

Dalhousie Research Integrity Protocol: Inquiries and Investigations

Authority for this Protocol is derived from the Research Integrity Policy, Section E.1. Its purpose is to set out the operational processes involved in Inquiries and Investigations of alleged Breaches of Research Integrity. As the flowchart in Schedule C shows, an inquiry is conducted by the Research Integrity Officer and can result in a determination of Breach or no Breach of Research Integrity, or can determine that an investigation by an Investigation Committee is warranted. An investigation by Investigation Committee results in a determination of Breach or no Breach of Research Integrity.

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I: Reporting an Allegation

1. If a person is uncertain whether an activity or activities may constitute a Breach of Research Integrity, they may contact the Research Integrity Officer's Office to discuss the matter on a confidential basis.
2. Allegations of Breaches of Research Integrity must be made in writing and submitted to the Research Integrity Officer. While all Allegations regardless of the timeframe will be considered, they should be submitted at soon as possible.

3. The Research Integrity Officer will ensure that any person submitting an Allegation (i.e. the “Complainant”) is provided with a copy of the Research Integrity Policy and this Protocol and will explain the processes for dealing with Allegations under this Protocol.
4. Whether or not an anonymous Allegation can proceed in the absence of an identified Complainant will be determined by the Research Integrity Officer, in their sole discretion, having regard to all circumstances of the case and the evidence available.
5. Whether an allegation has been made anonymously or not, the Research Integrity Officer shall ensure that the privacy of the Complainant will be protected as far as is possible.

II: Conduct of an Inquiry

1. The Research Integrity Officer shall conduct an inquiry into the Allegation.
2. Respondents or Complainants may have representation or a support person, through a bargaining agent or other individual (e.g. employee group representative, legal aid, Elder etc.), if they choose to do so, during the conduct of an inquiry. All associated costs of representation shall be borne by the individual being represented.
3. The inquiry begins with an initial assessment. Within 10 calendar days of receiving an Allegation, the Research Integrity Officer or their delegate shall review the Allegation. To proceed to the next step of the inquiry, the Allegation must:
 - a. be based on facts which have not been the subject of a previous or current investigation,
 - b. fall under the jurisdiction of this Policy; and
 - c. if proven, would have constituted a Breach of Research Integrity at the time the alleged Breach of Research Integrity occurred.

These 3 requirements are collectively referred to as “responsible” by the Tri-Agency.

4. If the 3 requirements in section 3 above are not met, the Complainant will be advised in writing that the matter is not proceeding by the Research Integrity Officer.
5. If the 3 requirements in section 3 above are met, the Research Integrity Officer shall provide the Respondent with a copy of the Allegation, and a copy of this Protocol.

6. The Respondent will have an opportunity to meet with the Research Integrity Officer to discuss the Allegation, and to submit a written response. Any written response must be received within 20 calendar days of the receipt of the Allegation by the Respondent.
7. At any time during the inquiry, the Research Integrity Officer may request further information from or meet with the Respondent, the Complainant or others, as required to assist in the inquiry.
8. The Research Integrity Officer must conclude, within no longer than two months from the date they received the Allegation:
 - a. that there has not been a Breach of Research Integrity; or
 - b. that there is sufficient evidence to find that there has been a Breach of Research Integrity without going to investigation; or
 - c. that there is sufficient evidence of a Breach of Research Integrity to warrant an investigation and initiate next steps in this protocol.
9. In addition to the conclusion reached under section 8 above, at the end of the inquiry, the Research Integrity Officer may also conclude that:
 - a. the allegation(s) raises questions of illegal activity and notify the appropriate authorities; and/or
 - b. aspects of the Allegation are beyond the scope of this Policy, and redirect or refer all or part of the Allegation to the appropriate bodies or offices.
10. If the Research Integrity Officer finds a Breach of Research Integrity has occurred, they must determine possible action. Such action includes:
 - a. Forward the Inquiry Report 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 Innovation and provide corresponding direction and support as appropriate.
11. The Research Integrity Officer will advise the Complainant and the Respondent in writing of the conclusion(s) they have reached pursuant to sections 8 and 9 above along with a justification for that conclusion. University action against the Respondent, if any, shall only be shared with the Respondent and those who are authorized under applicable University policy or collective agreement to receive this information.

