in research at the Health Science Center or provide evidence of having completed the training at another institution of The University of Texas System within the last two years.

To the extent permitted by law and the requirements of this Policy, all COI Reports, other records, and information submitted will be maintained confidentially. However, any COI Report, other records, and information will be made available to an agency funding research of the Covered Individual upon written request of the agency and otherwise as required by law. In addition, where human subject involvement is contemplated and a real or apparent conflict exists, the COI Report and other related records and information will be forwarded to the IRB. As well, when the Covered Individual holds a VA appointment and a real or apparent conflict exists, the COI Report and other related records and
Guidance for Identifying and Resolving Actual or Potential Conflicts of Interest/Commitment

While each COI Report of real or potential conflicts of interest and commitment is reviewed and judged separately, there are a number of issues that frequently arise. There is often a common resolution to these issues. Further information on conflicts of interest and resolution can be found at (website).

Record Retention and Audit

Records regarding the disclosure of financial interests and the management of a conflict of interest, including financial interest disclosure statements, any determinations after review, and other records of Health Science Center actions shall be retained for the longer of at least three years after:

1. the date of creation;
2. the date of termination or completion of a research award or contract, or the submission of the final expenditures report, for research identified in a disclosure statement; or
3. the date of final resolution of any investigation, audit, or similar action involving the records.

The central repository for all COI reports will be the Office of the Vice President for Research and will be retained in paper or electronic form.

The Health Science Center will provide for regular audits of the COI Reporting process and statements to determine individual and Health Science Center compliance with this Policy.

Additionally, Vice President for Research or another individual
NEW UTS AUDIT REQUIREMENT

Designated by the President, shall provide the Chancellor of the University of Texas System with copies of all guidelines, procedures, and forms used by the Health Science Center relating to financial conflicts of interest and shall ensure that the Chancellor receives copies of any revised guidelines, procedures, and forms simultaneously with the implementation of the revision.

NEW UTS REQUIREMENT

The Health Science Center and the University of Texas System have promulgated other policies that relate to this policy. Specific reference is made to the HOP and its specific policies as follows:

- **Section 10.1.2**, “Code of Ethics and Standards of Conduct”
- **Section 10.1.3**, “Personal Use of University Resources, Equipment, and Assets”
- **Section 10.1.3**, “Giving and Receiving Benefits”
- **Section 10.1.5**, “Political Activities”
- **Section 10.1.9**, “Outside Activities for Pay and Relationships which may Involve Potential Conflict of Interest”
- **Section 10.1.7**, “Conflict of Interest Statements for Non-Academic Staff” [applicable to persons authorized to execute contracts on behalf of the Health Science Center or to those persons who exercise discretion with regard to the award of contracts or other pecuniary transactions]
- **Section 4.5.16**, “Appointment of Relatives (Nepotism)”
- **Section 10.1.12**, “Institutional Conflict of Interest Policy”
- **Section 10.1.11**, “Guidelines for Interactions Between Clinicians and Researchers With Industry”
- **Section 12.1.1**, “Intellectual Property Policy”

Other rules and policies:

- Regents’ *Rules and Regulations* Concerning Intellectual
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<td>Policy 10.1.6</td>
<td>Conflicts of Interest in Scholarly, Research, and Clinical Activity</td>
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<td>Effective:</td>
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- Property (Rule 90103: “Equity Interests” and Rule 90104: “Business Participation and Reporting”)

- The University of Texas System “Procedure for Obtaining Approval of Plan to Manage Conflicts of Interest”

- The University of Texas System UTS 175, “Disclosure of Financial Interests and Management and Reporting of Financial Conflicts of Interest in Research – Health Institutions"