

Conflict of Interest and Disclosure Policy

Effective Date: March 23, 2009, Revised July 05, 2018

Version Number: 2

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Approved by: SOBP Council

Related Documents

Policy

The Society of Biological Psychiatry (SOBP) Conflict of Interest Policy specifies that a violation has occurred if any action is taken which might result in or creates the appearance of:

- a. giving preferential treatment to any organization or person;
- b. using one's office for personal gain;
- c. losing complete impartiality or independence; or
- d. affecting adversely the confidence of the public in the Society of Biological Psychiatry.

I. All members of SOBP Council and Program Committee, and all Editors (to include associate editors, deputy editors, website editors or any other paid editorial staff) of SOBP Publications will be required to disclose any financial relationship within the last 12 months that might create a conflict of interest (COI) on the SOBP COI Disclosure Statement. Disclosures should be made for immediate family members as well as the Council member, Program Committee member, or editor. False reporting of COI is considered grounds for SOBP ethics charges. The COI Disclosure Statement should include the following financial relationships:

- a. ALL financial relationships or financial holdings should be listed, but the amounts of those relationships or holdings should not be listed. This list should include any of the following:
 - i. Member of Board of Directors, Board of Trustees, or other oversight/leadership roles that involve fiduciary responsibilities to any entities that create potential conflicts of interest.
 - ii. Equity Ownership/Partial Ownership or Owner of Company
 - iii. Speaker/Speakers' Bureaus for a Company
 - iv. Consultancies
 - v. Patents and patent filings
 - vi. Any other honoraria or payments
 - vii. Royalties
 - viii. Grants from commercial interests including pharmaceutical, biotech, or medical device companies directly or indirectly through a foundation, university, or any other organization should be disclosed. Grants from federal agencies (e.g., NIH, NSF, VA) need not be disclosed. Hospitals, institutions of higher education, and other non-profit entities do not need to be disclosed.
 - ix. Grants from federal agencies (e.g., NIH, NSF, VA) need not be disclosed. Hospitals, institutions of higher education, and other non-profit entities do not need to be disclosed.

- x. Any financial relationships as defined in parts i-x of a spouse or dependent child, if known
- II. All members of SOBP Council and Program Committee will be required to complete a COI Disclosure Statement that will be submitted to the SOBP Executive Office. All editors will be required to complete a COI Disclosure Statement that will be provided to the SOBP Editor.
- a. The SOBP Executive Office will then provide copies of disclosure statements for Council and Program Committee members as follows:
 - i. For all Program Committee members a copy of the disclosure statements will be provided to the Program Committee Chair, the SOBP Executive Secretary, and the Executive Office.
 - ii. For Council members and Editor, copies of the disclosure statements will be provided to the SOBP Executive Secretary, President, and the Executive Office.
 - iii. Before each meeting of these respective bodies the people identified above who have copies of the Disclosure Statements should review them and assume responsibility for ensuring that during the meeting any discussions and/or votes have been preceded with recusals of members with potential conflicts. In any specific instance, the member identified as having a potential conflict of interest may rebut the presumption of conflict, but the decision regarding that member's participation in the discussion or the vote will be decided by the remaining members of the Program Committee or Council.
 - b. The Editor will use the information provided in the COI Disclosure to make judgments about potential conflicts of interest and to assess whether the number and extent of potential conflicts significantly compromises the individual's ability to perform the tasks required of an editor of an SOBP publication.
 - i. While the COI Disclosure Statements for editors will normally be reviewed only by the Editor, selected lists may be shared with other members of SOBP Council if deemed necessary by the Editor.
 - ii. In its annual report to SOBP Council the Editor will include a statement regarding the management of potential conflicts of interest and a summary of any actions taken during the year to address apparent or reported violations of this policy.
 - iii. An accusation that an Editor or Associate Editor has violated the conflict of interest policy shall be referred to the SOBP Executive Council for consideration and investigation. The Executive Council shall report its findings and recommendations to Council for action.
 - iv. An Editor or Associate Editor found guilty of violating the conflict of interest policy is subject to sanction, including forfeiture of the editorship.
- III. All COI Disclosure Statements will be retained for reference in the SOBP Executive Office.

