

**SUBJECT:** Conflict of Interest

**POLICY NUMBER:** HR013

**EFFECTIVE DATE:**

## **I. POLICY/PURPOSE**

This policy applies to all Magee-Womens Research Institute and Foundation faculty, staff, administrative personnel (collectively “staff”, all of whom are employees of University of Pittsburgh or UPMC) and Board members.

A conflict of interest or potential conflict of interest exists when outside financial interests or activities could influence, bias or compromise, or appear to influence, bias or compromise, the performance of a staff or Board member’s institutional responsibilities, the nature, direction or results of research, or result in personal gain to a staff or Board member’s immediate family at the expense of Magee-Womens Research Institute and Foundation (MWRIF). It is MWRIF’s intent to protect the integrity of the organization’s decision-making process, to enable stakeholders to have confidence in the organization’s integrity, and to protect the integrity and reputation of staff and Board members.

## **II. POLICY STATEMENT**

No member of MWRIF’s Board of Directors, faculty, staff, or administrative personnel shall derive any personal profit or gain, directly or indirectly, by reason of his or her participation with MWRIF. This shall also include the member’s business or other nonprofit affiliations, family and/or significant other, employer, or close associates who may stand to receive a benefit or gain.

Regardless of whether an interest has been disclosed in a Conflict-of-Interest Disclosure Statement, an individual must, prior to participation in any decision-making process, disclose to his or her supervisor or in the case of the chief executive officer or a Board member, to the Board or Committee Chair, any interest he or she holds that could be viewed as having the potential to influence his or her decision-making judgement.

In addition, any member of MWRIF's Board of Directors faculty, staff, or administrative personnel shall refrain from obtaining any list of donors for personal or private solicitation purposes at any time during the term of their affiliation.

### III. POLICY COMPLIANCE

#### Independent Board Members

Board members are required to complete a formal conflict of interest questionnaire annually prior to the beginning of each fiscal year for which they are a member. The forms are reviewed internally by the CEO and actual or potential conflicts are reported to the Board Chair. If potential or actual conflicts are identified, a Conflict Management Plan must be developed and submitted to the Executive Committee of the Board. Failure to disclose potential conflicts or to follow the approved conflict management plan may result in removal from the Board.

#### UPMC employees

Designated individuals (managers and above, and any employee holding a position of influence or trust) supporting MWRIF who are employed by UPMC are required to follow their employer mandated conflict of interest policy which includes annual electronic disclosures, as well as additional disclosures as related circumstances change. Even if an employee does not qualify as an "identified individual" within the above criteria, they still must complete a COI Disclosure Form if the employee or an immediate family member has an interest outside of UPMC or MWRIF that could create the appearance of compromising judgment regarding their UPMC or MWRIF activities and responsibilities, or if their supervisor has identified them as having such interest outside of UPMC or MWRIF. Research Team Members, defined as individuals who conduct or participate in clinical research on UPMC's premises or are under the oversight of UPMC ("Research"), if they are able to materially influence research, whether or not employed by UPMC, are also subject to conflict-of-interest requirements. The requirements applicable to these individuals are outlined in UPMC's Policy on Conflicts of Interest in Clinical Research (HS-EC1701).

The disclosure forms are reviewed and monitored by the UPMC Ethics and Compliance Committee. If potential or actual conflicts are identified, a Conflict Management Plan must be developed and submitted to the Committee. Failure to disclose potential

conflicts or to follow the approved conflict management plan will result in disciplinary action.

#### University of Pittsburgh employees

Designated individuals (all faculty, staff with administrator IV title or above and any others designated based on their responsibilities) working at MWRIF who are employees of the University of Pittsburgh are required to follow their employer mandated conflict of interest policy ([see policy links below](#)), which includes annual electronic conflict of interest disclosures, as well as additional disclosures as related circumstances change. These are reviewed by the Chair of the Department of Ob/Gyn and reported to University senior management as well as maintained by the Conflict of Interest Committee. Potential or actual conflicts are handled by the employee's first line supervisor and a management plan developed. The plan is submitted to senior management as well as the COI committee for review. Sanctions may be applied for non-compliance with the requirements of the policy or with management plans, including a letter of reprimand, special monitoring of future work, removal from the particular project, probation, suspension, salary reduction, or initiation of steps leading to possible reduction in rank or termination of employment.

#### External Reporting of Conflict of Interest

Federal regulations require that the National Institutes of Health (NIH) be notified within 60 days if it is identified that any principal investigator or key personnel on a federal award has a conflict of interest. Responsibility for reporting conflicts (including conflicts of subrecipient investigators) to the NIH lies with the organization who received the prime award. The status of the conflict and corresponding management plan must be submitted to the NIH annually in conjunction with the award progress report until the project is completed. A list of current federal conflicts must be maintained and made available to the public upon request, and the policy must be posted on the MWRIF website. All records must be maintained for three years after the final expense report has been filed with the NIH.

#### **IV. REFERENCE**

[UPMC Policy HS-EC1700](#) Conflicts of Interest – General Obligations

[UPMC Policy HS-EC1701](#) Conflicts of Interest Related to Clinical Research

UPMC Policy HS-EC1702 Policy on Conflicts of Interest and Interactions between representatives of Certain Industries and Faculty, Staff and Students of the Schools of the Health Sciences and Personnel Employed by UPMC at all Domestic Locations

<https://infonet.upmc.com/BusinessTools/Legal/ComplianceAuditing/Pages/Conflict-of-Interest.aspx>

<https://www.policy.pitt.edu/conflict-interest-university-pittsburgh-employees-07-05-03>

<https://www.policy.pitt.edu/conflict-interest-designated-administrators-and-staff-07-05-02>

<https://www.policy.pitt.edu/conflict-interest-policy-research-11-01-03>

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Signature \_\_\_\_\_



Responsible Person: Lisa Ascencio, Director of Finance