



SIMON FRASER UNIVERSITY
ENGAGING THE WORLD

TO: Senate

FROM Joy Johnson
Chair – Senate Committee on Agenda and Rules

DATE: January 28, 2022

SUBJECT: Updated Policy GP 37

SCAR has reviewed and discussed this document and is bringing it to Senate for discussion.

Memorandum

From: Trevor Davis, Executive Director, Research Operations

Date: 2022-01-17

Re: Updated Policy GP37

To maintain public trust and confidence in SFU and its activities, Policy GP37 provides a framework for members of the university community to disclose and manage conflicts of interest. A conflict of interest exists when two or more contradictory interests relate to an activity by an individual or an institution. The conflict lies in the situation, not in any behavior or lack of behavior of the individual. That means that a conflict of interest is not intrinsically a bad thing. However, a conflict may easily be *perceived* as bad, and therefore often needs to be explicitly managed.

GP37 has been revised to simplify procedures, clarify management responsibilities, address institutional conflicts, and to explicitly address conflicts of commitment.

History

Policy GP37 was last updated in 2007, and was reviewed in 2019. Updates are considered necessary for the following reasons:

- Information sessions with Deans, ADRs and faculty indicated that conflicts of interest are considered a significant issue for SFU. They pointed to lack of understanding, lack of knowledge on how to manage COI, and unclear process. These were sufficiently unclear to require a 'letter of interpretation' from the Provost.
- Research and non-research COI were both handled through the ORE, with no clear rationale for the unit's involvement.
- Changes to Policy R60.01 provide new opportunities for training and process management
- Outside Activities (including declaration of faculty conflict of commitment) have been moved to the SFUFA Collective Agreement. However, the policy predates that move and is out of alignment.

COI has commonly been handled as an afterthought. Given the more stringent requirements of the federal RCR Framework, and considerable public scrutiny of universities, COI management must be moved front-and-centre.

Summary of Changes

- New concept of the 'responsible authority', focus on dean for both research and non-research COI
- Research-related and non-research related procedures merged, except for appeal process.
- ORE removed from most procedures (there is a federal requirement that they (the REB) rule on human-subject research related COI).
- Added federal requirement re 'institutional COI', with the REB ruling on it.
- Included Conflict of Commitment very explicitly to manage for employees other than faculty.

Timeline

Policy Authorities' Approval to Begin	Dec. 2019
Initial Consultations	Jan-June 2020
Policy Authorities' Approval to Proceed	Sept 2020
GC Feedback	Sept 2020-July 2021
Executive Approval to Post	Aug 2021
Stakeholder Consultations	Aug – Sept 2021
Senate Consultation	Jan 2022

CONFLICT OF INTEREST AND CONFLICT OF COMMITMENT

Date
May 31, 2007

Number
GP-37

**Date of Last
Review/Revision**
Draft: Consultation

**Mandated
Review**
_____, 2026

Policy Authority: Vice-President, Research and International and
Vice-President Academic & Provost

Associated Procedures: Procedures for Disclosing and Assessing Conflicts of Interest and Conflicts of
Commitment
Procedures Pertaining to Financial COI in US Public Health Service Funded
Research

Highlighted sections are elements required by federal policy

EXECUTIVE SUMMARY

A conflict of interest (“COI”) occurs when two or more duties, responsibilities or interests of an individual (or institution) are in conflict – in that one cannot be fulfilled without compromising the other. Personal commitments, relationships or investments, for example, might potentially interfere with the independent judgement required to make purchasing or hiring decisions for the University or in a research project.

These conflicts can be real, potential or perceived, and anticipating the *perception* of COI is critical to its effective management. COI must be brought out into the open in order to be addressed. Whether the perception is accurate or not, disclosure of the issue and implementation of a management plan is always necessary. It may turn out that the matter is manageable through, for example, a change in process or a clear declaration. It may also turn out that the two activities are not compatible, and one must cease. This determination must be made by a third party because, by definition, the person making the disclosure has a biased point of view.

This policy provides a framework for members of the university community to disclose real, potential or perceived conflicts of interest so that they can be assessed and managed in a way that protects the integrity and reputation of the University and the persons involved.

Conflicts of commitment (“COC”) focus on a person’s external professional, business, or personal activities and time commitments that may affect their ability to meet commitments or obligations to the University. COC is managed in a similar manner to COI.

1.0 PREAMBLE

- 1.1 Simon Fraser University (“the University”) strives to carry out its teaching, research, and public service mission in accordance with the highest ethical standards and in a manner that promotes public confidence in its activities.
- 1.2 Conflicts can arise from a University Member’s engagement inside the University and their activities outside the University. The mere existence of conflict is not necessarily improper but, to maintain public trust and confidence, Conflicts of Interest (“COI”) and Conflicts of Commitment (“COC”) must be recognized, disclosed, assessed and addressed.
- 1.3 While the University respects the right of its Members to privacy in their personal activities and financial affairs, all real, potential, and perceived COI and COC must be disclosed promptly so the activity or situation can be addressed in an open, fair, consistent, and practical manner.
- 1.4 Just as with its Members, the University itself may be faced with Institutional Conflict of Interest: a conflict between at least two substantial institutional obligations that cannot be adequately fulfilled without compromising one or both obligations. Universities hold trust relationships with research participants, research sponsors, researchers and society. At times, financial or reputational interests may conflict with these obligations, potentially undermining public trust in the ability of the institution to carry out its missions, operations and ethical responsibilities in research.
- 1.5 Conflicts that are not disclosed, or are disclosed but improperly managed, may threaten the reputation and integrity of the persons involved and, potentially, the reputation of the University as a whole.

2.0 PURPOSE

- 2.1 This policy provides a framework for the disclosure, assessment, and management of Conflicts of Interest and Conflicts of Commitment.

3.0 SCOPE AND JURISDICTION

- 3.1 Except as outlined in section 3.2, this policy applies to all Members of the university community, and to all situations in which a Member’s activities may give rise to a COI or COC, regardless of whether those activities are internal or external to SFU.
- 3.2 This policy does not apply to Members serving on the Board of Governors (“Board”) or its committees, in so far as they are engaged in the official business of the Board. Such Members are governed by and must comply with the Rules of the Board of Governors (B10.01) and the Board Guidelines and Guidelines for Individual Board Members (B10.10).

3.3 There may be additional COI obligations for individuals participating in University committees, boards or panels, as set out in the applicable terms of reference. There may also be specific additional COI or COC obligations for individuals set out in Funding Organization requirements.

4.0 DEFINITIONS

4.1 See Appendix A for the definitions of words used in this policy and its associated procedures.

5.0 POLICY

5.1 The University will address COI and COC expeditiously.

5.2 A Member who engages in an activity or situation that creates or results in a real, potential or perceived COI or COC shall disclose it promptly and accurately to the designated Responsible Authority (See Appendix A) so that the conflict can be assessed, and where appropriate, managed in accordance with the procedures associated with this policy.

5.3 Each disclosure of a COI or COC shall be assessed by the designated Responsible Authority. The assessment will determine whether the activity or situation, or the Member's involvement in it, must cease or whether it is authorized to continue, provided that the COI or COC can be responsibly managed.

5.4 The Member shall not engage in, or continue, the activity or situation giving rise to the COI or COC until the designated Responsible Authority has assessed whether the activity or situation, or the Member's involvement in it, is authorized and, if so, how the COI or COC will be managed.

5.5 A Member who knows, or who should reasonably know, that they are in a COI or COC, and who fails to comply with this policy may be subject to disciplinary measures. Failure to disclose Conflicts of Interest in research may constitute research misconduct, as addressed in Policy R60.01.

5.6 Any real, potential or perceived Institutional Conflicts of Interest that may affect research participants shall be reported to the Research Ethics Board ("REB"). The REB shall determine how the conflict shall be managed.

6.0 ROLES AND RESPONSIBILITIES

6.1 Members

6.1.1 Each Member of the University community is responsible for:

- a. maintaining currency in COI/COC definitions and management through appropriate training;
- b. managing and assessing their activities internal to SFU and their activities external to SFU to avoid COI and COC;
- c. disclosing, promptly and accurately, all real, potential, or perceived COI or COC;
- d. acting promptly to remedy COI or COC where they exist;
- e. following the stipulations of an approved COI/COC management plan; and

- f. annually reviewing and updating, as needed, their COI and COC disclosure status.

