

# Professional Commitment Policy

## Frequently Asked Questions

### 1) Why is a Professional Commitment Policy necessary?

The Professional Commitment Policy replaces the Policy on Conflict of Commitment. It clarifies and in some cases modifies the provisions of the prior policy. The new policy sets forth the obligation faculty members have to devote their primary professional loyalty, time, and energy to their teaching, research, patient care, and administrative responsibilities at the School of Medicine. While it is understood and expected that faculty members engage with industry, government, and professional associations to further their knowledge, research, and other professional activity, faculty must not let outside commitments interfere with their obligations to fulfill their University and School of Medicine responsibilities. Faculty members are expected to act in the best interests of the University and in furtherance of the University's mission at all times

Outside activities are considered a privilege for which one must seek approval from one's department director or his/her designee. Faculty must fully report the activities to the University and act in accordance with all applicable University and School of Medicine policies when undertaking outside engagements.

### 2) To whom does the policy apply?

This policy applies to all full-time and salaried part-time faculty members. Non-salaried part-time faculty should refer to the [Blue Book](#) for applicable policies.

### 3) What activities need to be reported?

All services to industry and scientific/medical non-profit organizations, and all fiduciary and management roles in non-Hopkins entities must be reported. Examples of reportable services include consulting activities, service on scientific advisory boards, talks sponsored by industry other than accredited CME presentations, review of clinical trial protocols for industry, participation on advisory boards or data safety monitoring boards for clinical trials, and editorial work on a medical journal or online network service such as WebMD. Examples of fiduciary roles include service on boards of directors, and service as an officer, manager or medical director of a for-profit company or non-profit organization or charitable foundation.

Compensated medical-legal consulting and testimony ("expert witness") also must be reported, but on an annual basis rather than by specific engagement.

#### 4) What activities do not need to be reported?

Services provided to foundations, federal and state government organizations do not need to be reported. Fiduciary and leadership roles in academic and professional societies (e.g., board member of the American Heart Association) need not be reported. Activity that is covered under an institutional agreement between Johns Hopkins University and a third party where payment is made to JHU does not need to be reported.

If you are not sure whether a particular activity must be reported, , check with the Office of Policy Coordination by sending an email to [policy@jhmi.edu](mailto:policy@jhmi.edu).

**5) Do I need to report activities for which I do not receive remuneration?** If the activity is reportable as defined in Section II of the policy (see question 3), then it needs to be reported regardless of whether or not remuneration was received.

#### 6) What outside activities are prohibited?

Speaking for industry where the service is characterized by one or more of the following

- elements is prohibited: The company has the contractual right to dictate or control the content of your presentation or talk, and/or The company creates the slides or
- presentation material and has final approval of the content and edits, and/or You are expected to act as a company's agent or spokesperson for the purpose of
- disseminating company or product information.

The following additional activities are prohibited:

- 1 Endorsement or promotion of any commercial product, technology, service, or company;
- 2 Activities that involve the sharing or use of information that is proprietary to Johns Hopkins;
- 3 Use of the names, logos, or brand marks of the Johns Hopkins University, Johns Hopkins Medicine or its member organization without explicit permission;
- 4 Activities that compromise the basic scholarly independence and freedom of action or that may interfere with a faculty member's ability to conduct research and other academic activities at or on behalf of JHU; and
- 5 Private activities involving substantive use of JHU resources.. Full-time faculty members may not provide patient care outside the Johns Hopkins University and the Johns Hopkins Health System as a private activity. Patient care outside Johns Hopkins may be permissible under an institutional agreement with the outside organization or practice. For additional information see question 14.

**7) How should I report my outside activity?**

Reports must be made electronically in eOPC, the School of Medicine's online disclosure system.

For information and access to eOPC, see

[http://www.hopkinsmedicine.org/Research/OPC/Outside\\_Interests/Electronic\\_Disclosure/eOPC/](http://www.hopkinsmedicine.org/Research/OPC/Outside_Interests/Electronic_Disclosure/eOPC/).

**8) How often do I need to report?** Outside activities should be reported on an ongoing basis, prior to engaging in the activity. The exception is compensated medical legal consulting services, which can be reported once a year. Remember to update disclosures at least once a year or whenever there is a change.

**9) Is there a specific time limit for outside activities?** The policy does not set a limit on the number of days a faculty member can engage in outside activity. The amount of time spent on outside commitments needs to be determined by the department director (or his/her designee) in discussion with the faculty member.

**10) What if I use vacation time for outside activities? Do I need to report them?**

All activities need to be reported regardless of when they take place.

**11) Who has access to my disclosures?** Disclosures to eOPC are treated as confidential. Department Directors (or their designees) have access to disclosures made by faculty members in their department. Disclosures may be shared with other Johns Hopkins Medicine offices such as the IRB, ORA, the Office of the General Counsel, or the Office of Corporate Purchasing for conflict of interest review purposes. General information, such as the existence of a relationship or interest in a particular company and the nature of the relationship or interest, will be disclosed in a JHM press release if the release is about research conducted by the faculty member that relates to the company or organization with which the faculty member has a relationship.

**12) What happens to my disclosures after I submit them electronically to the Office of Policy Coordination (OPC)?** When disclosures are received, they are reviewed by the Office of Policy Coordination (OPC) for appropriateness of service, appropriateness of terms, appropriate use of JHU resources and the JHU name, and, if necessary, for conflict of interest.

You may be contacted by OPC staff if they need additional information. Once the review is completed, the faculty member and the Department Director will receive a notice of the outcome of the review including outside service guidelines and any applicable conditions.

The Department Director may prohibit or restrict an outside activity if it creates an unmanageable conflict of commitment.

**13) What is considered “inappropriate use of JHU resources”?**

Substantive use of JHU resources for a private activity is considered inappropriate use of JHU resources and is not permitted. Examples include use of a Hopkins conference room for meetings with representatives of a consulting client; providing training in a Hopkins OR without an institutional agreement; using one’s administrative assistant to work on correspondence reports related to private consulting services; and using one’s laboratory to perform services for non-Hopkins entities under a private agreement. In general, an activity involving substantive use of University resources must be the subject of an institutional agreement.

Only minimal, incidental use of one’s Hopkins fax, telephone, and email are permitted in connection with private, outside activity.

**14) Can I practice medicine outside Johns Hopkins ?**

Full-time faculty may not practice medicine at a non-Hopkins facility or practice under a private agreement. The practice of medicine outside a Hopkins facility may be undertaken only if there is an agreement between Johns Hopkins and the outside practice or organization.

A faculty member who proposes to participate in clinical care outside of Johns Hopkins facilities or for an entity other than Johns Hopkins – whether in the United States or overseas --must report the activity to, receive approval from, and make arrangements, including for billing, with his or her Department Director prior to initiating the activity.

**15) What are the sanctions for non-reporting?** A faculty member who deliberately fails to fully report outside activities will be subject to review under the School of Medicine’s Procedures for Dealing with Issues of Professional Misconduct. [http://www.hopkinsmedicine.org/som/faculty/policies/facultypolicies/professional\\_misconduct.html](http://www.hopkinsmedicine.org/som/faculty/policies/facultypolicies/professional_misconduct.html)