

 DALHOUSIE UNIVERSITY Research Integrity Policy	<i>Policy Sponsor:</i> Vice President Research and Innovation	<i>Approval Date:</i> Senate: June 11, 2012 Board of Governors: June 22, 2012
	<i>Responsible Units:</i> Research and Innovation	<i>Revisions:</i> Senate: June 15, 2026; September 28, 2026 Board: October 13, 2026

A. Background and Purpose

1. Research is vital not only to the University but also to the larger community in which research activities are performed, circulated and applied. It can help to advance society, enrich culture, and improve quality of life. Research serves the core mission of universities: the advancement of knowledge through free inquiry.
2. The University is committed to supporting a positive and productive research environment. Accordingly, all Members of the University Community are expected to aspire to the highest standards of honesty, integrity and ethical behaviour in all aspects of research conduct, and must adhere to the standards of research conduct in their field or discipline. At a minimum, Researchers are responsible for upholding **rigour** in their research initiatives, maintaining excellent **record-keeping**, providing **accurate referencing**, following disciplinary standards of **authorship**, appropriately **acknowledging contributions**, and managing **conflicts of interest**. Researchers are always fully responsible for accountability, validation, transparency, reproducibility, information security and data privacy, including when using AI tools. These standards of research integrity apply whether or not the Research is funded and, if funded, regardless of the source of funding.
3. As well, certain funders, as a condition of providing funding for the conduct of research, have mandated specific responsibilities for the University and researchers. These conditions, taken in their totality, provide a framework for the responsible conduct of research. Within this scope, agreements that Dalhousie has committed to abide by include, but are not limited to, the *Tri-Agency Framework: Responsible Conduct of Research*, the *Agreement on the Administration of Agency Grants and Awards by Research Institutions*, the *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans – TCPS 2*, and guidelines issued by the Canadian Council on Animal Care.

4. The purpose of this Policy is to identify accountabilities as well as roles and responsibilities related to research integrity, to identify activities that breach generally accepted standards of research conduct, and to provide a process for dealing with Allegations in an appropriate and timely manner.

B. Application

1. Except as otherwise set out in this section B, this Policy applies to:
 - a. any Researcher while conducting or engaging in Research or scholarly activity at, on behalf of, in connection with, or under the auspices of the University; and
 - b. any former Researcher in relation to any Research or scholarly activity they conducted or engaged in on behalf of, in connection with, or under the auspices of the University while they were a Member of the University Community.
2. There is no time period within which an Allegation must be brought before it will be considered under this Policy.
3. In projects involving human research that are subject to review by one of Dalhousie's Research Ethics Boards, the Procedures apply only to matters referred by one of Dalhousie's Research Ethics Boards to the Vice-President Research under the Policy on the Ethical Conduct of Research Involving Humans. Otherwise, such matters will be addressed under the latter policy.
4. In projects involving animal research that are subject to review by one of Dalhousie's institutional animal use and care committees, the Procedures apply only to matters referred by the Chair of one of such committees where:
 - a. the scope of the Breach of Research Integrity alleged goes beyond animal care issues;
 - b. the Researcher refuses to cooperate with an institutional animal use and care committee;
 - c. the Researcher has engaged in repeated Breaches of Research Integrity;
 - d. provincial or federal authorities have been engaged in the matter; or
 - e. any other circumstance that an institutional animal use and care committee deems appropriate.

Otherwise, such matters will be addressed by the applicable institutional animal use and care committee.

5. This Policy and its associated Protocol DO NOT apply to situations where a Breach of Research Integrity 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). For greater clarity, this Policy would not generally apply to matters related to a thesis but would apply to papers or presentations delivered by a student outside of academic requirements.

C. Definitions

“Allegation” means a declaration, statement, or assertion communicated at any time in writing to the Research Integrity Officer alleging that a Respondent has committed, or continues to commit, a Breach of Research Integrity.

“Breach of Research Integrity” means a finding that, on a balance of probabilities, a Member of the University Community has failed to carry out or engage in Research with Research Integrity. It includes but is not limited to the conduct set out in Schedule “A”. In determining whether a Breach of Research Integrity has occurred, whether the breach was intentional or a result of an honest error is not considered. Intent is, however, considered when determining the severity of the breach.

“Complainant” means an individual who makes an Allegation in good faith, without malice or attempt to deceive.

“Member of the University Community” means faculty, staff and students of Dalhousie University.

“Protocol” means the Research Integrity Protocol: Inquiries and Investigations that accompanies this Policy.

