

 DALHOUSIE UNIVERSITY U.S. PUBLIC HEALTH SERVICE RESEARCH MISCONDUCT POLICY	<i>Policy Sponsor:</i> Vice-President Research	<i>Approval Date:</i> Senate: March 27, 2017 Board of Governors: April 18, 2017
	<i>Responsible Unit:</i> Research Services	<i>Revisions:</i>

A. Background & Purpose

Dalhousie University is committed to excellence in scholarly activities and takes seriously its responsibility to support a positive scholarly environment. All members of the University community are expected to aspire to the highest standards of honesty, integrity and ethical behavior in all aspects of scholarly conduct, and each member must adhere to the generally accepted standards of scholarly conduct in their field or discipline.

The U.S. Public Health Service (“PHS”) Final Rule 42, Code of Federal Regulations Part 93, establish standards for University inquiries and investigations into allegations of Research Misconduct in relation to research that has been funded by, or for which funding has been requested from, PHS. The purpose of this Policy is to provide a process for dealing with these allegations of Research Misconduct in accordance with PHS regulations.

B. Application

This Policy applies to any person engaged in research at, on behalf of, in connection with or under the auspices of the University only when that research is supported by, or support for that research is requested from, the PHS.

For other research conducted at, on behalf of, in connection with or under the auspices of the University that is not supported by, or for which support has not been requested from the PHS, the Dalhousie University Scholarly Misconduct Policy applies.

This Policy and Procedures DO NOT apply to situations where misconduct is alleged against a student in relation to work submitted by that student for academic credit (such matters are addressed through the Faculty Discipline Procedures Concerning Allegations of Academic Offences).

C. Definitions

1. In this policy:
 - a. “Complainant” means a person who makes an allegation of Research Misconduct.
 - b. “ORI” means the Office of Research Integrity, the office within the US Department of Health and Human Services that is responsible for Research Misconduct and research integrity activities of the US Public Health Service.
 - c. “Research Misconduct” means the intentional or reckless fabrication, falsification, plagiarism, or other actions that demonstrate a significant departure from accepted practices of the relevant research community for proposing, conducting, or reporting research. Research Misconduct does not include honest error or honest differences in interpretations or judgments of data.
 - d. “Respondent” means the person against whom an allegation of Research Misconduct is directed or the person whose actions are the subject of the inquiry or investigation. There can be more than one respondent in any inquiry or investigation.

D. Policy

1. Members of the University community share in the responsibility for ensuring adherence to generally accepted standards of scholarly conduct in relation to all research or other academic activity.
2. It is expected that no person will engage in Research Misconduct.
3. Where a member of the University community has reasonable grounds to believe that Research Misconduct is occurring or has occurred in the University and is not being addressed under University policy, that member is under a positive obligation to promptly report the alleged misconduct to the Scholarly Integrity Officer.
4. There will be no retaliation against any person on account of an allegation or an expressed intention to make an allegation under this Policy or on account of evidence or assistance given in relation to a proposed allegation under this Policy. Any concerns regarding possible retaliation will be brought to the attention of the Scholarly Integrity Officer. Disciplinary action in response to retaliation will be addressed in accordance with applicable disciplinary processes.
5. All communication or information gathered in any case is confidential except to the extent that disclosure is necessary to effectively implement this Policy or to undertake any disciplinary or remedial steps arising from a decision made under this Policy. Disciplinary action in response to a breach of confidentiality will be addressed in accordance with

applicable disciplinary processes.

6. An allegation made in bad faith (with a conscious design to mislead or deceive, a malicious or fraudulent intent or a reckless disregard for, or willful ignorance of, facts that would disprove the allegation) may constitute grounds for disciplinary action against the Complainant, which will be addressed in accordance with applicable disciplinary processes.
7. Respondents may have representation in the course of an inquiry or investigation under this Policy, through a bargaining agent or otherwise, if they choose to do so.
8. Members of the University community will cooperate with the Scholarly Integrity Officer and other University officials in the review of allegations and the conduct of inquiries and investigations. Employees have an obligation to provide relevant evidence to the Scholarly Integrity Officer or other University officials on misconduct allegations.
9. The Scholarly Integrity Officer will notify ORI in advance if the University plans to terminate an inquiry or an investigation on the basis that the Respondent has admitted guilt, a settlement with the Respondent has been reached, or for any other reason, except the termination of a case at the inquiry stage on the basis that an investigation is not warranted or a finding of no Research Misconduct is made at the Investigation stage (which must be reported to ORI in accordance with sections F13 and F23, respectively, below).
10. The Scholarly Integrity Officer will notify ORI at any stage of an inquiry or investigation under this Policy if:
 - a. the health or safety of the public is at risk;
 - b. there is an immediate need to protect U.S. Federal funds, resources or interests;
 - c. US Federal action is required to protect the interests of the people involved in the Research Misconduct proceedings;
 - d. the Research Misconduct proceeding may be reported publicly;
 - e. there is a reasonable indication of possible civil or criminal violation;
 - f. the research community or public needs to be informed; or
 - g. research activities should be suspended.