III: Conduct of an Investigation

12. Unless otherwise noted, all formal communications relating to the investigation must be centralized through the Research Integrity Officer, as they are responsible for maintaining records.
13. Respondents or Complainants may have representation or a support person, through a bargaining agent or other individual (e.g. employee group representative, legal aid, Elder etc.), if they choose to do so, during the conduct of an investigation. All associated costs of representation shall be borne by the individual being represented.
14. Within 10 calendar days of initiating a formal investigation, the Research Integrity Officer will appoint an Investigation Committee made up of at least two members from the Standing Research Integrity Committee.
15. In appointing members to an Investigation Committee, the Research Integrity Officer must consider:
 - a. Appropriate representation of equity deserving groups (including Indigenous, racialized, 2SLGBTQIA+, disabled, and contract faculty, with at least one member having expertise in EDIA);
 - b. Appropriate disciplinary or methodological expertise and knowledge systems;
 - c. Conflicts of interest;
 - d. Optional ad hoc Research Integrity Investigators who are not members of the Standing Research Integrity Committee if required under the Schedules to this Protocol or otherwise deemed appropriate.
16. The Research Integrity Officer will provide each member of the Investigation Committee with a copy of the Allegation, and any written response to the Allegation submitted by the Respondent.
17. The Investigation Committee shall conduct an investigation into the Allegation and make every effort to complete the investigation within two months. During the course of the investigation, the Investigation Committee:
 - a. Will provide the Complainant with an opportunity to meet with the Investigation Committee;
 - b. Will provide the Respondent with an opportunity to meet with the Investigation Committee. In the case of multiple respondents, each shall be afforded the opportunity to meet independently with the Investigation Committee; and

- c. May meet with any individual whom they deem relevant to the Allegation, and may require access to, or production of, any data, records, or equipment that they deem relevant to the Allegation.
- 18. Where the investigation uncovers information that suggests breaches of Policy or regulations beyond what was contained in the initial Allegation, the Investigation Committee shall refer those matters to the Research Integrity Officer for further direction.
- 19. The Investigation Committee shall submit an investigation report to the Research Integrity Officer within 30 calendar days of completion of the investigation, that includes:
 - a. A summary of the Allegation(s), including any additional Allegation(s) addressed during the investigation;
 - b. A description and documentation of funder support if applicable (e.g. grant numbers, grant applications, contracts, publications);
 - c. Composition of the Investigation Committee, including name(s), position(s), and subject matter expertise;
 - d. An analysis of the information collected relevant to the matters raised;
 - e. Findings with respect to the Allegation(s) together with supporting reasons;
 - f. A determination of whether there has been a Breach of Research Integrity; and
 - g. Where a Breach of Research Integrity is found:
 - i. An assessment of the severity of the Breach of Research Integrity;
 - ii. A review of any mitigating factors; and
 - iii. If applicable, identification of any publications which may need correction or retraction.
- 20. Within ten calendar days of receipt of the final investigation report, the Research Integrity Officer will review the report to ensure that it meets the requirements of the Protocol. Once the review is complete, the report shall be forwarded to the Vice President, Research and Innovation of the Policy.
- 21. The Vice President, Research and Innovation decides if they accept or reject the findings of the Investigation Report, and determines if a Breach of Research Integrity has occurred. Where the Vice President, Research and Innovation rejects the findings of the Investigation Report in whole, or in part, this determination, together with underlying reasons, shall be forwarded for review to the University Secretary, General Counsel and two members of the Senate Academic Programs and Research Committee appointed by the Senate Planning and Governance Committee, to ensure transparency of the process.
- 22. If the Vice President, Research and Innovation finds a Breach of Research Integrity has occurred, they must determine possible action. Such action includes:

- a. Determine an administrative non-disciplinary remedy within the authority of the Vice President, Research and Innovation and provide corresponding direction and support as appropriate;
 - b. Forward the Investigation Report to the appropriate university body for consideration of disciplinary or non-disciplinary action; and/or
 - c. Notify as appropriate any relevant third parties such as funding agencies, publishers, licensing boards, and research ethics boards.
23. The Vice President, Research and Innovation will advise the Complainant and the Respondent in writing of the conclusion(s) they have reached pursuant to sections 21 and 22 above along with a justification for that conclusion. University action against the Respondent, if any, shall only be shared with the Respondent and those who are authorized under applicable University policy or collective agreement to receive this information.

Schedule A-1 – Additional requirements for inquiries and investigations into alleged Breaches of Research Integrity involving funding from the Tri-Agency