“Research” means an undertaking intended to extend knowledge through a disciplined inquiry or systematic investigation. It includes every step of the research process, from the formulation of the research question, through the design, conduct, collection and management of data, analysis and interpretation of the research, to its reporting, publication and dissemination, as well as the application for and management of research funds, projects, or initiatives.

“Researcher” means a Member or former Member of the University Community engaged in Research.

“Research Integrity” is the following of best practices honestly, accountably, openly and fairly in the search for and dissemination of knowledge. It requires compliance with applicable laws, University and agency policies, and the standards of the profession or research discipline.

Research Integrity requires that Researchers uphold rigour in their research initiatives, maintain excellent record-keeping, provide accurate referencing, follow disciplinary standards of authorship, appropriately acknowledge contributions, and manage conflicts of interest.

“Respondent” means a Researcher against whom an Allegation is brought.

“Retaliation” means any adverse action, threat, or reprisal taken against a person because that person has made an Allegation, expressed an intention to make an Allegation, or provided information, evidence, or assistance in relation to an Allegation under this Policy.

D. Policy

1. Members of the University Community share the responsibility for ensuring that generally accepted standards of Research Integrity are met in all Research. This responsibility includes bringing forward Allegations where they have reasonable grounds to believe such a Breach of Research Integrity is occurring or has occurred and cooperating in any inquiry or investigation into an Allegation.
2. No Researcher shall commit a Breach of Research Integrity.
3. In the context of collaborative or team-based research, the Principal Investigator or project leader must take reasonable measures to ensure that members of the research team are informed of, and comply with, this Policy. A Principal Investigator who fails to exercise reasonable care in direction and supervision of Research may share or hold full responsibility for Breaches of Research Integrity committed by members of the research team.
4. In the case of Research conducted by students and/or trainees, research supervisors must take reasonable measures to ensure that students and/or trainees conducting Research are aware of and comply with this Policy.
5. All Allegations shall be addressed under this Policy in an equitable manner without regard to the Parties’ title, position, authority, financial or professional successes, public reputation or status.
6. No Retaliation or reprisal is permitted against any person on account of having made an Allegation, expressed an intention to make an Allegation, or provided evidence or assistance in relation to an Allegation under this Policy. Any concerns regarding possible Retaliation or reprisal shall be reported and treated as an additional instance of Breaches of Research Integrity.

7. The University will make all reasonable and practical efforts, if requested and as appropriate, to protect or restore the reputation of persons alleged to have engaged in a Breach of Research Integrity but against whom no finding is made.
8. All communication and information obtained in the course of an inquiry or investigation, or otherwise associated with a matter under this Policy, is confidential. Disclosure is permitted only to the extent necessary to implement this Policy effectively, or to carry out any disciplinary or remedial actions arising from a decision made under this Policy. Details considered confidential include the identity of Respondents, Complainants, witnesses, and any records from which research subjects might be identified. Disciplinary action in response to a breach of confidentiality will be addressed in accordance with applicable processes.
9. An Allegation that is determined to be retaliatory, misleading or deceptive, or to have been made with a malicious or fraudulent intent, constitutes grounds for disciplinary action against the Complainant, which will be addressed in accordance with applicable disciplinary processes at the University.
10. The Office of the Vice President Research and Innovation shall develop and disseminate information and training on Research Integrity to Members of the University Community.

E. Administrative Structure

1. This Policy and its associated Protocols fall under the authority of the Vice President, Research and Innovation.
2. The Vice President, Research and Innovation is responsible for ensuring that this Policy and accompanying Protocol align with the University's compliance requirements to funders and regulatory agencies found in documents such as, but not exclusive to, the *Tri-Agency Framework: Responsible Conduct of Research*; *Agreement on the Administration of Agency Grants and Awards by Research Institutions*, and the *Research Nova Scotia Institutional Agreement*.
3. The Vice President, Research and Innovation shall appoint a Research Integrity Officer. The Research Integrity Officer:
 - a. Shall hold an academic appointment at Dalhousie and be a senior administrator, normally the Associate Vice President Research, Talent and Development, unless otherwise identified by the Vice President, Research and Innovation; and
 - b. Shall be the Chair of the Standing Research Integrity Committee.

