

OFFICE OF THE VICE PRESIDENT FOR RESEARCH

POLICY ON NON-FACULTY STAFF CONFLICTS OF INTEREST AND CONFLICTS OF COMMITMENT

Approved 8/17/2007

[Standard Practice Guide \(SPG\) 201.65-1](#) is the University's overarching policy on conflicts of interest and conflicts of commitment; it articulates key principles and mandates the development of unit-based implementation policies. This document is the implementation policy and procedure for non-faculty staff in the Office of the Vice President for Research (OVPR). (Faculty members in OVPR units are covered by a separate, companion policy.) This policy applies to all full-time staff, whether permanent or temporary, and to all permanent part-time staff in OVPR proper and the units reporting to OVPR. The University expects all staff to be familiar with SPG 201.65-1 and with the applicable unit implementation procedures.

This policy supplements the pre-existing conflict of interest policy, applicable to all staff in the Office of the Vice President for Research (OVPR), the Division of Research and Development Administration (DRDA), and the Office of Technology Transfer (OTT). The pre-existing policy emphasizes the responsibilities associated with access to information about research and technology transfer opportunities [[See Policy](#)]

A. Statement of Principles for OVPR's Policy for Non-faculty Staff

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 for further gain or advancement for themselves, parents, siblings, spouse or partner, children, dependent relatives, or other personal associates, at the expense of the University.

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. Disclosure, Evaluation, and Management of Potential Conflicts of Interest and Commitment

1. Disclosure

Whenever a potential conflict of interest or conflict of commitment arises for a staff member, he or she must promptly disclose it, in writing, to the Unit's COI/COC Manager. The disclosure can be made either through the M-Inform system [[Secure Login](#)] or directly to the Unit's COI/COC Manager. Annually as part of the performance review process, staff members must certify to the designated COI/COC Manager that they have read this policy and that they have reported all potential conflicts of interest or conflicts of commitment.

A list of each Unit's COI/COC Manager will be maintained by OVPR and posted on the OVPR's Web site.

It is not possible to list all situations that might constitute a conflict of interest or a conflict of commitment. Keeping this in mind, listed below are examples of activities that might create potential conflicts of interest or commitment and should be reported to the COI/COC Manager:

- Performing work for other University departments or units for additional pay;
- Participating in decisions or deliberations where one's 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.);
- Accepting an incentive or benefit to gain access to one's supervisor.

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

The COI/COC Manager shall evaluate all disclosed potential conflicts of interest or conflicts of commitment. The COI/COC Manager may require the staff member to provide additional information or documentation that may be relevant to its evaluation.

The COI/COC Manager will consult, as needed, with appropriate central administrative offices (e.g., Office of the Provost and Executive Vice President for Academic Affairs, Office of Human Resources, Affirmative Action, and Office of the Vice President and General Counsel). As needed, COI Managers will also consult with the Office of the Vice President for Research.

3. Management of Potential Conflicts

Upon disclosure of a potential conflict of interest or commitment, the COI/COC Manager will evaluate the extent of the potential conflict to determine whether it is necessary to manage or eliminate it. In some circumstances, management will require coordination with and processing by central administration offices. For example, centralized processing is necessary in the following circumstances:

- Where the disclosure involves sponsored research or technology transfer, processing is by the COI Committee of the Office of the Vice President for Research;
- Where there may be a conflict between two academic units, resolution may be sought through the Provost's Office;
- Where the disclosure involves a purchase of goods or services, processing is by Purchasing Services.

In response to a disclosure of a potential conflict, the COI/COC Manager may, after consulting with the staff member, determine that no action is necessary. In other cases, the COI/COC Manager may decide that it is sufficient to document the disclosure and his or her determination that no further management is required. If the COI/COC Manager determines that management of the potential conflict beyond initial disclosure is necessary, he or she will develop a conflict management plan in consultation with the staff member. That plan may include, but is not limited to:

- Disclosing the potential conflict to appropriate parties inside and/or outside the University;
- Modifying or limiting the staff member's duties to minimize or eliminate the conflict;
- Reducing the staff member's appointment to accommodate the outside interest or activity;
- Securing the staff member's agreement to modify or suspend outside activity, use of University resources, or other activities that create the potential conflict; or
- Prohibiting certain outside activity as inconsistent with the staff member's obligations to the University.

Purchasing

When a potential conflict involves a purchase of goods or services, the COI/COC Manager must disclose the conflict to the University's Office of Purchasing Services and also to the unit staff member responsible for handling unit purchases. If 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. The management plan must include, at least, those conditions required by Purchasing Services.

Research

When a staff member has a potential conflict that involves work performed for a sponsored research project, the COI/COC Manager must inform the principal investigator. Depending on

the roles and responsibilities of the staff member on the research project, the principal investigator may, in turn, be required to disclose to the OVPR Conflict of Interest Committee. If the COI/COC Manager determines that a conflict exists that must be managed or eliminated, he or she will consult with the staff member, the principal investigator, and the OVPR Conflict of Interest Committee in developing a plan to manage the conflict. The management plan must include, at least, those conditions required by the OVPR Conflict of Interest Committee.