6.2 Department Chair

- 6.2.1 In departmentalized Faculties, the Department Chair is responsible for assisting the Member in developing a proposed management plan for the COI or COC and for monitoring the implementation of an approved plan.

6.3 Associate Deans

- 6.3.1 In non-departmentalized Faculties, an associate dean is responsible for assisting the Member in developing a proposed management plan for the COI or COC and for monitoring the implementation of an approved plan.

6.4 Responsible Authority

- 6.4.1 The Responsible Authority is responsible for assessing both research-related and non-research-related disclosures and making a ruling as to whether:
 - a. the proposed management plan is sufficient to authorize the activity to continue;
 - b. the proposed management plan requires revision, or
 - c. the Member's involvement in the activity and/or the activity itself must cease.
- 6.4.2 Where COI or COC is declared in a non-academic department or unit, the Responsible Authority is, in addition to the responsibilities assigned under section 6.4.1, responsible for assisting the Member in developing a management plan for the COI or COC and for monitoring its implementation.

6.5 Vice-President Academic and Provost and Vice-President Research and International

- 6.5.1 The Vice-President Academic and Provost is responsible for determining an appeal of a Responsible Authority's ruling about a non-research related disclosure of COI or COC.
- 6.5.2 The Vice-President Research and International is responsible for determining an appeal of a Responsible Authority's ruling about a research-related disclosure of COI or COC where the research does not involve human participants.

6.6 Research Ethics Board

- 6.6.1 For research-related disclosures of COI or COC, where the research involves human participants, the SFU Research Ethics Board ("REB") is the decision-making authority as required by the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans.
- 6.6.2 Where the research involves human participants, the REB is responsible for determining whether a COI or COC exists and, if so, whether and how the COI or COC can be minimized and managed, or whether the activity, or the Member's involvement in it, must cease.
- 6.6.3 The REB is responsible for reviewing disclosures of Institutional Conflicts of Interest that may affect research participants made by University's signing officers, as designated in Policy B10.11, or by any other person. The REB is responsible for determining how the

Institutional Conflict of Interest shall be managed, such as through disclosure to prospective participants as part of the consent process.

6.6.4 The decision of the Research Ethics Board shall be final, except where subject to the appeal process detailed in the University's Policy R20.01, Ethics Review of Research Involving Human Participants.

7.0 REPORTING

7.1 Subject to the *Freedom of Information and Protection of Privacy Act*, the Vice-President Research and International (or designate) shall be responsible for reporting COI and COC to any internal or external body as may be required to fulfil the University's legal, contractual, or other obligations, including the requirements of a Funding Organization.

8.0 RELATED LEGAL, POLICY AUTHORITIES AND AGREEMENTS

8.1 The legal and other University Policy authorities and agreements that may bear on the administration of this policy and may be consulted as needed include but are not limited to:

8.1.1 *University Act*, R.S.B.C. 1996, c. 468

8.1.2 *Freedom of Information and Protection of Privacy Act*, R.S.B.C. 1996, c. 165

8.1.3 Code of Faculty Ethics and Responsibilities (A30.01)

8.1.4 Rules of the Board of Governors (B 10.01)

8.1.5 Board Guidelines and Guidelines for Individual Board Members (B10.10)

8.1.6 Protected Disclosure of Wrongdoing (GP 41)

8.1.7 SFU's Information Policy series (I.10)

8.1.8 Responsible Conduct of Research (R60.01)

8.1.9 Ethics Review of Research Involving Human Participants (R20.01)

8.1.10 Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans

8.1.11 Collective agreements and relevant human resources and employment policies.

9.0 ACCESS TO INFORMATION AND PROTECTION OF PRIVACY

9.1 The information and records made and received to administer this policy are subject to the access to information and protection of privacy provisions of British Columbia's *Freedom of Information and Protection of Privacy Act* and the University's Information Policy series.

10.0 RETENTION AND DISPOSAL OF RECORDS

10.1 Information and records made and received to administer this policy are evidence of the University's actions to identify, and where appropriate to manage or to resolve Conflicts of Interest and Conflicts of Commitment. Information and records must be retained and disposed of in accordance with a records retention schedule approved by the University Archivist.

11.0 POLICY REVIEW

11.1 This policy must be reviewed every 5 years and may always be reviewed as needed.

12.0 POLICY AUTHORITY

12.1 This policy is administered under the joint authority of the Vice-President, Research and International and the Vice-President Academic and Provost.

13.0 INTERPRETATION

13.1 Questions of interpretation or application of this policy or its procedures shall be referred to the President whose decision shall be final.

14.0 PROCEDURES AND OTHER ASSOCIATED DOCUMENTS

14.1 Appendix A contains the definitions applicable to this policy and its associated procedures.

14.2 Appendix B contains examples of Conflicts of Interest and Conflicts of Commitment

14.3 The procedures for this policy are:

14.3.1 Procedure for Disclosing and Assessing Conflicts of Interest and Conflicts of Commitment; and

14.3.2 Procedures Pertaining to Financial COI in US Public Health Service Funded Research.

CONFLICT OF INTEREST AND CONFLICT OF COMMITMENT

Date
May 31, 2007

Number
GP-37

Date of Last Review/Revision
Draft: Consultation

Mandated Review
_____, 2026

Policy Authority: Vice-President, Research and International and
Vice-President Academic & Provost

Associated Procedures: Procedures for Disclosing and Assessing Conflicts of Interest and Conflicts of Commitment
Procedures Pertaining to Financial COI in US Public Health Service Funded Research

Deleted: Procedure

Highlighted sections are elements required by federal policy

EXECUTIVE SUMMARY

A conflict of interest (“COI”) occurs when two or more duties, responsibilities or interests of an individual (or institution) are in conflict – in that one cannot be fulfilled without compromising the other. Personal commitments, relationships or investments, for example, might potentially interfere with the independent judgement required to make purchasing or hiring decisions for the University or in a research project.

Deleted: To maintain public trust and confidence in Simon Fraser University and its activities, this

These conflicts can be real, potential or perceived, and anticipating the perception of COI is critical to its effective management. COI must be brought out into the open in order to be addressed. Whether the perception is accurate or not, disclosure of the issue and implementation of a management plan is always necessary. It may turn out that the matter is manageable through, for example, a change in process or a clear declaration. It may also turn out that the two activities are not compatible, and one must cease. This determination must be made by a third party because, by definition, the person making the disclosure has a biased point of view.

Deleted: Conflicts

Deleted: Interest (“COI”)

Deleted: SFU

Deleted: assess, minimize,

Deleted: manage the COI

This policy provides a framework for members of the university community to disclose real, potential or perceived conflicts of interest so that they can be assessed and managed in a way that protects the integrity and reputation of the University and the persons involved.

Deleted: A COI that cannot be appropriately managed will not be permitted. This policy also requires members to report real, potential, or perceived

Conflicts of commitment (“COC”) focus on a person’s external professional, business, or personal activities and time commitments that may affect their ability to meet commitments or obligations to the University. COC is managed in a similar manner to COI.

Deleted: Commitment so that SFU can assess and, where appropriate, authorize the member’s involvement in the activity, provided such involvement does not prevent or impeded the due discharge of the member’s primary

Deleted: , responsibilities, and

1.0 PREAMBLE

- 1.1 Simon Fraser University (“the University”) strives to carry out its teaching, research, and public service mission in accordance with the highest ethical standards and in a manner that promotes public confidence in its activities.
- 1.2 Conflicts can arise from a University Member’s engagement inside the University and their activities outside the University. The mere existence of conflict is not necessarily improper but, to maintain public trust and confidence, Conflicts of Interest (“COI”) and Conflicts of Commitment (“COC”) must be recognized, disclosed, assessed and addressed.
- 1.3 While the University respects the right of its Members to privacy in their personal activities and financial affairs, all real, potential, and perceived COI and COC must be disclosed promptly so the activity or situation can be addressed in an open, fair, consistent, and practical manner.
- 1.4 Just as with its Members, the University itself may be faced with Institutional Conflict of Interest: a conflict between at least two substantial institutional obligations that cannot be adequately fulfilled without compromising one or both obligations. Universities hold trust relationships with research participants, research sponsors, researchers and society. At times, financial or reputational interests may conflict with these obligations, potentially undermining public trust in the ability of the institution to carry out its missions, operations and ethical responsibilities in research.
- 1.5 Conflicts that are not disclosed, or are disclosed but improperly managed, may threaten the reputation and integrity of the persons involved and, potentially, the reputation of the University as a whole.