4. The Research Integrity Officer is responsible for:
 - a. ensuring each Allegation is addressed in a thorough, competent, unbiased, and fair manner;
 - b. in circumstances where an external regulator or funder rules require disclosure of the alleged Breach of Research Integrity or of a Breach of Research Integrity, within a specified time period, ensuring these disclosures are made, and, where possible, will provide notice to the Respondent.
 - c. receiving all confidential enquiries related to Research Integrity;
 - d. adequately managing conflicts of interest associated with the handling of Allegations; and
 - e. overseeing the Protocol through which the University will address Allegations.
5. The Research Integrity Officer is responsible for the maintenance of the Standing Research Integrity Committee. The Standing Research Integrity Committee or panels struck from among its membership shall meet as required by the Research Integrity Officer in accordance with this Policy and the Protocols. Besides the Research Integrity Officer, it will be, at a minimum, composed of the following members:
 - a. One Research Integrity Investigator from each Faculty;
 - b. One Research Integrity Investigator who is an Indigenous person;
 - c. One Research Integrity Investigator who is an African Nova Scotian person;
 - d. One or more Research Integrity Investigators who is a person from other non-Indigenous, non-African Nova Scotian, equity deserving groups to ensure sufficient equity deserving representation on the Standing Research Integrity Committee.

At the discretion of the Vice President, Research and Innovation, one member may be named Vice-Chair of the Standing Research Integrity Committee.

6. The Research Integrity Investigators:
 - a. Shall be appointed by the Vice President, Research and Innovation upon the recommendation of the Research Integrity Officer after consultation with Deans, the Legal Counsel Office, and any other University unit as appropriate;
 - b. Shall normally be appointed for three-year terms;
 - c. Shall normally serve no more than two terms consecutively;
 - d. May be removed by the Vice President, Research and Innovation at their sole discretion. If the Vice President, Research and Innovation removes a Research Integrity Investigator for any reason, they must appoint an interim Research

Integrity Investigator to serve out the remainder of the term unless for reasons noted in Section E.7 below; and

- e. Are listed in Schedule B of Dalhousie Research Integrity Protocol: Inquiries and Investigations.
7. A member of the Standing Research Integrity Committee must recuse themselves from participation in any Standing Research Integrity Committee activities temporarily if they are a Respondent to an Allegation until the matter is resolved. If a Research Integrity Investigator recuses themselves, no replacement will be named. If the Research Integrity Officer recuses themselves, the Vice President, Research and Innovation may appoint an Acting Chair of the Standing Research Integrity Committee.
 8. Conflict of Interest: Where the Vice President, Research and Innovation is unable to discharge their responsibilities under this Policy in relation to a particular Allegation due to a potential conflict of interest as defined by the University Policy on Conflict of Interest, their responsibilities under this Policy may be assigned to the Vice-President Academic or President. Where the Research Integrity Officer is determined to have a potential conflict of interest as defined by the University Policy on Conflict of Interest or is otherwise unable to act, their responsibility under this Policy for the purpose of the Allegation in question will be assigned to the Vice-Chair (if one has been appointed), to the Vice President, Research and Innovation or to a designate named by the Vice President, Research and Innovation. No Research Integrity Investigator will be involved in any investigation related to an Allegation where they have an actual or perceived conflict of interest.
 9. Record Keeping: Records of all Allegations, inquiries, investigations, records of disciplinary actions, and matters related thereto under this Policy, except for remediation or disciplinary measures, 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 and Innovation.
 10. Reporting: For each calendar year (aligning with the timing of reporting under related federal policies), the Vice President, Research and Innovation will deliver an annual report to Senate which will include the following de-identified data:
 - a. The total number of Allegations received by the Research Integrity Officer;
 - b. The total number of inquiries initiated;
 - c. The total number of investigations initiated;
 - d. The total number of Breaches of Research Integrity confirmed; and

- e. A recommendation for any actions the Vice President, Research and Innovation determines may improve Research Integrity across the University.
11. Review: This Policy will be reviewed every three years or earlier if deemed necessary by the Vice-President, Research and Innovation. The Research Integrity Officer will oversee a review of Protocols annually and provide a summary of any proposed Protocol changes to the Standing Research Integrity Committee for consideration and recommendation for approval to the Vice President, Research and Innovation. The updated version of the Protocols shall be published immediately after approval by the Vice President, Research and Innovation.
 12. The Vice President Research and Innovation, in consultation with the General Counsel & University Secretary, may amend Protocols attached to or associated with this Policy.