1. In this Schedule the term “Agency” means one of the Tri-Agency organizations – the Canadian Institutes of Health Research, the Natural Sciences and Engineering Research Council of Canada, and the Social Sciences and Humanities Research Council.
2. Any Allegation of a Breach of Research Integrity involving an Agency must be sent to the Secretariat on Responsible Conduct of Research. This disclosure is required to be sent to the Secretariat on Responsible Conduct of Research within two months upon receipt of the Allegation. However, if the Allegations related to activities funded by the Agency that may involve significant financial, health and safety, or other risks, the disclosure by the Research Integrity Officer must be made immediately.
3. Dalhousie may not enter into confidentiality agreements or other agreements related to an inquiry or investigation that prevents any reporting to the Agencies through the Secretariat on Responsible Conduct of Research.
4. Upon completion of the inquiry, the Research Integrity Officer shall write a letter to the Secretariat on Responsible Conduct of Research confirming whether or not Dalhousie is proceeding with a formal investigation.
5. If a formal investigation is to proceed, an additional member to the Investigation Committee shall be named, who is not affiliated with Dalhousie at the time of their appointment.
6. Upon completion of the investigation, the Research Integrity Officer or designate shall prepare a report for the Secretariat on Responsible Conduct of Research. Subject to any applicable laws, including privacy laws, each report shall include the following information:
 - a. the specific Allegation(s), a summary of the finding(s) and reasons for the finding(s);
 - b. the process and timelines followed for the inquiry and/or investigation;
 - c. the Respondent’s response to the Allegation, investigation and findings, and any measures the Respondent has taken to rectify the Breach of Research Integrity; and
 - d. the investigation committee’s decisions and recommendations and actions taken by Dalhousie.

The report should not include information that is not related specifically to Agency funding and policies, or personal information about the researcher, or any other person, that is not material to the investigation.

7. The report mandated in **A-1.6** must be submitted by the Research Integrity Officer or designate within seven months of the receipt of the initial Allegation. Any extensions to this timeline must be granted by the Secretariat on Responsible Conduct of Research.
8. The Vice President, Research and Innovation is accountable, and the Research Integrity Officer is responsible, to ensure no materially false or misleading information will be submitted to the Secretariat on Responsible Conduct of Research and that misrepresentations of a material nature to an Agency, other than in good faith, will not be presented.
9. In exceptional circumstances, an Agency may require the University to cause an independent review to be carried out promptly by a qualified person to verify and report on compliance by Dalhousie with Agency requirements. If an Agency makes such a request, the General Counsel shall arrange for the conduct of the independent review and shall ensure that the report and any working papers of the review are available to the requesting Agency.
10. In exceptional circumstances, the Agency may demand that Dalhousie take certain corrective action steps within a specified period of time. Where these steps relate to a specific Grant or Award, the Vice President, Research and Innovation is accountable for executing these demands, which may include stopping payment of funds to a researcher and repaying part or all of the funds back to Agency.
11. In certain circumstances the Secretariat on Responsible Conduct of Research may choose to initiate or conduct their own investigations. In these cases the Vice President, Research and Innovation is accountable to ensure that Dalhousie provides their full support to the Secretariat on Responsible Conduct of Research.

Schedule A-2 - Additional Requirements for inquiries and investigations into alleged Breaches of Research Integrity involving funding from Research Nova Scotia

1. The Research Integrity Officer must promptly notify Research Nova Scotia if Dalhousie or another agency, organization, or funding body that has provided and / or provides funding to a Research Project that is associated with Research Nova Scotia commences an investigation, audit, or review concerning the Research Project or the funding provided for it. This requirement does not apply as it relates to any routine financial monitoring or reporting that is habitually or regularly required.
2. When the Research Integrity Officer is aware of a confirmed breach of the *Research Nova Scotia – Institutional Agreement* or a specific research agreement signed by Dalhousie with Research Nova Scotia, the Research Integrity Officer must inform Research Nova Scotia.
3. The report submitted to Research Nova Scotia in relation to [A-2.1] must include an accounting of all Research Nova Scotia funding for the Research Project to Research Nova Scotia. Upon request, Dalhousie shall reimburse to Research Nova Scotia all remaining funding, less any amounts that were properly and actually incurred for the Research Project, in accordance with any applicable Research Project Agreement.

Schedule A-3 - Additional Requirements for inquiries and investigations into alleged Breaches of Research Integrity involving funding from the Canada Foundation for Innovation

1. The Research Integrity Officer shall inform the Canada Foundation for Innovation upon learning of any evidence the funds have not been used in an appropriate manner.

Schedule A-4 - Additional Requirements for inquiries and investigations into alleged Breaches of Research Integrity involving United States Public Health Services funding