11. The University will make all reasonable and practical efforts, if requested and as appropriate to protect or restore the reputation of:
 - a. persons alleged to have engaged in Research Misconduct but against whom no finding of Research Misconduct is made; and
 - b. Any complainant, witness, or committee member engaged under this Policy.

E. Administrative Structure

1. Authority: This Policy falls under the authority of the Vice President Research.
2. Scholarly Integrity Officer: There shall be a Scholarly Integrity Officer who is responsible for promoting the practice of scholarly integrity at the University and administering this Policy. The Scholarly Integrity Officer will be appointed by the Vice President Research, in consultation with the Provost and Vice-President Academic, usually for a three-year term. The Scholarly Integrity Officer will not typically serve more than two terms consecutively.
3. Conflict of Interest: If individuals responsible for carrying out any aspect of this Policy have potential conflicts of interest in relation to those responsibilities, as defined in the University Policy of Conflict of Interest, such responsibilities will be assigned to alternate appropriate individuals by the University.
4. Record keeping: Records of all allegations, investigations, and decisions made under this Policy will be kept separate from all other university records and will be maintained and stored securely and confidentially under the care and control of the office of the Vice President Research for at least seven years after the University's proceedings have concluded, or for at least seven years after any ORI proceeding, whichever is later.
5. Annual report: The Scholarly Integrity Officer will deliver an annual report with ORI and Senate that confirms the University's compliance with PHS regulations.
6. Policy Review: This Policy will be reviewed no later than by the end of the fifth year of its operation.

F. Procedures

1. Confidential consultation: If an individual is unsure whether a suspected incident falls within the definition of Research Misconduct, that individual may contact the Scholarly Integrity Officer to discuss the suspected misconduct on a confidential basis. If the circumstances do not meet the definition of Research Misconduct, the Scholarly Integrity Officer will refer the individual or allegation to other offices with responsibility for addressing the matter.

2. Who may make allegations: Allegations of Research Misconduct may be made by any person within or outside the University who has reasonable grounds to suspect that Research Misconduct is occurring or has occurred, and is not being addressed under University policy.
3. Filing allegations of Research Misconduct: Allegations of Research Misconduct must be made in writing to the Scholarly Integrity Officer as promptly as possible upon becoming aware of the alleged Research Misconduct. Allegations should include supporting documentation.
4. Anonymous Allegations: There may be exceptional situations where an individual has a reasonable concern that their career or personal safety may be compromised by raising an allegation of Research Misconduct. Such persons may initiate a confidential conversation with the Scholarly Integrity Officer or submit an anonymous written allegation to the Scholarly Integrity Officer. Whether or not an anonymous allegation can proceed in the absence of an identified Complainant will be determined by the Scholarly Integrity Officer, in the Officer's sole discretion, having regard to all of the circumstances of the case and the evidence available.
5. Initial assessment: The Scholarly Integrity Officer will promptly assess allegations of Research Misconduct to determine whether an inquiry is warranted. An inquiry is warranted if:
 - a. the allegations fall under the definition of Research Misconduct,
 - b. PHS funding or PHS applications for funding are involved, and
 - c. the allegations are sufficiently credible and specific so that potential evidence of research misconduct may be identified.
6. Initiating the inquiry: If the Scholarly Integrity Officer determines that an inquiry is warranted, the Scholarly Integrity Officer will promptly initiate the inquiry process, in accordance with section F9.
7. Securing records: Upon initiating an inquiry, the Scholarly Integrity Officer will secure those research records and other evidence required to protect the integrity of the inquiry. The Scholarly Integrity Officer may consult with ORI for advice and assistance in this regard.
8. Notifying the Respondent: The Scholarly Integrity Officer will notify the Respondent that an inquiry is being initiated and provide the Respondent with a copy of the allegation, including supporting documentation. The Respondent will have 28 calendar days to provide a written response to the allegation.
9. The inquiry process: Promptly following receipt of the Respondent's response to the allegation, the Scholarly Integrity Officer will proceed with the inquiry process, as set out below:

- a. The Scholarly Integrity officer will appoint an Associate Dean Research at Dalhousie to conduct an inquiry (the “Inquirer”) and provide the Inquirer with a copy of the allegation, including supporting documentation, the response and a copy of this Policy. The Scholarly Integrity Officer will be available throughout the inquiry to provide process advice to the Inquirer as needed.
 - b. The Inquirer will conduct an initial review of the evidence in order to determine whether to recommend an investigation. An investigation will be recommended if preliminary information-gathering and fact-finding from the inquiry indicates that the allegation may have substance.
 - c. If the inquiry uncovers information that suggests significant breaches of this Policy beyond what was contained in the initial allegation, the Inquirer will refer those matters back to the Scholarly Integrity Officer for further direction.
10. Inquiry report: The Inquirer will provide the Scholarly Integrity Officer with a written inquiry report within 30 calendar days of being appointed as Inquirer that includes:
- a. The name and position of the Respondent;
 - b. A summary of the allegations of Research Misconduct and the Respondent’s response;
 - c. The PHS support, including, for example, grant numbers, grant applications, contracts, and publications listing PHS support; and
 - d. Conclusion as to whether or not the alleged actions warrant an investigation, specifically, whether there is reasonable basis for concluding that the allegation falls within the definition of Research Misconduct that involves PHS supported research, training or activities, and whether preliminary fact-finding indicates that the allegation may have substance.
11. Comments on the inquiry report: The Scholarly Integrity Officer will provide a copy of the inquiry report, which may be partially redacted to address privacy or security concerns, to the Respondent for comment. The Respondent will have 10 calendar days to provide written comments to the Scholarly Integrity Officer. In appropriate circumstances, as determined by the Scholarly Integrity Officer, the Complainant will be extended the same privilege.
12. Consideration by the Scholarly Integrity Officer: The Scholarly Integrity Officer will review the un-redacted inquiry report and comments from the Respondent and Complainant and prepare a written decision as to whether an investigation is warranted. The Scholarly Integrity Officer will notify the Respondent in writing of the decision whether to proceed to an investigation. In appropriate circumstances, as determined by the Scholarly Integrity Officer, the Complainant may be similarly notified.

13. Notifying ORI: If an investigation is initiated, the Scholarly Integrity Officer will provide the inquiry report, any comments from the Respondent and Complainant, and the Scholarly Integrity Officer's written decision to ORI within 30 calendar days of that decision. If the Scholarly Integrity Officer decides not to initiate an investigation, the University must keep sufficiently detailed documentation of the inquiry to permit a later assessment by ORI of the reasons for not initiating an investigation.
14. Investigation: Within 30 calendar days of the decision to initiate an investigation, the Scholarly Integrity Officer will appoint an Investigation Committee. The Investigation Committee should consist of at least three University faculty members who have the necessary expertise to evaluate the evidence and issues related to the allegations, interview witnesses, and conduct the investigation. The Inquirer will not be a member of the Investigation Committee.
 - a. The Scholarly Integrity Officer will provide the Investigation Committee with:
 - i. a copy of the allegation, including supporting documentation,
 - ii. the response,
 - iii. the Inquiry Report and comments,
 - iv. the Scholarly Integrity Officer's written decision, and
 - v. a copy of this Policy.
 - b. The Scholarly Integrity Officer will be available throughout the inquiry to provide process advice to the committee as needed.
 - c. The Investigation Committee will meet with the Complainant(s) to give them an opportunity to present their allegation and to identify other relevant information and witnesses.
 - d. The Investigation Committee will then meet with the Respondent(s), to give them an opportunity to address the allegation and to identify other relevant information and witnesses.
 - e. The Investigation Committee may meet with any other individuals whom they deem relevant to the allegation, and may request access to, or production of, any data, records, or equipment that they deem relevant to the allegation.
 - f. The Investigation Committee may meet subsequently with the Complainant(s) and/or the Respondent(s) in light of information they have received in the course of the investigation.
 - g. Each interview will be summarized in writing by the Investigating Committee in the form

of an interview report, which will be forwarded to the interviewee for confirmation that the report fairly summarizes the interview.