F. Procedures

Protocol

1. The Research Integrity Officer will oversee the development and annual review of Protocols that, at a minimum, shall:
 - a. Provide instructions on how to report Allegations in a confidential manner, accounting for situations where an individual has a reasonable concern that their career or personal safety may be compromised by raising an Allegation;
 - b. Outline the process for the Research Integrity Officer to conduct inquiries;
 - c. Outline the process for a panel of the Standing Research Integrity Committee to conduct investigations; and
 - d. Outline corrective actions that are available during the period of an inquiry and investigation.
2. Any time limit set out in the Protocol may be extended at the discretion of the Research Integrity Officer where there is a bona fide reason to do so and where those affected by the Allegation will not be unduly prejudiced. Any extension shall be immediately communicated to the Complainant, the Respondent, and the Vice President, Research and Innovation.

Consultation

3. Any individual may consult confidentially with the Research Integrity Officer regarding a concern at any time prior to submitting an Allegation.

Submission of Allegation

4. Any individual can submit a confidential Allegation to the Research Integrity Officer. Once they have done so, they will be considered the Complainant.
5. Notwithstanding paragraph 4 above, an anonymous Allegation, or an Allegation in the public domain that the Research Integrity Officer is made aware of, if accompanied by sufficient information to enable the assessment of the Allegation and the credibility of the facts and evidence on which the Allegation is based, without the need for further information from the Complainant, may proceed though the response may be limited.

Inquiry by the Research Integrity Officer

6. Upon receipt of an Allegation, the Research Integrity Officer will conduct an initial assessment of the Allegation in accordance with the Protocol.
7. If the University receives an Allegation that involves other institutions, the Research Integrity Officer will liaise with their counterpart at the other institution(s) to determine which is best placed to conduct the inquiry and investigation, if warranted. If a decision is made that a joint inquiry or investigation is necessary, the institutions will work together to establish an agreement that clearly outlines each institution's responsibilities. At all times, the Complainant will be advised of their main point of contact as between the institutions.
8. In exceptional circumstances where there is a compelling prospect of immediate misuse of Research funds or harm to humans, animals, the environment or national security, or at the funder's request, the Research Integrity Officer may, on behalf of the University and usually after consulting the Vice President, Research and Innovation, take immediate action to protect the administration of Research funds. Immediate actions could include freezing grant accounts, requiring a second authorized signature from an institutional representative on all expenses charged to the Researcher's grant accounts, or other measures, as appropriate.
9. Upon receipt of the Allegation, Research Integrity Officer will conduct the inquiry in accordance with the specific process outlined in the Protocol that accompanies this Policy and must always include giving both the Complainant and Respondent an opportunity to be heard, either through interviews or written representations.

10. The first determination to be made in the inquiry is if the Allegation (1) is based on facts which have not been the subject of a previous or current investigation, (2) falls under the jurisdiction of this Policy; and (3) would, if proven, have constituted a Breach of Research Integrity at the time the alleged Breach of Research Integrity occurred (collectively referred to as “responsible” by the Tri-Agency).
11. If an Allegation is not found responsible (i.e. the 3 requirements above are not met), the Complainant will be advised that the matter is not proceeding.
12. If an Allegation is responsible, the Research Integrity Officer shall determine whether or not a Breach of Research Integrity has occurred or if an investigation is required to make a finding of whether or not a Breach of Research Integrity has occurred. Justification for the determination must be given.
13. If the conclusion in the Inquiry Report is that no Breach of Research Integrity has occurred, the Research Integrity Officer shall communicate the outcome of the inquiry and justification for the determination to the Complainant and Respondent.
14. If the conclusion in the Inquiry Report is that a Breach of Research Integrity has occurred, the Research Integrity Officer shall in accordance with the Protocol, (a) determine the action to be taken and (b) communicate the conclusion and action.

Investigation by an Investigation Committee

15. Where the Research Integrity Officer determines an investigation is needed, it will be conducted in accordance with the specific process outlined in the Protocol that accompanies this Policy and must include giving both the Complainant and Respondent an opportunity to be heard, either through interviews or written representations.
16. If the Investigation Committee finds that the Respondent committed a Breach of Research Integrity, the Panel must consider the seriousness and the impact of the Breach of Research Integrity, and where possible, the intent of the Respondent.
17. Upon receipt of the Investigation Report, the Vice President, Research and Innovation shall, in accordance with the Protocol, decide if they accept or reject the findings of the Investigation Report. If they determine that a Breach of Research Integrity has occurred, they will determine the action to be taken.

18. In accordance with the Protocol, the Vice President, Research and Innovation shall communicate their determination of whether there was a Breach of Research Integrity and any actions to be taken.

