Financial Conflicts of Interest
Self-Assessment

This self-assessment tool is intended to help an institution evaluate the operation of its individual financial conflict of interest policies and procedures. It includes a very basic set of questions or statements concerning institutional policies and procedures that may be useful in assisting an institution to look carefully at how it operates rather than to assume that tasks, processes and documentation are being managed according to its policies and procedures.

Part 1 examines the general provisions of the policy and procedures used to implement the policy. Part 2 is intended to be used to “sample” the operation of the policy. Institutions can choose one or two conflicts reported and managed over a defined time or all reported conflicts in a given year to determine how the general policies have been implemented in a particular case.

The self-assessment can: point to areas that need to be further refined in operation; identify risk areas that need to be more fully defined and developed; and/or areas where the policy and procedures differ and need to be reconciled.

As with any self-assessment, the institution needs to consider how the assessment will be conducted and how the outcomes will be reported or managed by the institution. Any document created may become a public document under applicable law. In using this tool or undertaking any self-assessment of compliance, institutions may want to confer with their general counsels for guidance on maintaining privileges and managing other related legal issues.

COGR does not want and will not accept copies of assessments.
Part 1

Section I: Financial Conflict of Interest Program Review: Reporting Procedures

NOTES:
1. Each question or issue is drafted in a manner to allow the institution to document the existence of policies and procedures.
2. The term “investigator” is used here to include all personnel required to report under the institution’s policy. The institution’s meaning of investigator may include individuals considered “key personnel” and/or research staff with design, conduct and reporting responsibilities as well as administrative staff.
3. The questions are designed to guide the process and are not intended to be a full “audit”.

Section I.A. Policies

1. Policies and Procedures to follow when reporting financial interests and relationships have been written and distributed or communicated to investigators
   ☐ Yes
   ☐ No
   ☐ Some are written

   1.a. If you have different policies/procedures for different units, e.g., the medical center, the policies and procedures to follow when reporting financial interests and relationships have been written and distributed or communicated to investigators
   ☐ Yes
   ☐ No
   ☐ Some are written

Note: If you have different policies and procedures for different units, you may want to complete a survey and related sampling for each set of policies and procedures.
2. The delineation or definition of who reports is clearly defined in policy.
   - Yes
   - No

2.a. The terms “investigator” are defined in policy
   - Yes
   - No

2.b. The term “key personnel” is defined in the policy.
   - Yes
   - No

3. A threshold, if any, for reporting has been clearly defined in policy.
   - Yes
   - No

3.a. If the definition relies on “a significant financial interest,” the meaning is clearly defined in policy.
   - Yes
   - No

3.b. If the definition refers to “potential” or “perceived” benefits, these terms are clearly defined in the policy.
   - Yes
   - No

4. The policy provides for penalties or sanctions for nondisclosure and/or inaccurate disclosure of financial interests and relationships.
   - Yes
   - No

4a. If Yes, the circumstances that would justify a penalty or sanction as well as the type of penalties or sanctions that might be imposed are defined.
   - Yes
   - No

4b. Provisions for penalties and sanctions are in writing.
   - Yes
   - No
   - Some are written
# Section I.B. Procedures

5. Processes are in place to make investigators aware of the reporting procedures and their responsibility for following them at the outset of a project.
- [ ] Yes
- [ ] No

5.a. Processes are in place to make investigators aware of the reporting procedures and their responsibility for following them during the conduct of a project when/if their financial interests and relationships change.
- [ ] Yes
- [ ] No

6. Standard, formal financial disclosure form(s) and procedures are made available to the investigators to report their financial interests and relationships.
- [ ] Yes
- [ ] No

6.a. If No, how do investigators disclose financial interests and relationships?

7. Investigators are required to submit additional documentation or information with their financial disclosure forms.
- [ ] Yes
  - If Yes, the other documentation collected includes:
- [ ] No

8. Additional information regarding investigators’ financial disclosures (i.e., follow-up information, supporting documentation, etc.) is routinely asked for and collected.
- [ ] Yes
  - If Yes, the following additional documentation is routinely collected:
- [ ] No
9. The designated official(s) who solicits and reviews financial disclosure information from investigators is clearly identified.
   - Yes
   - No

   It is (by job title):

9a. The designated official(s) have clearly delegated responsibilities to other staff regarding the solicitation and review of financial disclosure information.
   - Yes
   - No

   If Yes, what responsibilities are delegated and to whom (by job title):