- h. Where the investigation uncovers information that suggests significant breaches of this Policy beyond what was contained in the initial allegation, the Investigation Committee shall refer those matters back to the Scholarly Integrity Officer for further direction.
15. Draft investigation report: The Investigation Committee will provide a draft investigation report, which may be partially redacted to address privacy or security concerns, to the Respondent, and in appropriate circumstances, as determined by the Scholarly Integrity Officer, to the Complainant. The Investigation Committee's draft report must include:
- a. A summary of the allegation(s);
 - b. A summary of the response;
 - c. The PHS support, including, for example, grant numbers, grant applications, contracts, and publications listing PHS support;
 - d. An analysis of the evidence relevant to the matters raised;
 - e. Findings of fact with respect to the allegation(s) together with supporting reasons;
 - f. A determination of whether there has been Research Misconduct; and
 - g. Where Research Misconduct is found, an assessment of the severity of the Research Misconduct, and a review of any mitigating factors.
16. Review by Scholarly Integrity Officer: The Scholarly integrity Officer will review the draft report to ensure that it is clear and that it meets the requirements of the Policy and in so doing, may seek further clarification from, or investigation by, the Investigation Committee before the draft investigation report is completed.
17. Comments on the draft investigation report: The Scholarly Integrity Officer will provide a copy of the draft investigation report, which may be partially redacted to address privacy or security concerns, to the Respondent for comment. The Respondent will have 14 calendar days to provide written comments to the Scholarly Integrity Officer. In appropriate circumstances, as determined by the Scholarly Integrity Officer, the Complainant will be extended the same privilege. The Investigation Committee will consider such comments and prepare a final investigation report, which also attaches the comments thereto.
18. Final investigation report: The Scholarly Integrity Officer will forward the final investigation report, which may be partially redacted to address privacy or security concerns, to the Respondent, and in appropriate circumstances, as determined by the Scholarly Integrity

Officer, to the Complainant.

19. Consideration by the Vice President Research: The Scholarly Integrity Officer will also forward the un-redacted final investigation report and the attached comments to the Vice President Research. The Vice President Research may request additional information or clarification from the Scholarly Integrity Officer if necessary to make a determination. The Vice President Research will make the final decision whether to accept the final investigation report.
20. Outcomes: If the Vice President Research decides that Research Misconduct has occurred, the Vice President Research may:
 - a. refer the matter to the appropriate University body for consideration of disciplinary or non-disciplinary action; or
 - b. determine an administrative non-disciplinary remedy, within the authority of the Vice President Research, and provide corresponding direction and support.
21. Communication of the decision: The final decision will be communicated to the Respondent, and in appropriate cases, as determined by the Vice President Research, to the Complainant. Where the Vice President Research rejects the findings of the final investigation report in whole, or in large part, this determination, together with the underlying reasons, will be forwarded to the University Secretary and General Counsel to ensure transparency of the process.
22. Appeal of Decision: A Respondent may appeal the decision of the Vice President Research by filing a written notice of appeal to the Chair of Senate within 30 days of the delivery of the decision. The Chair of Senate shall request that the Senate Planning and Governance Committee establish an ad hoc Committee comprised of three faculty members with relevant expertise in the research or scholarly area under consideration to hear the appeal. The sole grounds for an appeal are that there was a substantial procedural error in the application of this Policy, or that the Vice President Research lacked jurisdiction to make the decision under consideration.
23. Notifying ORI: The Vice President Research will submit the final decision to ORI, which in turn may take a number of actions in accordance with their own policies. This final decision will include:
 - a. the final investigation report,
 - b. comments by the Respondent and Complainant,
 - c. where the Vice President Research rejects the findings of the Investigation Committee, per section F21, reasons for that decision,

- d. information regarding any appeal, and
 - e. Confirmation of University actions in response to final findings of Research Misconduct.
24. Time limits: An inquiry should take no more than 60 calendar days from the receipt of the allegation. This period may be extended by the Scholarly Integrity Officer only if the circumstances clearly warrant a longer period. The reasons for doing so must be included in the inquiry record. An investigation should be completed within 120 days of appointing the Investigation Committee. Any request for an extension must be made in writing by the Scholarly Integrity Officer to ORI.