2.0 PURPOSE

- 2.1 This policy provides a framework for the disclosure, assessment, and management of Conflicts of Interest and Conflicts of Commitment.

3.0 SCOPE AND JURISDICTION

- 3.1 Except as outlined in section 3.2, this policy applies to all Members of the university community, and to all situations in which a Member’s activities may give rise to a COI or COC, regardless of whether those activities are internal or external to SFU.
- 3.2 This policy does not apply to Members serving on the Board of Governors (“Board”) or its committees, in so far as they are engaged in the official business of the Board. Such Members are governed by and must comply with the Rules of the Board of Governors (B10.01) and the Board Guidelines and Guidelines for Individual Board Members (B10.10).

Deleted: naturally

Deleted: (

Deleted:)

Deleted: (

Deleted:)

Deleted: their

Deleted: both inside or outside the University that

Deleted: Conflict

Deleted: Interest

Deleted: Conflict of Commitment

3.3 There may be additional COI obligations for individuals participating in University committees, boards or panels, as set out in the applicable terms of reference. There may also be specific additional COI or COC obligations for individuals set out in Funding Organization requirements.

Deleted:

4.0 DEFINITIONS

4.1 See Appendix A for the definitions of words used in this policy and its associated procedures.

5.0 POLICY

5.1 The University will address COI and COC expeditiously.

5.2 A Member who engages in an activity or situation that creates or results in a real, potential or perceived COI or COC shall disclose it promptly and accurately to the designated Responsible Authority (See Appendix A) so that the conflict can be assessed, and where appropriate, managed in accordance with the procedures associated with this policy.

5.3 Each disclosure of a COI or COC shall be assessed by the designated Responsible Authority. The assessment will determine whether the activity or situation, or the Member's involvement in it, must cease or whether it is authorized to continue, provided that the COI or COC can be responsibly managed.

5.4 The Member shall not engage in, or continue, the activity or situation giving rise to the COI or COC until the designated Responsible Authority has assessed whether the activity or situation, or the Member's involvement in it, is authorized and, if so, how the COI or COC will be managed.

5.5 A Member who knows, or who should reasonably know, that they are in a COI or COC, and who fails to comply with this policy may be subject to disciplinary measures. Failure to disclose Conflicts of Interest in research may constitute research misconduct, as addressed in Policy R60.01.

5.6 Any real, potential or perceived Institutional Conflicts of Interest that may affect research participants shall be reported to the Research Ethics Board ("REB"). The REB shall determine how the conflict shall be managed.

Deleted: (
Deleted:).

6.0 ROLES AND RESPONSIBILITIES

6.1 Members

6.1.1 Each Member of the University community is responsible for:

- a. maintaining currency in COI/COC definitions and management through appropriate training;
- b. managing and assessing their activities internal to SFU and their activities external to SFU to avoid COI and COC;
- c. disclosing, promptly and accurately, all real, potential, or perceived COI or COC;
- d. acting promptly to remedy COI or COC where they exist;
- e. following the stipulations of an approved COI/COC management plan; and

Deleted: inside the University
 Deleted: outside the University
 Deleted: Conflicts of Interest ("")
 Deleted: ")
 Deleted: Conflicts of Commitment ("")
 Deleted: ");
 Deleted: a
 Deleted: and

f. annually reviewing and updating, as needed, their COI and COC disclosure status.

6.2 Department Chair

6.2.1 In departmentalized Faculties, the Department Chair is responsible for assisting the Member in developing a proposed management plan for the COI or COC and for monitoring the implementation of an approved plan.

Deleted: (and where relevant, recommending) a

Deleted: its

6.3 Associate Deans

6.3.1 In non-departmentalized Faculties, an associate dean is responsible for assisting the Member in developing a proposed management plan for the COI or COC and for monitoring the implementation of an approved plan.

Deleted: the Associate Dean Research and Associate Dean Academic are...

Deleted: (and where relevant, recommending) a

Deleted: its

6.4 Responsible Authority

6.4.1 The Responsible Authority is responsible for assessing both research-related and non-research-related disclosures and making a ruling as to whether:

Deleted: .

a. the proposed management plan is sufficient to authorize the activity to continue;

Deleted: The Responsible Authority is responsible for assessing ...

b. the proposed management plan requires revision, or

c. the Member's involvement in the activity and/or the activity itself must cease.

Deleted: activity or situation and making a ruling as to whether: the

6.4.2 Where COI or COC is declared in a non-academic department or unit, the Responsible Authority is, in addition to the responsibilities assigned under section 6.4.1, responsible for assisting the Member in developing a management plan for the COI or COC and for monitoring its implementation.

Deleted: outside of

Deleted: Faculties

Deleted: departments

Deleted: also

6.5 Vice-President Academic and Provost and Vice-President Research and International

6.5.1 The Vice-President Academic and Provost is responsible for determining an appeal of a Responsible Authority's ruling about a non-research related disclosure of COI or COC.

6.5.2 The Vice-President Research and International is responsible for determining an appeal of a Responsible Authority's ruling about a research-related disclosure of COI or COC where the research does not involve human participants.

6.6 Research Ethics Board

6.6.1 For research-related disclosures of COI or COC, where the research involves human participants, the SFU Research Ethics Board ("REB") is the decision-making authority as required by the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans.

6.6.2 Where the research involves human participants, the REB is responsible for determining whether a COI or COC exists and, if so, whether and how the COI or COC can be minimized and managed, or whether the activity, or the Member's involvement in it, must cease.

6.6.3 The REB is responsible for reviewing disclosures of Institutional Conflicts of Interest that may affect research participants made by University's signing officers, as designated in Policy B10.11, or by any other person. The REB is responsible for determining how the

Institutional Conflict of Interest shall be managed, such as through disclosure to prospective participants as part of the consent process.

- 6.6.4 The decision of the Research Ethics Board shall be final, except where subject to the appeal process detailed in the University's [Policy R20.01](#), Ethics Review of Research Involving Human Participants.

Deleted: policy (R20.01).

7.0 REPORTING

- 7.1 Subject to the *Freedom of Information and Protection of Privacy Act*, the Vice-President Research and International (or designate) shall be responsible for reporting COI and COC to any internal or external body as may be required to fulfil the University's legal, contractual, or other obligations, including the requirements of a Funding Organization.

8.0 RELATED LEGAL, POLICY AUTHORITIES AND AGREEMENTS

- 8.1 The legal and other University Policy authorities and agreements that may bear on the administration of this policy and may be consulted as needed include but are not limited to:
- 8.1.1 *University Act*, R.S.B.C. 1996, c. 468
 - 8.1.2 *Freedom of Information and Protection of Privacy Act*, R.S.B.C. 1996, c. 165
 - 8.1.3 Code of Faculty Ethics and Responsibilities (A30.01)
 - 8.1.4 Rules of the Board of Governors (B 10.01)
 - 8.1.5 Board Guidelines and Guidelines for Individual Board Members (B10.10)
 - 8.1.6 Protected Disclosure of Wrongdoing (GP 41)
 - 8.1.7 SFU's Information Policy series (I.10)
 - 8.1.8 ~~Responsible Conduct of Research~~ (R60.01)
 - 8.1.9 Ethics Review of Research Involving Human Participants (R20.01)
 - 8.1.10 Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans
 - 8.1.11 Collective agreements and relevant human resources and employment policies.

Deleted: Scholarly Integrity and

Deleted: Scholarly

9.0 ACCESS TO INFORMATION AND PROTECTION OF PRIVACY

- 9.1 The information and records made and received to administer this policy are subject to the access to information and protection of privacy provisions of British Columbia's *Freedom of Information and Protection of Privacy Act* and the University's Information Policy series.

10.0 RETENTION AND DISPOSAL OF RECORDS

- 10.1 Information and records made and received to administer this policy are evidence of the University's actions to identify, and where appropriate to manage or to resolve Conflicts of Interest and Conflicts of Commitment. Information and records must be retained and disposed of in accordance with a records retention schedule approved by the University Archivist.

11.0 POLICY REVIEW

- 11.1 This policy must be reviewed every 5 years and may always be reviewed as needed.

12.0 POLICY AUTHORITY

12.1 This policy is administered under the joint authority of the Vice-President, Research and International and the Vice-President Academic and Provost.

