Policy I - Conflicts of Commitment

Innovation Management and Conflict of Interest Program

Purpose

To assure professional and commercial integrity in all matters, Cleveland Clinic United States (CCUS) maintains a program that identifies and addresses conflicts of commitment for the Professional Staff.

Policy Statement

CCUS recognizes that members of the Professional Staff (“Staff”) periodically serve in external consulting* roles and in other activities that may or may not require the use of their professional competence, e.g., as external consultants, members of Pharma Advisory Committees or boards of directors**, and medical reviewers for outside health care entities and licensing authorities. Service in external activities can be beneficial to Staff members professionally, Cleveland Clinic Enterprise (“CCE”), its patients, and the public. These activities are generally permissible (subject to compliance with institutional policy**) provided that a Staff member’s commitment to professional responsibilities at CCE remains primary (or as defined in the conditions of employment) at all times. An overabundance of such external activities may conflict with a Staff member’s responsibilities at CCE.

Definitions

Cleveland Clinic United States locations- Includes the main campus, Avon, Euclid, Fairview, Hillcrest, Lakewood, Lutheran, Marymount, Medina, South Pointe, Children’s Hospital for Rehabilitation, Cleveland Clinic Florida, Cleveland Clinic Hospital (Weston), and all Family Health Centers, Physician practice sites, Nevada practice sites, Emergency Departments, Urgent Care Centers and Ambulatory Surgical Centers reporting to these facilities.

Policy Implementation

Conflicts of commitment that are not appropriate could occur, for example, in the following areas:
- **Disproportionate Compensation** – If Honoraria or Consulting Compensation* to a Staff member from outside entities, in the aggregate, exceeds thresholds established from time to time by the IM&COI Program, a potential for a conflict of commitment exists.

- **Conflict of Time** – When the time commitments for external activities—related to professional competence or not—encroach upon a Staff member’s ability to contribute at the level expected of other Staff members in the same specialty, a potential for a conflict of time commitment exists.

  For example, for Staff who spend the majority of their time performing research, activities involving Honoraria and Consulting Compensation* may not exceed 20% of that portion of a Staff member’s time that is allocated to research or development as approved by the Staff member’s department chair, except that vacation time may be used to exceed the 20% limit.

- **Conflict of Business or Mission** – Staff members may not engage in consulting or other external activities that compete or conflict with CCE’s business activities or mission, and they must not divulge proprietary CCE information.*

- **Conflict of Resources/Intellectual Property** – Staff members may not utilize CCE resources or share intellectual property developed or acquired during their appointment for the betterment of an external entity unless permitted by the applicable institutional policy.*

The IM&COI Program shall provide disclosed financial interest information to Department and Institute Chairs of Staff who shall monitor conflicts of commitment. The IM&COI Program, at its discretion, may notify the Chief of Staff or other supervisory personnel of circumstances that may be perceived as a conflict of commitment.

* Staff members are subject to the conflict of interest policies. Other policies particularly relevant to this policy are **Policy V, “Consulting”** and the **“Intellectual Property and Commercialization Policy”**.

** Whenever a member of the Professional Staff is invited to be a member of a board of directors or other governing board of a for-profit corporation or business, the IM&COI Program must grant approval of such an appointment in advance. Service on a Pharma Advisory Committee is not fiduciary service requiring these approvals, but such service, if compensated, does require pre-approval and compliance with Policy V, “Consulting”.

### Oversight and Responsibility

The Office of Professional Staff Affairs is responsible to review, revise, update, and operationalize this policy to maintain compliance with regulatory or other requirements.

It is the responsibility of each hospital, institute, department and discipline to implement the policy and to draft and operationalize related procedures to the policy if applicable.