10. Procedures for investigating allegations of nondisclosure and/or inaccurate disclosure of financial interests are in writing.
    - Yes
    - No
    - Some are written

11. Over the most recent five years, are there any instances in which an investigator did not disclose or inaccurately disclosed a significant financial interest?
    - Yes
    - No

    If Yes, the circumstances of, and the way in which, these instances were handled is documented.
    - Yes
    - No
## Section II: Identifying Financial Conflicts of Interest

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Some are written</th>
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<tbody>
<tr>
<td>12. The process for reviewing financial disclosure information and criteria used for determining if a financial conflict of interest exists are clearly written and known to all involved in the process (e.g. administrator, Committee Members, Responsible Official)</td>
<td>□ Yes</td>
<td>□ No</td>
<td>□ Some are written</td>
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<tr>
<td>12.a. The criteria address “Relatedness” of conflicts to research activities.</td>
<td>□ Yes</td>
<td>□ No</td>
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<tr>
<td>12.b. The criteria address “Actual” as opposed to “Potential” or “Perceived” benefits or conflicts.</td>
<td>□ Yes</td>
<td>□ No</td>
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<td>13. The information disclosed by an investigator regarding their financial interests and relationships is verified for accuracy.</td>
<td>□ Yes</td>
<td>□ No (Go to Question 14)</td>
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<td>13a. The type of information that is verified includes:</td>
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<td>13b. The procedures followed to verify the accuracy of the information include:</td>
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<td>13c. These procedures are in writing?</td>
<td>□ Yes</td>
<td>□ No</td>
<td>□ Some are written</td>
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</table>
14. There is a conflict of interest committee.
☐ Yes
☐ No (Go to Question 15)

14a. The role and responsibilities of the committee in reviewing financial disclosure information, and determining if a financial conflict of interest exists, are clearly defined.
☐ Yes
☐ No

14b. The process for appointing members, including special members, to the committee is clearly defined.
☐ Yes
☐ No

14c. On average, the Committee reviews (number) ___ of financial disclosures in a year.

14d. If the Committee plays a role in the management of conflict of interest management plans, on average, the Committee manages (number) ___ of conflict of interest management plans in a year.

15. The procedures that are followed to ensure that financial conflicts of interest are properly reported to a funding source include:

15a. These procedures are in writing and distributed to parties who need to know.
☐ Yes
☐ No
☐ Some are written
### Section III: Managing Financial Conflicts of Interest

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Some are written</th>
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<tbody>
<tr>
<td>16. Policies and procedures for determining how to manage, reduce, or eliminate identified financial conflicts of interest are clearly defined:</td>
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<td>□ Yes</td>
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<td>□ No</td>
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<tr>
<td>16a. These policies and procedures are in writing</td>
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<td>□ Yes</td>
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<td>□ No</td>
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<td>□ Some are written</td>
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<td>17. The roles of the designated official(s) and/or the conflict of interest committee in determining how to manage, reduce, or eliminate a financial conflict of interest have been clearly defined.</td>
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<td>□ Yes</td>
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<td>□ No</td>
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<td>17a. The roles of other university academic and administrative leadership are identified.</td>
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<td>□ Yes</td>
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<td>□ No</td>
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<td>18. Methods used generally to <strong>manage</strong> financial conflicts of interest include:</td>
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<td>(e.g. specific examples):</td>
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<tr>
<td>19. Methods used generally to <strong>reduce</strong> financial conflicts of interest include:</td>
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<td>(e.g. specific examples):</td>
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<tr>
<td>20. Methods used generally to <strong>eliminate</strong> financial conflicts of interest include:</td>
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<td>(e.g. specific examples):</td>
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<td>21. Investigator’s role in the development of their own conflict management plans is defined.</td>
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<td>□ Yes</td>
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</table>
| 22. The procedures for ensuring that investigators are managing, reducing, or eliminating the financial conflicts of interest as outlined in the conflict management plan are defined. | □ Yes  
□ No  
| 22a. These procedures are in writing | □ Yes  
□ No  
□ Some are written  
| 23. The role of the designated official(s) and/or the conflict of interest committee in ensuring that the financial conflict of interest is managed, reduced, or eliminated is clearly defined. | □ Yes  
□ No  
| 23.a.. The role of other university academic or administrative staff in monitoring compliance with management plan is clearly defined. | □ Yes  
□ No  
| 24. Investigators are required to certify that they have complied with the conflict management plan. | □ Yes  
If Yes, institutional forms they must submit, and/or procedures that they must follow, in order to certify compliance with the conflict management plan are developed and used.  
□ Yes  
□ No  
□ No  
| 25. There are procedures for handling instances of noncompliance with the conflict management plan. | □ Yes  
□ No  
| 25a. These procedures are in writing | □ Yes  
□ No  
□ Some are written  

26. Policies that provide for the imposition of penalties or sanctions for noncompliance with the conflict management plan are in place.