13.0 INTERPRETATION

13.1 Questions of interpretation or application of this policy or its procedures shall be referred to the President whose decision shall be final.

14.0 PROCEDURES AND OTHER ASSOCIATED DOCUMENTS

14.1 Appendix A contains the definitions applicable to this policy and its associated procedures.

14.2 Appendix B contains examples of Conflicts of Interest and Conflicts of Commitment

14.3 The procedures for this policy are:

14.3.1 Procedure for Disclosing and Assessing Conflicts of Interest and Conflicts of Commitment; and

14.3.2 Procedures Pertaining to Financial COI in US Public Health Service Funded Research.

Deleted: .

PROCEDURES FOR DISCLOSING AND ASSESSING CONFLICTS OF INTEREST AND CONFLICTS OF COMMITMENT

Date
May 31, 2007

Number
GP 37

**Date of Last
Review/Revision**
Draft: Consultation

**Mandated
Review**
_____ 2026

Policy Authority: Vice-President Research & International and
Vice-President Academic & Provost

Parent Policy: Conflict of Interest and Conflict of Commitment (GP-37)

1.0 PURPOSE

1.1 These procedures:

1.1.1 assist all Members of the University community to recognize Conflicts of Interest (“COI”) and Conflicts of Commitment (“COC”); and

1.1.2 outline the process for disclosing and assessing such conflicts.

2.0 DEFINITIONS

2.1 See Appendix A to the Conflict of Interest and Conflict of Commitment Policy (GP 37) for definitions of words used in the policy and in these procedures.

3.0 PROCEDURE

3.1 All Members are responsible for maintaining currency in COI/COC definitions and management through appropriate training. A COI training module specific to SFU is available on Canvas.

3.2 All Members are responsible for seeking guidance from their supervisor before engaging, or upon discovery of, any activity that might create a real, potential, or perceived Conflict of Interest or Conflict of Commitment.

3.3 In situations where the Member has multiple roles at the University, the supervisor will assist the Member in determining the appropriate Responsible Authority.

3.4 **Disclosing Individual Conflicts of Interest**

- 3.4.1 Each Member shall disclose to the designated Responsible Authority, promptly and accurately, any real, potential, or perceived Conflict of Interest using the COI/COC Disclosure form.
- a. The COI disclosure should include a proposed management plan that seeks to minimize the conflict.
 - b. The Member's department chair (departmentalized Faculty), Associate Dean (non-departmentalized Faculty), or Responsible Authority (non-academic department or unit) shall assist the Member in developing a management plan.
- 3.4.2 Where the Responsible Authority shares in the same COI, both parties shall disclose this to the next most senior Responsible Authority.
- 3.4.3 The disclosure of a COI shall be made under the following circumstances:
- a. As soon as a situation arises that creates, or may be perceived to create, a COI for a Member;
 - b. As soon as the Member becomes aware of a situation or activity that creates, or may be perceived to create, a COI;
 - c. Immediately upon entering into an intimate personal relationship with a student, or other Member of the university community, over whom the Member has an evaluative role or authority;
 - d. Prior to applying for research funding;
 - e. As required in any annual report of the Member's activities;
 - f. Where otherwise required in accordance with Policy GP 37; and
 - g. Where otherwise required by, and in accordance with, a collective agreement or any other policy, contract, or law.

Assessment

- 3.4.4 The Responsible Authority shall consider the particulars of the situation and decide whether a COI exists.
- 3.4.5 If a COI exists, the Responsible Authority will assess the proposed management plan and determine whether:
- a. the activity, or the Member's involvement in it, will be allowed to continue, and what terms and conditions will apply, or
 - b. the activity, or the Member's involvement in it, must cease.
- 3.4.6 In making an assessment, the Responsible Authority shall determine the course of action that is in the best interests of the University. The determination must account for the following factors:
- a. Any possible harm to the University or its employees, officers or others acting on its behalf if the situation or activity, or the Member's involvement in it, is allowed;

- b. Any possible harms to the interests of students, clients of University services, or others served by the University, if the situation or activity, or the Member's involvement in it, is allowed;
 - c. Whether reasonable alternative arrangements which do not create a COI are possible;
 - d. The consequences to the University, its reputation, and its future activities if the situation or activity, or the Member's involvement in it is permitted to continue;
 - e. The educational, research, economic and other interests of the University;
 - f. The impact on the Member's ability to satisfy their obligations to the University;
 - g. The degree to which the COI may compromise an investigator's professional judgment in conducting or reporting research; and
 - h. The rights and interests of the Member.
- 3.4.7 Where the Research Ethics Board (REB) is the Responsible Authority, in addition to accounting for the factors listed in 3.4.6 the REB will determine whether the management plan meets the requirements of the Policy R20.01, Ethics Review of Research Involving Human Subjects, and the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans ("TCPS2").

Action by Responsible Authority

- 3.4.8 Where the COI does not involve research involving human participants,
- a. The Responsible Authority will issue an assessment on the COI Disclosure Form, setting out the issues assessed, the decision made, and the reasons for the decision – based on the criteria in 3.4.6. Where the decision is to manage the conflict, a management plan will be set out including terms and conditions that must be followed.
 - b. The Responsible Authority will provide the completed COI Disclosure Form to the Member and file it with the Research Integrity Officer.
 - c. Where the Responsible Authority cannot reach a decision, they may refer the plan to the next most senior Responsible Authority for a decision.
- 3.4.9 Where the COI involves human participant research, COI would normally be declared within the research ethics protocol application. In other cases, where COI is disclosed through the above process, the Member will forward the completed COI Disclosure Form to Research Ethics ("ORE").
- a. The REB's decision is final, subject only to the appeal process set out in Policy R20.01.
 - b. ORE will provide the REB's decision to the Member who disclosed the COI, with a copy to the supervisor, the Dean and, in the case of funded research, to Research Services ("ORS").

3.4.10 A decision concerning an ongoing COI may be reviewed by the Responsible Authority at appropriate intervals. The original decision may be modified, subject to the same approval levels as the original disclosure decision.

3.5 **Disclosing Conflicts of Commitment**

3.5.1 Where a collective agreement addresses conflict of commitment, Members of the applicable certified bargaining unit shall promptly disclose Conflicts of Commitment in accordance with that collective agreement.

3.5.2 All other Members who are employed by the University shall promptly disclose a real, potential, or perceived Conflict of Commitment to their Responsible Authority, following the procedures set out in section 3.4. The COC shall be assessed and managed in accordance with the procedures set out in section 3.4.

3.6 **Institutional Conflicts of Interest**

3.6.1 Institutional Conflicts of Interest may be disclosed by any person using the COI Disclosure Form which form should be submitted to the University Research Integrity Officer.

3.6.2 The Responsible Authority for Institutional Conflicts of Interest is the Research Ethics Board (“REB”). The REB will decide if a COI exists and, if so, how the conflicts will be managed (such as requiring disclosure of the COI to research participants). The REB process will follow that in section 3.4.9.

3.7 **Agency-Specific Requirements**

3.7.1 **US National Science Foundation (“NSF”) Grants:** If a COI cannot be satisfactorily managed, and the decision by the Responsible Authority is to proceed with the activity without conditions or restrictions when a conflict of interest exists, the NSF Office of the General Counsel shall be informed by Research Services.

3.7.2 **US Public Health Service** (includes NIH): Investigators are required to disclose Significant Financial Interests when applying for or managing grants from the US Public Health Service agencies. The procedures under Policy GP37 entitled “Procedures Pertaining to Financial COI in US Public Health Service Funded Research” must be followed, and are in addition to those described in section 3.4.

3.8 **Timelines**

3.8.1 The Responsible Authority will provide an assessment and decision normally within 10 University business days of the receipt of a COI Disclosure Form from the applicant.

3.8.2 Where the REB is the Responsible Authority, Research Ethics will provide a decision normally within 10 University business days of the REB meeting that follows the receipt of a completed COI Disclosure Form.