1. The purpose of this schedule is to provide guidance to ensure the University is compliant with requirements found under 42 CFR Part 93 “Public Health Services Policies on Research Misconduct”.
2. The “Institutional Certifying Official” (§92.217) is the Vice President, Research and Innovation.
 - a. The Institutional Certifying Official is accountable for ensuring the reporting outlined in §92.301(b) and §92.302(b-c).
3. The “Institutional Deciding Official” (§92.218) is the Vice President, Research and Innovation.
4. Inquiries and investigations must be conducted in respect to the time limits outlined in §93.104.
5. The Research Integrity Officer shall promptly take all reasonable and practical steps to obtain all research records and other information needed to conduct the research misconduct proceeding.
 - a. This information is required to be inventoried, controlled, and sequestered in a secure manner.
 - i) Copies of the original records may be collected and utilized at the Research Integrity Officer’s discretion.
 - b. This information shall normally be collected prior to notice being given to the Respondent to prevent the loss, alteration or fraudulent creation of records.
 - c. All information collected under this section shall remain controlled and sequestered for a period of seven years after the completion of the inquiry or investigation.
6. At any time during the investigation or inquiry, the Research Integrity Officer must notify relevant authorities immediately if it has reason to believe that any of the following conditions exist:
 - a. health or safety of the public is at risk, including an immediate need to protect human or animal subjects;
 - b. The U.S. Department of Health and Human Services resources or interests are threatened;
 - c. research activities should be suspended;
 - d. there is reasonable indication of possible violations of civil or criminal law;
 - e. federal action is required to protect the interests of those involved in the research misconduct proceeding; or

- f. The U.S. Department of Health and Human Services may need to take appropriate steps to safeguard evidence and protect the rights of those involved.
7. Dalhousie shall cooperate with the relevant Public Health Services authorities during any research misconduct proceeding or compliance review, including addressing deficiencies or additional Allegations in the institutional record if required. As well, Dalhousie shall assist in administering and enforcing any administrative actions imposed on its institutional members.
8. 42 CFR Part 93 describes three steps as part of the process: (a) Institutional Assessment (§93.306); (b) Institutional Inquiry (§93.307); and (c) Institutional Investigation (§93.308). The Institutional Assessment is similar to the initial assessment described in “Conduct of an Inquiry”, Section 3, of this Protocol, while the Institutional Inquiry and the Institutional Investigation are similar to the inquiry and the investigation framework described in this Protocol. The Research Integrity Officer will ensure that the Institutional Assessment, Inquiry, and Investigation are conducted in accordance with the legislation. Specific unique requirements include, but are not limited to:
 - a. A written report in the Institutional Inquiry stage (§93.307(g));
 - b. Notice of the results of the Institutional Inquiry (§93.308);
 - c. Reporting to the relevant authorities of a decision to conduct an Institutional Investigation (§93.309);
 - d. Obligations of disclosure before an Institutional Investigation begins (§93.310(c));
 - e. Recording and transcription of all interviews during an Institutional Investigation (§93.310(g)(1));
 - f. Time limits for Institutional Investigations (§93.311); and
 - g. Specific requirements in the Institutional Investigation final report not required per this protocol (e.g. §93.313(e), §93.311(f), §93.311(g)).
9. After the Institutional Deciding Official has made a final determination of Breach of Research Integrity, the Research Integrity Officer must transmit the institutional record on behalf of the institution to the relevant authorities consistent with §93.220.
 - a. If there is an appeal of the findings or institutional actions, Dalhousie must promptly notify the U.S. Office of Research Integrity.
 - i) If the appeal comes prior to the transmittal of the record, Dalhousie must wait until the appeal is concluded to transmit. A complete record of the appeal must be included in the institutional record.
 - ii) If the appeal comes after the institutional record is transmitted, Dalhousie must provide a complete record of the appeal once the appeal is concluded.
10. The Research Integrity Officer must inform the relevant authorities of intentions to close a research integrity proceeding at the assessment, inquiry, investigation, or appeal stage on the

basis that the Respondent has admitted to committing a Breach of Research Integrity or a settlement with the Respondent has been reached.

- a. An admission of a Breach of Research Integrity must be made in writing and signed by the Respondent.
 - b. An admission must specify the falsification, fabrication, and/or plagiarism that occurred and which research records were affected.
 - c. The admission statement must meet all elements required for a Breach of Research Integrity finding under § 93.103 and must be provided to the relevant authorities before Dalhousie closes its proceedings.
 - d. The institution must also provide a statement describing how it determined that the scope of the Breach of Research Integrity was fully addressed by the admission and confirmed the Respondent's culpability.
11. If requested, the Research Integrity Officer must transfer custody, or provide copies, of the institutional record or any component of the institutional record and any sequestered evidence (regardless of whether the evidence is included in the institutional record) on behalf of Dalhousie.

Schedule B – Names of Research Integrity Investigators

Faculty:	Member:
Arts and Social Sciences	First name Last name
Agriculture	First name Last name
Architecture and Planning	First name Last name
Computer Science	First name Last name
Dentistry	First name Last name
Engineering	First name Last name
Graduate Studies	First name Last name
Health Professions	First name Last name
Law	First name Last name
Libraries	First name Last name
Management	First name Last name
Medicine	First name Last name
Open Learning and Career Development	First name Last name
Science	First name Last name

Schedule C – Flow chart of Inquiry and Investigation processes