4. Record-Keeping and Issues of Confidentiality and Privacy

The COI/COC Manager will keep a record of actions on disclosures made under this policy, in part to help develop a consistent practice of treating like cases alike. The record 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. Appropriate records may also be maintained in the individual staff member's personnel file.

The COI/COC Manager will make all reasonable efforts to preserve the privacy and confidentiality of personal information revealed as part of this process; to that end, the COI/COC Manager will keep all records that include personal information about named individuals in a secure file accessible only to the COI/COC Manager and key staff. Where any other faculty or staff member has a legitimate administrative reason to access the documentation, then the COI/COC Manager may either authorize access to the file or provide copies and/or information, as may be required for the stated administrative purpose. If the COI/COC Manager provides copies of information in the files to a third party, he or she must also ask that individual to maintain the same level of confidentiality as applicable to the original information or documents.

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 NIH sponsored project, the University *is required* both to disclose the existence of that conflict (without providing identifying information) to the NIH and to indicate whether it has managed that conflict. Also, the University may be legally required to disclose information in response to requests made under the Michigan Freedom of Information Act (FOIA). Should any other individual have a legitimate reason to access the confidential records, whether in the context of a federally sponsored project, a FOIA request, or otherwise, the COI/COC Manager may authorize access to the file, provide copies, or provide oral or written summaries. Where possible, the individual to whom the COI/COC Manager authorizes disclosure will be required to maintain at least the same level of confidentiality as applicable to the original information or documents.

Any staff member who becomes aware that the COI/COC Manager has provided or may have provided unwarranted access to conflict documentation or information, as defined in this policy, should inform the Vice President for Research for appropriate action.

C. Dispute Resolution

A staff member may dispute any decision made in response to the disclosure or non-disclosure of a potential conflict of interest or commitment by a written appeal for reconsideration by the COI/COC Manager. If the reconsideration determination is not acceptable to the staff member, he or she may send a written appeal to the Vice President for Research, who may support or reject the appeal. Other disputes between the staff member and the unit should be resolved through the normal grievance procedures.

D. Education and Training

This policy will be provided to new staff members at the time they are hired into OVPR or its reporting units. Discussion and instruction on implementation of the policy will be included in OVPR COI/COC Managers meetings. OVPR will develop and maintain a Web site including the OVPR Policy, links to relevant University policies, examples of potential COI situations, Frequently Asked Questions, and other appropriate resources. Training will also be provided to unit administrators on a yearly basis. All staff members will be required to certify that they have read this policy and the University's "Conflicts of Interest and Conflicts of Commitment" policy (SPG 201.65-1), have taken the central COI/COC tutorial, and understand their commitments under these policies. As part of the annual staff evaluation process, each staff member will be asked to affirm that they have disclosed all potential conflicts during the previous year.

E. Violations

Any failure to comply with SPG 201.65-1, its procedures, or this implementing policy may lead to disciplinary action, up to and including termination of appointment in accordance with applicable disciplinary procedures. Possible violations that may lead to disciplinary action include, but are not limited to: failure to disclose fully a potential conflict; failure to comply fully with a required conflict management plan; failure to maintain the confidentiality of conflict documentation and information; and failure to complete any required training or education regarding the policy.

F. Policy Review and Revision

The COI/COC Managers will annually review all actions taken under this policy and make recommendations to the Vice President for Research regarding any needed revisions to the policy or any need for increased education. Any revisions in policy or practices will be distributed to OVPR units for review. If the Vice President for Research determines that any of the changes he or she would like to adopt will materially change the policy, the Vice President for Research will follow the procedures used to adopt the original policy. In particular, the Vice President for Research will submit any materially revised policy to the Office of the Provost and Executive Vice President for Academic Affairs for further review and approval and then to the President for formal adoption. A current version of the OVPR's policy will be on file with the Provost's Office at all times.

G. 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 OVPR 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 items listed on Table 1.

Table 1.

Issue	Policy and link
Gifts to UM employees	Regents’ Bylaw 2.16
Outside Employment	Regents’ Bylaw 5.12
Governmental elected or appointed service	Regents’ Bylaw 5.13
Leaves of absence	Regents’ Bylaw 5.14
Appointment of individuals with close personal or external business relationships	SPG 201.23
Employment outside the University	SPG 201.65-0
Special stipends for work performed for other University units, the payment of honoraria, and the payment of travel expenses	SPG 201.85
Copyright and other appropriate use of University resources, such as the libraries, office space, computers, secretarial and administrative support staff, and supplies	SPG 500.01 , 601.03-2 , and 601.11
Contracts of public employees with their employers.	Michigan Compiled Laws § 15.321 et seq
Policy on Conflict of Interest in Sponsored Research and Technology Transfer Agreements	OVPR Web Site