4.0 **APPEALS**

4.1 Grounds for appealing the decision of the Responsible Authority shall be limited to:

4.1.1 procedural deficiencies occurred of sufficient magnitude that it may reasonably be said to have affected the fairness of the process or altered the outcome of the decision, such as failure to consult with the Member in the development of a management plan;

- 4.1.2 a factual error of sufficient magnitude was made that it may reasonably be said to have altered the outcome of the decision; or
- 4.1.3 new evidence has arisen that was not previously available and may reasonably be said to have altered the outcome of the decision.
- 4.2 A Member may appeal a decision of the Research Ethics Board (“REB”), made under section 3.4.9 of these procedures, by following the appeal procedures set out under the Ethics Review of Research Involving Human Subjects policy (R20.01). The reconsideration process will not apply.
- 4.3 A Member may appeal the decision of a Responsible Authority, made under section 3.4.8 or 3.4.10 of these procedures about a COI or COC not involving human participants, to the Vice-President Academic and Provost (“Provost”) or to the Vice-President Research and International (“VPRI”) as appropriate. The Member must appeal in writing, within 15 University Business days of receiving the decision being appealed.
- 4.4 The decision of the VPRI or Provost with respect to the appeal will either uphold or replace the decision of the Responsible Authority and shall be final.

5.0 COI/COC DISCLOSED BY THIRD PARTIES

- 5.1 All Members of the University community and other persons are encouraged to bring all matters of concern about real, potential, or perceived COI/COC to the appropriate academic or administrative supervisor (e.g., Chair, Director, or Dean) or to the University’s Research Integrity Officer (“RIO”).
- 5.2 All concerns about real, potential, or perceived COI/COC brought forward in good faith will be considered in accordance with this procedure.
- 5.3 The RIO will act in accordance with the protection of identity principles contained in the University’s Protected Disclosure Policy (GP 41).
- 5.4 The University will take reasonable steps to protect the identity of the person(s) reporting the COI/COC, recognizing that disclosure may be required in order for the University to investigate the matter. Any information provided anonymously will not be acted upon unless the information is independently substantiated.
- 5.5 The University will take reasonable steps to ensure that a person who reports a COI/COC will be protected from reprisals that fall within the authority of the University as a consequence of such disclosure.

6.0 FINANCIAL REQUIREMENTS

- 6.1 Where a COI management plan has been established, a Member who is submitting payment requests to the University under the COI management plan must include a copy of or reference to the approved document.

7.0 ACCESS TO COI/COC DISCLOSURES

- 7.1 The information and records made and received to administer these procedures are subject to the access to information and protection of privacy provisions of British Columbia's *Freedom of Information and Protection of Privacy Act* and the University's Information Policy series
- 7.2 A COI or COC disclosed under these procedures, its assessment, and any management plan will normally be treated as confidential by the persons involved in assessing the disclosure and by the recording office. However, in order to meet the objectives of the Conflict of Interest and Conflict of Commitment policy and the University's legal, contractual, or other obligations, it will sometimes be necessary for the University to permit persons within the University and, in some circumstances, persons outside the University, access to information about such disclosures and the terms and conditions imposed to manage the conflict. Access to information will be limited to that which is permitted or required by law.

8.0 RELATED LEGAL, POLICY AUTHORITIES AND AGREEMENTS

- 8.1 The legal and other University Policy authorities and agreements that may bear on the administration of this policy and may be consulted as needed include but are not limited to:
- 8.1.1 *University Act*, R.S.B.C. 1996, c. 468
 - 8.1.2 *Freedom of Information and Protection of Privacy Act*, R.S.B.C. 1996, c. 165
 - 8.1.3 Code of Faculty Ethics and Responsibilities (A30.01)
 - 8.1.4 Protected Disclosure of Wrongdoing (GP 41)
 - 8.1.5 SFU's Information Policy series (I.10)
 - 8.1.6 Responsible Conduct of Research (R60.01)
 - 8.1.7 Ethics Review of Research Involving Human Participants (R20.01)
 - 8.1.8 Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans
 - 8.1.9 Collective agreements and relevant human resources and employment policies

PROCEDURES PERTAINING TO FINANCIAL COI IN US PUBLIC HEALTH SERVICE FUNDED RESEARCH

Date

Number
GP 37

**Date of Last
Review/Revision**
Draft: Consultation

**Mandated
Review**
_____ 2026

Policy Authority: Vice-President Research & International and
Vice-President Academic & Provost

Parent Policy: Conflict of Interest and Conflict of Commitment (GP-37)

Highlighted sections are elements required by Canadian federal or US federal policy

PURPOSE

- 1.1 These Procedures define the compliance requirements for research conducted at Simon Fraser University (“SFU”) with funding from any agency of US Public Health Services (“PHS”), including National Institutes of Health (“NIH”), and any other research funding sources which have adopted the requirements of US 42 CFR 50, Subpart F, “Responsibility of Applicants for Promoting Objectivity in Research for which PHS Funding is Sought” (“FCOI Regulations”).
- 1.2 In addition to compliance with applicable University policies and procedures, the PHS Investigators (as defined below), who are applying for and/or receiving PHS funding or who are participating in the PHS-funded research project, either as an awardee or sub-recipient, must comply with these Procedures.

DEFINITIONS

- 1.3 See Appendix A to the Conflict of Interest and Conflict of Commitment Policy (GP 37) for definitions of words used in the policy and in these procedures.

PROCEDURE

- 1.4 **Significant Financial Interest (“SFI”) Disclosure By The PHS Investigator**
 - 1.4.1 The PHS Investigator must complete the SFI form provided by Research Services to disclose an SFI of the individual, his/her/their spouse or domestic partner, and any dependent children or to confirm that none exists at the following times:
 - a. The initial disclosure must:
 - i. be made before the time of application for PHS-funded research; and

- ii. include all SFIs in the 12 months preceding the disclosure.
- b. A subsequent disclosure must occur:
 - i. within 30 days of discovering or acquiring a new SFI before the start or during the term of the PHS-funded research, and
 - ii. on an annual basis (no later than 12 months from the date of the last SFI disclosure) during the term of the PHS-funded research, disclosing:
 - A. all SFIs received in the 12 months preceding the disclosure that were not previously reported; and
 - B. updated information regarding any previously disclosed SFI.

1.4.2 All PHS Investigators who are new to SFU and are applying for and/or receiving PHS funding or who are participating in a PHS-funded research project must make the initial disclosure and ongoing disclosures as noted above.

1.4.3 The PHS Investigator based at SFU must identify all other PHS Investigators and consultants who share responsibility for the design, conduct or reporting of the research including those who join ongoing projects.

1.4.4 The PHS Investigator based at SFU must remind other PHS Investigators and consultants of their ongoing responsibility to provide updated information if they obtain any new SFI during the term of the award.

1.4.5 SFU, through the Director, Research Services or their delegate, will collect the SFI forms from PHS Investigators and forward the forms with the disclosed SFI to the PHS Responsible Authority for review and determination of whether there is an FCOI.

1.5 FCOI TRAINING

1.5.1 Research Services will provide training that covers the requirements of this Procedure and FCOI regulations and will track and monitor completion of the FCOI training module.

1.5.2 The PHS Investigators will complete the required FCOI training as follows:

- a. prior to engaging in the PHS-funded research;
- b. at least every four years; and
- c. immediately when any of the following circumstances apply:
 - i. SFU revises SFU Policy on Conflict of Interest and Conflict of Commitment (Policy GP 37), these Procedures or any other applicable policy in any manner that affects the requirements of PHS Investigators;
 - ii. the PHS Investigator is new to SFU; or
 - iii. SFU finds that the PHS Investigator is not in compliance with these Procedures or the FCOI management plan.

