



## 1.6.5 Compliance and Ethics Committee

Chapter 1 - Administration and Organization	Original Effective Date: December 2003
Section: 1.6 Administrative Committees	Date Last Reviewed: February 2022
Responsible Entity: President	Date Last Revised: February 2022

### I. Purpose

The purpose of this policy is to define membership terms and conditions, leadership selection and charge of the Compliance and Ethics Committee at UT Health San Antonio (UTHSA).

### II. Scope

This policy applies institution-wide to all current and prospective members of the UTHSA's Compliance and Ethics Committee.

### III. Policy

#### A. Charge

The Compliance and Ethics Committee provides oversight and direction for the institutional compliance program. The committee's charge includes a focus on the institution's processes to manage business and risks in compliance with applicable significant legal, ethical, and regulatory requirements. The committee has responsibility for the following:

1. Ensuring that the institutional compliance and privacy program is designed to prevent and/or detect non-compliance with applicable laws, regulations and policies, including regular review of the confidential reporting function.
2. Ensuring that appropriate compliance education and training (both general and specific) is provided to all members of the university community on a regular basis.
3. Reviewing and approving policies and procedures that govern the institutional compliance and privacy program, including plans for communicating the policies and procedures to the university community.

## 1.6.5 Compliance and Ethics Committee

4. Ensuring that an annual compliance risk assessment is conducted, compliance risks are prioritized, and the highest risks to the university are identified and designated as institutional high risk.
5. Ensuring that appropriate processes are in place to control or manage the institutional high risk.
6. Reviewing and approving the annual UT Health San Antonio institutional compliance work plan and revisions to the plan.
7. Reviewing reports from the chief compliance and privacy officer, regarding the investigation and resolution of confidential reports of material/significant non-compliance and providing guidance to the chief compliance and privacy officer on such investigations, unless such review and guidance would compromise the investigation and/or its findings.
8. Ensuring that all findings of non-compliance are appropriately resolved through correction action and/or disciplinary action to prevent recurrence of similar noncompliance in the future.
9. Ensuring the consistent enforcement of compliance standards, including the fair, equitable, and consistent disciplinary action of individuals responsible for noncompliance.
10. Annually evaluate and assess the performance and effectiveness of the institutional compliance and privacy program.
11. Evaluating the institutional compliance and privacy program's infrastructure on a periodic basis, to ensure adequate resources are dedicated to compliance programs institution wide.
12. Support the institutional compliance and privacy program in ways the president deems appropriate.
13. Serve as the official Privacy Board for the university.

### B. Membership

1. President
2. Senior Executive Vice President and Chief Operating Officer
3. Vice President and Chief Financial Officer
4. Vice President and Chief Information Officer
5. Vice President and Chief Human Resources Officer
6. Vice President for Research
7. Vice President for Academic, Faculty and Student Affairs
8. Dean, Long School of Medicine
9. Dean, School of Nursing

## 1.6.5 Compliance and Ethics Committee

10. Dean, School of Dentistry
11. Dean, School of Health Professions
12. Dean, Graduate School of Biomedical Sciences
13. Executive Vice Dean, Clinical Affairs, Long School of Medicine
14. Associate Dean for Patient Care, UT Dentistry
15. Chief Medical Officer, UT Health Physicians
16. Executive Director, Mays Cancer Center

### C. Ex-Officio Membership

1. Chief Compliance and Privacy Officer
2. Chief Audit Executive
3. Chief Legal Officer
4. Executive Director of Systemwide Compliance and Ethics, UT System

### D. Chair

The president of UT Health San Antonio or designee serves as chair of the committee.

### E. Term of Membership

Members serve on the committee for a term of up to three (3) years. Membership is renewable.

## **IV. Definitions**

*There are no defined terms used in this Policy.*

## **V. Related References**

*There are no related documents associated with this Policy.*

## **VI. Review and Approval History**

- A. The approving authority of this policy is the University Executive Committee.
- B. The review frequency cycle is set for three years following the last review date, a time period that is not mandated by regulatory, accreditation, or other authority.

1.6.5 Compliance and Ethics Committee

<b>Effective Date</b>	<b>Action Taken</b>	<b>Approved By</b>	<b>Date Approved</b>
<b>12/2003</b>	Policy Origination		
<b>09/2014</b>	Policy Revision		
<b>02/2022</b>	Policy Revision/discretionary edits	ICPO	02/17/22