- Yes
  - If Yes, the circumstances that would justify a penalty or sanction as well as the type of penalties or sanctions that might be imposed are well defined.
    - Yes
    - No

26a. These policies are in writing

- Yes
- No
- Some are written

### Section IV: Information and Guidance

27. Clearly defined information or guidance is provided to investigators regarding financial disclosure and financial conflicts of interest; these include written materials, such as trainings, websites, etc.

- Yes
- No

### Section V: Staffing and Administration

28. The program has adequate staffing to manage the process (e.g. review financial disclosure information and determine if a financial conflict of interest exists, etc.) (Exclude conflict of interest committee members.)

- Yes
- No

29. On average each staff member reviews (number) ____ financial disclosures in a year.

30. On average each staff member spends (number) ___ hours reviewing each financial disclosure
31. Data collection and review is by means of:
   a) All Electronic or web-based systems
      □ Yes
      □ No
   b) All paper
      □ Yes
      □ No
   c) Some of each
      □ Yes
      □ No

Section VI: Documentation

Program documentation includes:
Institutions may want to review individual investigator disclosure and/or conflict management files to ensure that required and/or appropriate documents are in each investigator's file.

| Written policies and procedures that meet the Federal and state regulations for any and all agencies that the institution regularly conducts business with including the PHS/NIH and NSF | □ |
| Institutional forms or checklists that investigators can use to disclose their financial interests and relationships and those used to certify compliance with conflict management plans | □ |
| Written information or guidance your institution provides to investigators with regarding financial disclosure and financial interest and relationships | □ |
| Other institutional forms or checklists used by designated official(s), committee members, or other staff to review and/or verify financial disclosure information and determine if a financial conflict of interest exists. | □ |
PART 2: Sample Review of Financial Conflicts of Interest Reported in FY 200X

This form can be used to evaluate a sample of a specific reported financial conflict of interest. This evaluation can help validate the effectiveness of the general self-assessment conducted in Part 1. Institutions can review all documents against the procedures described in Part 1 above to test the adequacy and workings of the established processes.

<table>
<thead>
<tr>
<th>Grant Number:</th>
<th>Report Date:</th>
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<tbody>
<tr>
<td>Project Title:</td>
<td>Investigator With Conflict:</td>
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<tr>
<td>Principal Investigator:</td>
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</tbody>
</table>

1. **The nature of the financial conflict of interest.** Please also include whether the conflict involved activities with outside entities (e.g., consulting, teaching, writing, participating on boards, etc.)

2. **Compensation received by the investigator,** [how much and what type of compensation was received e.g., travel reimbursement, fee, honorarium, per diem, royalty, expenses, and stocks]

2a. Was this information verified?
   - [ ] Yes
     - If yes, how and who verified this information:
   - [ ] No

3. **The procedures followed by the investigator(s) to report this significant financial interest were the same as those outlined in Part 1.**
   - [ ] Yes
   - [ ] No
     - If no, please describe how the procedures used to report this significant financial interest differed from the procedures outlined in Part 1.

4. **The procedures that the designated official or conflict of interest committee used to identify this financial conflict of interest were the same as those outlined in Part 1.**
   - [ ] Yes
   - [ ] No
     - If no, please describe how the procedures used to identify this financial conflict of interest differed from the procedures outlined in Part 1.
5. For this grant, other significant financial interests were disclosed that were determined not to be a conflict of interest and, subsequently, not reported
   □ Yes
   If yes, please provide a brief description of these other significant financial interests:
   □ No
   □ Cannot determine (Please explain):

6. After completion of the review:
   □ This financial conflict of interest was **managed**.
   □ This financial conflict of interest was **reduced**.
   □ This financial conflict of interest was **eliminated**.

7. The details of how this financial conflict of interest was managed, reduced, or eliminated are well documented in the management plan.
   □ Yes
   □ No

8. The procedures used to determine how to manage this financial conflict of interest were the same as those outlined in Part 1.
   □ Yes
   □ No
   If no, please describe how the procedures used to determine how to manage this financial conflict of interest differed from the procedures outlined in Part 1:

9. Document any additional information regarding this sample review here.