1.6 ASSESSMENT BY DESIGNATED OFFICIAL AND MANAGEMENT OF FCOI

1.6.1 The PHS Responsible Authority will review a disclosed SFI in conjunction with the project description to determine whether:

- a. any disclosed SFI is related to the PHS project; and
 - b. any SFI is an FCOI.
- 1.6.2 The PHS Investigator's SFI is related to the PHS research when the PHS Responsible Authority reasonably determines that the SFI could be affected by the PHS-funded research; or is in an entity whose Financial Interest could be affected by the research.
- 1.6.3 An FCOI exists when the PHS Responsible Authority reasonably determines that the SFI could directly and significantly affect the design, conduct, or reporting of the PHS-funded research.
- 1.6.4 The review and determination will be conducted prior to SFU's expenditure of any funds under funded research project, and within 60 days of:
- a. a new PHS Investigator disclosing an SFI;
 - b. an existing PHS Investigator disclosing a new SFI; or
 - c. SFU identifying that an SFI was not disclosed in a timely manner by the PHS Investigator, or that was not previously reviewed by the University.
- 1.6.5 If an FCOI is determined to exist, the FCOI management plan must be prepared by the PHS Responsible Authority to ensure that the FCOI is properly managed. The FCOI management plan must specify actions to be taken to Manage FCOI and include the following key elements:
- a. role and principal duties of the conflicted PHS Investigator in the research project;
 - b. conditions of the FCOI management plan;
 - c. how the FCOI management plan is designed to safeguard objectivity in the research project;
 - d. confirmation of the PHS Investigator's agreement to the FCOI management plan;
 - e. how the FCOI management plan will be monitored to ensure PHS Investigator's compliance; and
 - f. other information as needed to ensure that the FCOI is properly managed.
- 1.6.6 Conditions or restrictions that might be imposed to Manage an FCOI include, but are not limited to:
- a. public disclosure of financial conflicts of interest (e.g., when presenting or publishing the research);
 - b. for research projects involving human subjects research, disclosure of financial conflicts of interest directly to participants;
 - c. appointment of an independent monitor capable of taking measures to protect the design, conduct, and reporting of the research against bias resulting from the financial conflict of interest;
 - d. modification of the research plan;
 - e. change of personnel or personnel responsibilities, or disqualification of personnel from participation in all or a portion of the research;
 - f. reduction or elimination of the Financial Interest (e.g., sale of an equity interest); or
 - g. severance of relationships that create financial conflicts

- 1.6.7 The PHS Responsible Authority will impose, if necessary, interim measures regarding the PHS Investigator's participation in the research project pending completion of the review where an SFI is disclosed during an ongoing research project by a new PHS Investigator or a new SFI by an existing PHS Investigator.
- 1.6.8 The PHS Investigator must comply with the FCOI management plan prescribed by the PHS Responsible Authority.
- 1.6.9 On behalf of SFU, the PHS Responsible Authority will implement the FCOI management plan and monitor compliance with the FCOI management plan on an ongoing basis until the completion of the project.
- 1.6.10 SFU will make information available, promptly upon request, to PHS relating to the SFI disclosure forms, University's review of, and response to, such disclosure, whether or not the disclosure resulted in the University's determination of an FCOI should PHS request it. Prior to external disclosures of information, SFU will obtain the PHS Investigator's authorization to disclose information related to the SFI disclosure form, University's review of, and response to, such disclosure to the PHS awarding component or a member of a public, which authorization will be contained within the SFI form.

1.7 REPORTING TO PHS AND RECORD KEEPING

- 1.7.1 Research Services will send initial, annual and revised FCOI Reports (for SFU and for sub-recipients, if applicable) to the PHS awarding component at the following times:
- a. prior to SFU's release of any funds under the PHS- funded research project (no report should be sent if the FCOI is eliminated before any funds are spent);
 - b. within 60 days of identification of an FCOI for the PHS Investigator who is newly participating in the PHS-funded project or a new FCOI for an existing PHS Investigator;
 - c. annually at the same time as the annual progress report is due or at time of extension to provide the status of any previously reported FCOI and any changes to the FCOI management plan (if applicable), until the completion of the PHS-funded project. The report must explain how the FCOI is being managed or why it no longer exists;
 - d. following a retrospective review (as per section 3.5 below); and
 - e. in the time and manner specified by PHS for any other FCOI reports for the duration of project period (including extensions with or without funds).
- 1.7.2 Research Services will ensure that FCOI Reports include sufficient information to enable the PHS awarding component to understand the nature and extent of the financial conflict, and to assess the appropriateness of the University's FCOI management plan. Each report must contain:
- a. project number;
 - b. project director/principal PHS Investigator or contact project director/principal PHS Investigator if a multiple project director/principal PHS Investigator model is used;
 - c. name of PHS Investigator with an FCOI;
 - d. name of the entity with which the PHS Investigator has an FCOI;
 - e. nature of FCOI (e.g., equity, consulting fees, travel reimbursement, honoraria);

- f. value of the Financial Interest per year recorded as:
 - i. US\$0 - US\$4,999;
 - ii. US\$5,000 - US\$9,999;
 - iii. US\$10,000-US\$19,999;
 - iv. amounts between US\$20,000 - US\$100,000 by increments of US\$20,000;
 - v. amounts above US\$100,000 by increments of US\$50,000; or
 - vi. a statement that a value cannot be readily determined.
- g. a description of how the Financial Interest relates to PHS-funded research and the basis for the University's determination that the Financial Interest conflicts with such research; and
- h. key elements of the University's FCOI management plan as outlined in 1.6.5 above.

1.7.3 Research Services will retain all records of FCOI disclosures, and SFU's review of, and response to such disclosures (whether or not an FCOI is found to exist) and all actions taken under these Procedures for at least three years from the date of submission of the final expenditures report or, where applicable, from other dates specified in 45 CFR 75.361 for different situations.

1.8 NON-COMPLIANCE AND RETROSPECTIVE REVIEW

1.8.1 PHS Investigators must comply with Policy GP 37, its associated procedures and other applicable University policies. Non-compliance with the policies constitutes misconduct and may be pursued under the applicable collective agreement or University policy. Under SFU Policy on Responsible Conduct of Research (R 60.01), failure to manage an SFI in conformance with the applicable policies may result in disciplinary action.

1.8.2 When SFU identifies an SFI that was not disclosed timely by the PHS Investigator or, for whatever reason, was not previously reviewed by SFU during an ongoing PHS-funded research project (e.g., was not timely reviewed or reported by a subrecipient), SFU, through the PHS Responsible Authority, will, within 60 days:

- a. review the SFI;
- b. determine whether it is related to PHS-funded research;
- c. determine whether an FCOI exists; and,
- d. if so, implement, on at least an interim basis, the FCOI management plan that shall specify the actions that have been, and will be, taken to manage such financial conflict of interest going forward.

1.8.3 When an FCOI is not identified or managed in a timely manner including:

- a. failure by the PHS Investigator to disclose an SFI that is determined by SFU to constitute an FCOI;
- b. failure by SFU to review or manage such an FCOI; or
- c. failure by the PHS Investigator to comply with the FCOI management plan.

SFU will, within 120 days of SFU's determination of noncompliance, complete a retrospective review of the PHS Investigator's activities and the PHS-funded research project to determine

whether any PHS funded research, or portion thereof, conducted during the time period of the noncompliance, was biased in the design, conduct, or reporting of such research.

1.8.4 SFU will document the retrospective review, including, at minimum, the following key elements:

- a. project number and title;
- b. project director/principal PHS Investigator or contact project director/principal PHS Investigator if a multiple project director/principal PHS Investigator model is used;
- c. name of the PHS Investigator with the FCOI;
- d. name of the entity with which the PHS Investigator has an FCOI;
- e. reason(s) for the retrospective review;
- f. detailed methodology used for the retrospective review (e.g., methodology of the review process, composition of the review panel, documents reviewed);
- g. findings of the review; and
- h. conclusions of the review.

1.8.5 Based on the results of the retrospective review, Research Services will update, if appropriate, the previously submitted FCOI report, specifying the actions that will be taken to manage the FCOI going forward.

1.8.6 If bias is found, Research Services will:

- a. notify the PHS awarding component promptly of the corrective action taken or to be taken; and
- b. submit a mitigation report to the PHS awarding component; the mitigation report must include, at a minimum, the key elements documented in the retrospective review above, a description of the impact of the bias on the research project and the University's plan of action or actions taken to eliminate or mitigate the effect of the bias (e.g., impact on the research project; extent of harm done, including any qualitative and quantitative data to support any actual or future harm; analysis of whether the research project is salvageable).

1.8.7 After submitting the initial reports described in sections 1.8.5 and 1.8.6 above, SFU will submit FCOI update reports annually, as specified in section 1.7 above.

1.8.8 In any case in which PHS determines that funded project of clinical research whose purpose is to evaluate the safety or effectiveness of a drug, medical device, or treatment has been designed, conducted, or reported by the PHS Investigator with an FCOI that was not managed or reported by the University as required by PHS, the PHS Investigator will disclose the FCOI in each public presentation of the results of the research and to request an addendum to previously published presentations.

1.8.9 In cases where disclosure, reporting and similar requirements have not been met in a timely manner, SFU may suspend financial activity on the grant account or follow the directions provided by PHS.