- IV. ***Definition of Financial Relationship*** - Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria for promotional speakers' bureau, ownership interest (e.g. stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected. ACCME (Accreditation Council for Continuing Medical Education) considers relationships of the person involved in the CME activity to include financial relationships of a spouse or partner. Contracted research includes research funding where the institution gets the grant and manages the fund and the person is the principal or named investigator on the grant. There is no minimum dollar amount for relationships.
- V. ***Definition of Commercial Interest*** - A commercial interest is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. Providers of clinical service directly to patients are not commercial interests – unless the provider of clinical service is owned, or controlled, by a commercial interest. The following are **not** commercial interests:
- a. 501-C Non-profit organizations that do not advocate for commercial interests
 - b. Government organizations
 - c. Non-health care related companies
 - d. Liability insurance providers
 - e. Health insurance providers
 - f. Group medical practices
 - g. For-profit hospitals
 - h. For-profit rehabilitation centers
 - i. For-profit nursing homes
 - j. Blood banks
 - k. Diagnostic laboratories

SOBP Conflict of Interest Disclosure Statement

Name:

Email:

I certify that all my (and my immediate family's) affiliations with or financial relationships (e.g., employment, consultancies, honoraria, equity ownership or stock options, grants, contracts, patents, received or pending, or royalties) with any organization or entity defined as a commercial interest are disclosed completely here. For purposes of disclosure, financial involvement is defined as any income source having occurred within the last 12 months.

After having read the definitions above, in the past 12 months, have you or your spouse/partner had a financial relationship with any commercial interest?

No, _____ (Initial Here) I have no relevant financial interests to disclose.

Yes – Please enter the name of the commercial interest and the nature of the relationship (s)

<i>Commercial Interest</i>	<i>Relationship Type</i>	<i>Self/Spouse</i>

FOR THOSE INDIVIDUALS NOT INVOLVED IN ANNUAL MEETING PROGRAM PLANNING, PLEASE GO TO THE BOTTOM OF THE DOCUMENT TO SIGN AND COMPLETE THE DISCLOSURE. FOR THOSE PARTICIPATING ON THE PROGRAM COMMITTEE, PLEASE COMPLETE THE BELOW QUESTIONS.

Statement 1

I will not accept payments or reimbursements from a commercial interest (any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients) for my role in the planning and delivery of this CME activity. If I am approached by a commercial interest in this regard, I will immediately notify SOBP.

___ I Agree

Statement 2

All recommendations involving clinical medicine in a CME activity must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients. All

scientific research referred to, reported or used in CME in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis. If I am a presenter, my presentation will meet these standards, and if I'm a planner, I will not approve any content that does not meet these standards. If I am a session chair and/or an abstract discussant, any contribution I make to discussion, will meet these standards.

I Agree

Statement 3

CME must give a balanced view of therapeutic options. Use of generic names will contribute to this impartiality. CME educational material or content that includes trade names should include trade names from several companies where available, not just trade names from a single company. If I am a presenter, my presentation will meet this standard, and if I'm a planner, I will not approve any content that does not meet this standard. If I am a session chair and/or an abstract discussant, any contribution I make to discussion, will meet this standard.

I Agree

Statement 4

Educational materials that are a part of this activity, such as slides, abstracts, and handouts, cannot contain any advertising, trade names, or product-group messages, or commercial interest logos. If I am a presenter, my presentation will meet this standard, and if I'm a planner, I will not approve any content that does not meet this standard. If I am a session chair and/or an abstract discussant, any contribution I make to discussion, will meet this standard.

I Agree

Statement 5

The content of the CME activity must not promote the proprietary interest of any commercial interest. If I am a presenter, my presentation will meet this standard, and if I'm a planner, I will not approve any content that does not meet this standard. If I am a session chair and/or an abstract discussant, any contribution I make to discussion, will meet this standard.

I Agree

Statement 6

The content of the CME activity must not be influenced by any commercial interest. If I am a presenter, my presentation will meet this standard, and if I'm a planner, I will not approve any content that does not meet this standard.

I Agree

Statement 7

If I am an abstract reviewer, I will not score any abstracts of which I am an author, collaborator, have a personal relationship, or which I know to be from my institution. If I or my spouse/domestic partner has a financial relationship with a company engaged in producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients and whose products or services are the subject of an abstract I am reviewing, I will refrain from scoring that abstract. Additionally, I will base my recommendations for content selection solely on the mean score when I or my spouse/domestic partner have a financial relationship with a company engaged in producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients and whose products or services are the subject of an abstract I am selecting.

I Agree

Statement 8 – ONLY ANSWER IF AN EMPLOYEE OF A COMMERCIAL INTEREST

Because you are an employee, founder, or corporate board member of a commercial interest, SOBP requires additional questions.

Is your employer producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients?

Yes

No

Is your employer a provider of clinical service directly to patients?

Yes

No

Is the content related to products or business lines of your employer?

Yes

No

Click the signature box below and choose an existing digital ID if you have one. If not, follow the prompts to create a new digital ID.

Signature _____ Date _____