Appeal

19. A Respondent may appeal the decision of the Vice President, Research and Innovation by filing a written notice of appeal to the Chair of Senate within 14 calendar days of the date on which the Vice President, Research and Innovation's decision was communicated. The Chair of Senate shall request that the Senate Planning and Governance Committee establish an ad hoc Committee comprising 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 and accompanying Protocol, or that the Vice President, Research and Innovation lacked jurisdiction to make the decision under consideration.
20. If no appeal is filed, the Research Integrity Officer shall notify immediately, as appropriate, any relevant third parties such as funding agencies, publishers, licensing boards, and/or research ethics boards. If an appeal is filed, the Research Integrity Officer shall notify these third parties at the conclusion of the appeals process.

Schedule A – Definitions and Examples of Breaches of Research Integrity

1. *Fabrication*: Generating false data, records, source material, methodologies, findings, results, graphs and images, including through the use of AI tools.
2. *Falsification*: Manipulating, changing, or omitting data, source material, methodologies, or findings, including graphs and images, without appropriate acknowledgement, such that the research record is not accurately represented.
3. *Destruction of research data or records*: The destruction of one's own or another's research data or records in contravention of any applicable funding agreements, institutional policies and/or laws, regulations, and professional or disciplinary standards. This includes the destruction or alteration of data or records to avoid the detection of wrongdoing, either before or after being informed of the Allegation of Breaches of Research Integrity.
4. *Plagiarism*: Presenting and using another's published or unpublished work, such as grant applications, theories, concepts, data, source material, methodologies or findings, including graphs and images, as one's own, without appropriate referencing and, if required, without permission.
5. *Redundant publication, self-plagiarism, text recycling*: The re-publication of one's own previously published work, or part thereof, including data, in any language, without adequate justification or acknowledgment of the source.
6. *Invalid authorship*: Inaccurate attribution of authorship, including attribution of authorship to persons other than those who have made a substantial contribution to, and who accept responsibility for the contents of a publication or document.
7. *Inadequate acknowledgement*: Failure to appropriately recognize contributors, including institutions, sponsors, funders, and community partners, as appropriate to the research. Failure to disclose use of AI (except for basic checks of grammar, spelling and punctuation), including the name of the AI tool used, the purpose of the use, and the extent of the researcher's oversight. AI use in the research process should be declared and described in detail.
8. *Mismanagement of Conflict of Interest*: Concealment or failure to appropriately identify, disclose and manage any real, potential or perceived conflict of interest, including through funding agency review processes, as well as mismanagement of conflicts of interest between or among multiple employers or entities to which an individual has incurred responsibilities, duties, or obligations.

9. *Misrepresentation in applications or related documents*: Providing incomplete, inaccurate, or false information in a grant or award application or related document, such as a letter of support or a progress report.
10. *Misrepresentation of eligibility*: Applying for and/or holding funds when deemed ineligible either by a funding agency or by Dalhousie.
11. *Misrepresentation of participation*: Listing of co-applicants, collaborators or partners in funding applications or other documentation without their consent.
12. *Mismanagement or misuse of funding and/or university research resources*: Using grants or award funds for purposes inconsistent with the policies of the relevant funding Agencies; misappropriating grant and award funds; misusing the university's research resources; contravening the University and/or funding agency's financial policies; or providing incomplete, inaccurate, or false information in documentation for expenditures from grant or award accounts.
13. *Conflict of Interest*: Non-compliance with the *Conflict of Interest and Confidentiality Policy of the Federal Research Funding Organizations* or the Dalhousie Conflict of Interest Policy as it relates to research activities.
14. *Breach of funder policies, university policies, and/or government regulations pertaining to research*: Failing to meet funder or university policy requirements (including current university and Tri-Agency guidelines pertaining to the use of AI), or to comply with relevant government policies, laws, or regulations for the conduct of research activities; failing to obtain and maintain any appropriate approvals, permits or certifications required for research, including ethics approval from the relevant Indigenous territory review boards.
15. *Breach of funding review processes*: Participating in research funding review processes while under investigation for a Breach of Research Integrity.
16. *Making false allegations*: Making false allegations with malicious or vexatious intent, including making false allegations to retaliate against a complainant who has made allegations in good faith.
17. *Non-compliance with this policy and related Protocol[s]*: Failure to provide existing research records in relation to an inquiry or investigation within 20 business days upon request from the Research Integrity Officer or the Investigation Committee.
18. *Obstruction*: Any obstruction of an inquiry or investigation under this Policy.

19. *Damaging actions*: Damaging actions (actual or implied) against any individual involved in an activity under this Policy.