1.9 PUBLIC ACCESSIBILITY OF INFORMATION

1.9.1 SFU will post and maintain Policy GP 37 and Procedures on the publicly accessible website.

1.9.2 Upon request, SFU, through Research Services, will make available information concerning any SFI disclosed to SFU that meets the following criteria:

- a. a disclosed SFI, which is held by the PHS Investigator, identified by SFU as senior/key personnel for the PHS-funded research;
- b. SFI that is related to the PHS-funded research as determined by the PHS Responsible Authority; and
- c. any FCOI determined by the PHS Responsible Authority.

1.9.3 The information will be provided through a written response within 5 business days of receipt of a written request and include up-to-date information and the following elements:

- a. name of the PHS Investigator with the FCOI;
- b. PHS Investigator's title and role with respect to the research project;
- c. name of the entity in which the SFI is held;
- d. nature of the SFI; and
- e. the approximate dollar value of the SFI recorded as \$US0-\$US4,999; \$US5,000-\$US9,999; \$US10,000-\$US19,999; amounts between \$US20,000-\$US100,000 by increments of \$US20,000; amounts above \$US100,000 by increments of \$US50,000; or a statement that the interest is one whose value cannot be readily determined through reference to public prices or other reasonable measures of fair market value.

1.9.4 The written response will state that the information provided is current as of the date of the correspondence and is subject to updates, on at least an annual basis and within 60 days of SFU's identification of a new FCOI, which should be requested subsequently by the requestor.

1.9.5 Information concerning the SFI shall remain available for at least 3 years from the date the information was most recently updated.

1.10 REQUIREMENTS REGARDING SUBRECIPIENTS

1.10.1 When SFU carries out PHS-funded research through a subrecipient (e.g., subcontractors or collaborators), SFU, through the units responsible for sub-contracts, will take reasonable steps to ensure that the PHS Subrecipient Investigators comply with the FCOI Regulations by establishing, in a written agreement with the PHS Subrecipient, whether the PHS Subrecipient's Investigators will be subject to the FCOI policy of the PHS Subrecipient or to the University's Policies and Procedures with respect to the research.

1.10.2 If the PHS Subrecipient's FCOI policy applies, SFU will:

- a. obtain the PHS Subrecipient's certification that its FCOI policy complies with the FCOI Regulations; and
- b. specify in the agreement with the PHS Subrecipient a time period for the PHS Subrecipient to report all identified FCOIs of its PHS Investigators to SFU that

allows SFU sufficient time to provide FCOI reports to PHS as required by the FCOI Regulations.

1.10.3 If the University's Policies and Procedures apply to the PHS Subrecipient, SFU will ensure that a written agreement with the PHS Subrecipient specifies that the PHS Subrecipient Investigators must comply with the University's Policies and Procedures. The agreement will also specify the time periods for the PHS Subrecipient to submit all PHS Investigator disclosures of SFIs to the University that allow the University sufficient time to review the SFIs and manage and report identified FCOIs to the PHS awarding component as required by the FCOI Regulations.

1.10.4 SFU will provide FCOI reports to the PHS Awarding Component regarding all FCOI of all Subrecipient Investigators consistent with this subpart prior to the expenditure of funds and within 60 days of any subsequently identified FCOI.

APPENDIX A - DEFINITIONS - CONFLICT OF INTEREST AND CONFLICT OF COMMITMENT POLICY

Date

Number
GP 37

**Date of Last
Review/Revision**

Draft: For Consultation

**Mandated
Review**
_____ 2026

Policy Authority: Vice-President Research and International and
Vice-President Academic and Provost

Parent Policy: Conflict of Interest and Conflict of Commitment Policy (GP 37)

Highlighted sections are elements required by Canadian federal or US federal policy

1.0 PURPOSE

1.1 This Appendix defines the words used in the Conflict of Interest and Conflict of Commitment Policy (GP 37), in the Procedures for Disclosing and Assessing Conflicts of Interest and Conflicts of Commitment, and in the Procedures Pertaining to Financial COI in US Public Health Service Funded Research.

2.0 DEFINITIONS

2.1 **Conflict of Interest** means a situation in which the private interests of a Member or Related Party compromise, or have the appearance of compromising, the Member's independence and objective judgment in actions or decisions taken by the Member on behalf of the University, including in the performance of their teaching, research, service, or other obligations to the University. In the research context, this includes influencing an investigator's professional judgment in conducting or disseminating research. A conflict of interest can be real, potential, or perceived.

2.2 **Conflict of Commitment** means a situation whereby the external professional, business, or personal activities, undertakings or relationships of a Member are sufficiently demanding, or are organized in such a manner, or are otherwise such that they prevent or impede the due discharge of the Member's primary commitment, responsibilities, and obligations to the University.

2.3 **Financial Interest** means the receipt or expectation of anything of monetary value, including pay or salary or other payments for services (for example, consulting fees, bonuses, speaker's fees, advisory board remuneration, finders or recruitment fees, or honoraria), equity interests (for example, stocks, stock options or the like), security or other ownership interests, and intellectual

property rights (for example, patents, copyrights, royalties or carried interests or options related to such rights).

- 2.4 **Funding Organization** means a funding agency, granting council, foundation, organization or other entity, public or private, supporting in whole or in part, research and scholarly activities.
- 2.5 **Institutional Conflict of Interest** means a real, perceived or potential conflict between at least two substantial institutional obligations that cannot be adequately fulfilled without compromising one or both obligations. Conflicts may occur when pursuing particular goals, for instance, the pursuit of two different “goods,” such as an effort to obtain general infrastructure funding from a donor that conflicts with an effort to promote research that the donor does not wish to support.
- 2.6 **Manage an FCOI** means taking action to address a financial conflict of interest, which can include reducing or eliminating the financial conflict of interest, to ensure, to the extent possible, that the design, conduct, and reporting of research will be free from bias.
- 2.7 **Member** means any person who teaches, conducts research, or works at or under the auspices of the University, including, but not limited to, any person acting their capacity as part- or full-time faculty or staff, graduate students, undergraduate students conducting research, post-doctoral fellows, and any other person while they are acting on behalf of or at the request of the University.
- 2.8 **PHS** means the Public Health Service of the U.S. Department of Health and Human Services, and any components of the PHS to which the authority involved may be delegated, including the National Institutes of Health (NIH).
- 2.9 **PHS Financial Conflict of Interest (FCOI)** means a significant financial interest that could directly and significantly affect the design, conduct, or reporting of PHS-funded research.
- 2.10 **PHS Financial Conflict of Interest Report (FCOI Report)** means an Institution's report of a financial conflict of interest to PHS.
- 2.11 **PHS Financial Interest (Financial Interest)** means anything of monetary value, whether or not the value is readily ascertainable.
- 2.12 **PHS Investigator** (also referred to as senior or key personnel as indicated in the grant application, notice of award and any report submitted to PHS) means the project director or principal investigator and any other person, regardless of title or position, who is responsible for the design, conduct, or reporting of research funded by the PHS, or proposed for such funding, which may include collaborators or consultants who provide professional advice or services for a fee who are not otherwise covered by their own organization's FCOI procedures.
- 2.13 **PHS Investigator's Institutional Responsibilities** means the PHS Investigator's professional responsibilities on behalf of SFU including teaching, research, research consultation, professional practice, institutional committee memberships, etc. At SFU, tenure-track faculty responsibilities are outlined in Policy A30.03.
- 2.14 **PHS Responsible Authority** means the Vice-President, Research and International or their delegate.

2.15 PHS Significant Financial Interest (SFI) means:

2.15.1 A Financial Interest consisting of one or more of the following interests of the PHS Investigator (and those of the PHS Investigator's spouse and dependent children) that reasonably appears to be related to the PHS Investigator's Institutional Responsibilities:

- a. With regard to any publicly traded entity, a significant Financial Interest exists if the value of any remuneration received from the entity in the twelve months preceding the disclosure and the value of any equity interest in the entity as of the date of disclosure, when aggregated, exceeds \$5,000. For purposes of this definition, remuneration includes salary and any payment for services not otherwise identified as salary (e.g., consulting fees, honoraria, paid authorship); equity interest includes any stock, stock option, or other ownership interest, as determined through reference to public prices or other reasonable measures of fair market value;**
- b. With regard to any non-publicly traded entity, a significant Financial Interest exists if the value of any remuneration received from the entity in the twelve months preceding the disclosure, when aggregated exceeds \$5,000, or when the PHS Investigator (or the PHS Investigator's spouse or dependent children) holds any equity interest (e.g., stock, stock option, or other ownership interest); or**
- c. Intellectual property rights and interests (e.g., patents, copyrights), upon receipt of income related to such rights and interests.**

2.15.2 PHS Investigators must disclose payment for services where the service is related to their Institutional Responsibilities and the annual amount is greater than \$5,000. Such payment must be disclosed within 30 days once the \$5,000 threshold has been reached within a twelve-month period.

2.15.3 PHS Investigators must disclose the occurrence of any reimbursed or sponsored travel (i.e., that which is paid on behalf of the PHS Investigator and not reimbursed to the PHS Investigator so that the exact monetary value may not be readily available), related to their Institutional Responsibilities. This disclosure requirement does not apply to travel that is reimbursed or sponsored by a US federal, state, or local government agency, a US institution of higher education, an US academic teaching hospital, an US medical center, or a US research institute that is affiliated with a US institution of higher education. Disclosure will include, at a minimum: the purpose of the trip, the identity of the sponsor or organizer, the destination, and the duration. Disclosure requirements also apply to reimbursed or sponsored travel received by the PHS Investigator's spouse and dependent children that is related to the PHS Investigator's Institutional Responsibilities.

2.15.4 The term significant Financial Interest does not include the following types of Financial Interests:

- a. salary, royalties, or other remuneration paid by the University to the PHS Investigator if the PHS Investigator is currently employed or otherwise appointed by the University, including intellectual property rights assigned to the University and agreements to share in royalties related to such rights.**

- b. income from investment vehicles, such as mutual funds and retirement accounts, as long as the PHS Investigator does not directly control the investment decisions made in these vehicles.
- c. income from seminars, lectures, or teaching engagements sponsored by a US government agency, a US institution of higher education, an academic teaching hospital, a medical center, or a research institute that is affiliated with a US institution of higher education; or
- d. income from service on advisory committees or review panels for a US government agency, an institution of higher education, academic teaching hospital, medical center, or research institute that is affiliated with a US Institution of higher education.

2.16 **PHS Subrecipient** means a third-party organization (subcontractor or sub awardee) that receives funding from SFU (as the prime awardee) to participate in any research funded by the PHS. Monies and responsibilities are passed down to a PHS Funded Subrecipient through a subaward or subcontract that outlines the scope of work, budget and laws and regulations that the PHS Funded Subrecipient must adhere to.

2.17 **Related Party** means (and includes a person with whom a Member has had such a relationship):

- 2.17.1 Any person related to the Member by blood, adoption, marriage, common-law marriage (e.g., spouse, partner, child, parent, sibling, grandparent, aunt, uncle, cousin);
- 2.17.2 Any person living in the same household as the Member;
- 2.17.3 Any person who shares a Financial Interest with the Member; or
- 2.17.4 An entity in which the Member has an ownership interest of more than five percent.

2.18 **Responsible Authority** means:

- 2.18.1 For the President, the Chair of the Board of Governors;
- 2.18.2 For the Provost or a vice-president, the President;
- 2.18.3 For a dean, the Provost;
- 2.18.4 For faculty and other academic appointments, the dean of the Faculty in which the Member holds their primary appointment;
- 2.18.5 For other employees of the University, the Member who has management responsibility for the faculty, department or unit of which the employee is a member or holds their primary appointment;
- 2.18.6 For graduate students, the dean of the Faculty;
- 2.18.7 For undergraduate students conducting research, the supervisor or instructor;
- 2.18.8 For research-related disclosures, where the research involves human participants, the Research Ethics Board.
- 2.18.9 Should the above list not establish the Responsible Authority, the SFU Research Integrity Officer shall assume the role.

2.19 **University** means Simon Fraser University.

APPENDIX B - EXAMPLES OF CONFLICT OF INTEREST AND CONFLICTS OF COMMITMENT

Date
May 31, 2007

Number
GP-37

**Date of Last
Review/Revision**
Draft: Consultation

**Mandated
Review**
_____, 2026

Policy Authority: Vice-President, Research and International; and
Vice-President Academic and Provost

Parent Policy: Conflict of Interest and Conflict of Commitment Policy (GP 37)

1.0 PURPOSE

1.1 The purpose of this Appendix is to provide examples of Conflicts of Interest and Conflicts of Commitment.

2.0 EXAMPLES

2.1 The University will assess Conflicts of Interest (“COI”) and Conflicts of Commitment (“COC”) on a case-by-case basis. The following are examples of situations where COI or COC exist and must be disclosed:

- 2.1.1 Where a Member or a Related Party has a financial interest in any business or organization or other concern with which the University does business, directly or indirectly; or which is seeking to do business with the University.
- 2.1.2 Representing the University in any transaction in which the Member or a Related Party has a substantial financial or other interest, or in which the Member or their Related Party represents the other party.
- 2.1.3 Entering into a financial relationship, outside the normal scope of research or teaching assistantships, between a Faculty Member and a student with whom the Faculty Member has an evaluative role.
- 2.1.4 Accepting an inappropriate gift or engaging in other inappropriate financial considerations, such as accepting a loan on preferential terms from a concern with which the University does business, or which is seeking to do business with the University. Loans from financial institutions on customary terms, receiving articles of nominal value normally used for sales promotion purposes, or accepting ordinary business meals or reasonable entertainment consistent with local social or business customs, are situations unlikely to pose a conflict of interest.

- 2.1.5 Rendering of managerial, consultant or any other substantial services to a third party, including acting as a director, providing fee-for-service, or entering into a contract for services.
 - 2.1.6 Engaging in external business or employment activities (i.e., consulting, professional or other activities) incompatible with the University's right to full time and efficient service from its employees. This includes undertaking activities which because of the time commitment, prevents or impedes the employee from discharging their primary commitment, responsibilities and obligations to the University or results in the employee's divided loyalty between the University and the external organization.
 - 2.1.7 Using one's position with the University to influence any other concern in its dealings with other parties for the personal profit or advantage of any person, including using one's academic or administrative position with the University to create an inappropriate advantage for a Related Party.
 - 2.1.8 Participating in the appointment, promotion, or hiring of a family member, meaning a person who is related to the Member by blood, adoption, marriage, or common-law marriage including, for example, a spouse, child, sibling, or cousin.
 - 2.1.9 Assigning textbooks or requiring students to purchase course materials from which an instructor may profit.
 - 2.1.10 Sexual or intimate personal relationships between Members where there is a supervisory role or the individual has influence over a person's current or future academic activities, working conditions or career.
- 2.2 Particular vigilance is required to preserve public confidence in the Research. The following is a non-exhaustive list of some examples of Conflict of Interest in Research:
- 2.2.1 Entering into a research contract with a business or organization or other concern in which the Member or a Related Party has a financial or other interest.
 - 2.2.2 Directing the Member's government-sponsored research program to serve the research or development needs of a business or organization or other concern in which the Member or a Related Party has a financial or other interest.
 - 2.2.3 Licensing the intellectual property generated as the result of University research to a business or organization or other concern in which the Member or a Related Party has a financial or other interest.
 - 2.2.4 Unauthorized use of University resources, staff, students or facilities to carry out work on behalf of or to benefit a private business or organization or other concern in which the Member or a Related Party has a financial or other interest.
 - 2.2.5 Requiring students to undertake unpaid labour unrelated to their thesis or course work, serving the interests of the supervisor but negatively impacting their ability to make academic progress.
- 2.3 University or senior officers of the University may be in an Institutional Conflict of Interest in, for example, the following circumstances:
- 2.3.1 The University directly sponsors a research project and has an interest, financial or otherwise, in its outcome. This may undermine public confidence in the University as a source of unbiased research.

- 2.3.2 The University manages the intellectual property that forms the basis of a research project or stands to benefit from intellectual property resulting from the research.
 - 2.3.3 The University holds equity in a company and/or receives a major donation, and also plans to purchase major equipment made by both the company and competitors;
 - 2.3.4 The University enters into a contractual relationship(s) with a private corporation or government agency, which bring it into potential conflict with its mandate.
- 2.4 Examples of conditions or restrictions that might be imposed to manage, reduce or eliminate Conflicts of Interest in Research:
- 2.4.1 Public disclosure of significant financial interests;
 - 2.4.2 Monitoring of research by independent reviewers;
 - 2.4.3 Modification of the research plan;
 - 2.4.4 Disqualification from participation in the portion of the research that would be affected by significant financial interests;
 - 2.4.5 Divestiture of significant financial interests; or
 - 2.4.6 Severance of relationships that create conflicts.