

---

## Breach of Research Integrity Procedures

---

<b>Policy Sponsor:</b>	Provost and Vice President Academic
<b>Name of Parent Policy:</b>	<a href="#">Research Integrity Policy</a>
<b>Policy Contact:</b>	Manager, Research Services
<b>Procedure Contact:</b>	Manager, Research Services
<b>Effective Date of Procedures:</b>	January 11, 2013
<b>Review Date:</b>	Annually

---

### Purpose

To delineate the processes to be used in addressing allegations of a breach of policy with respect to integrity in research. These procedures and the related policy reflect relevant Tri-Agency definitions and standards.

### Definitions

<b>Allegation</b>	A written declaration, statement, or assertion indicating that there has been, or continues to be, a breach of research integrity.
<b>Complainant</b>	An individual or a representative from an organization who has notified Athabasca University (AU) of a potential breach of research integrity.
<b>Conflict of interest</b>	<p>The incompatibility of two or more duties, responsibilities or interests (personal or professional) of an individual or institution as they relate to the ethical conduct of research, such that one cannot be fulfilled without compromising the other.</p> <p>Conflict of interest may arise in research when activities or situations place an individual in a real, potential or perceived conflict between the duties or responsibilities related to the research, and personal, institutional or other interests. These interests include, but are not limited to, business, commercial or financial interests pertaining to the</p>



individual, their family members, friends, or their former, current or prospective professional associates.

<b>Funding agreement</b>	A written agreement that sets out the terms and conditions that a funding agency or research sponsor and a researcher agree to for a particular grant or award. It defines the researcher's responsibilities, what constitutes a breach of the agreement, and the consequences of a breach.
<b>Inquiry</b>	The process of reviewing an allegation to determine whether the allegation is responsible, the particular policy or policies that may have been breached, and whether an allegation warrants an investigation.
<b>Investigation</b>	A systematic process of examining an allegation, collecting and examining the evidence related to the allegation, and determining whether a breach of research integrity has occurred.
<b>Misconduct</b>	An action that constitutes a breach of policy.
<b>Research</b>	An undertaking intended to extend knowledge through a disciplined inquiry or systematic investigation.
<b>Researcher</b>	Anyone who conducts research activities.
<b>Respondent</b>	An individual who is alleged to have engaged in a breach of research integrity.
<b>Responsible allegation</b>	An allegation made in good faith, confidentially and without malice, that is based on facts, and which falls within one or more of the breaches set out in this policy
<b>Sponsor</b>	An external entity that enters into a written agreement with AU to provide financial or other support for research activities.
<b>Tri-Agency</b>	Canada's three federal research agencies: the Canadian Institute of Health Research (CIHR), the Natural Sciences and Engineering Research Council of Canada (NSERC) and the Social Sciences and Humanities Research Council of Canada (SSHRC).

## **Procedure**

### **Dealing with allegations of breach of research integrity**

An allegation of breach of research integrity should be made promptly after the discovery of the alleged misconduct.



The allegation must be reported in writing, signed and dated, and submitted, along with any supporting documentation, to the Associate Vice President, Research (AVPR). In the event of an allegation against the Associate Vice President, Research, the report shall be submitted to the Provost and Vice President Academic.

The AVPR shall notify the Respondent, in writing, that an allegation of breach of research integrity has been received.

### **Initial Inquiry Process**

The AVPR conducts an initial inquiry to establish whether or not the allegation is responsible.

If the allegation is deemed not to warrant investigation, the AVPR notifies the Complainant and the Respondent that no further action will be taken. If the Tri-Agency Secretariat on Responsible Conduct of Research (SRCR) submitted the allegation, the AVPR also notifies the SRCR that no further action is warranted.

Regardless of whether or not the allegation is deemed to be responsible, if the researcher(s) implicated hold(s) a Tri-Agency Council grant or award, the AVPR is obliged to forward an exact copy of the allegation and supporting documentation to the SRCR.

### **Investigation Process**

If the AVPR deems that the allegation is responsible, the AVPR shall notify the Respondent, in writing, that an investigation will be undertaken. The notice shall include a copy of the allegation, signed by the Complainant, and an invitation to the Respondent to respond to the allegation in writing within 10 business days. This notification obliges all parties to adhere to the terms of the Protected Disclosure (Whistleblower) Policy to protect the complainant from retribution.

The investigation shall normally commence within 10 business days and conclude within three calendar months of such notification.

The AVPR shall appoint one or more impartial person(s) to an Investigation Committee (hereafter called Investigators). Investigators must possess the necessary expertise and be without conflict of interest. At least one Investigator must have no current affiliation with the university.

All parties will be informed, in writing, no less than five business days following the commencement of the investigation, of who is representing any party in the investigation.

The investigation committee is free (within the bounds of relevant privacy law, regulation and policy) to collect relevant written material (e.g., research data; laboratory records; computer files; manuscripts; records of proceedings of AU committees, including Research Ethics Board and Research Ethics Appeal Board). The investigators may also consult expert witnesses and solicit reports from them on the matter under investigation.

Copies of written material obtained will be provided to the Complainant and Respondent for their response, subject only to the need to protect the privacy of third parties.



The investigators shall hold a hearing, which the Complainant or Respondent may attend, to determine if a breach of research integrity has occurred. The Investigators shall permit the Complainant or Respondent to be represented by their representative in their absence.

Unless otherwise agreed to by the Complainant and the Respondent, the Investigators and any witnesses, the hearing shall be held in camera.

If the Complainant or Respondent fails to appear at a hearing at the appointed time, the investigators may, without further notice, proceed in their absence. The Investigators must be notified of medical or compassionate reasons for non-appearance at the earliest possible opportunity, and, if the reasons are acceptable, may decide to adjourn the hearing.

No involved party will be placed under oath.

The Complainant and Respondent (or their representative) shall each be given the opportunity to ask questions during the hearing but the Investigators shall have the right to disallow questions that are, in their opinion, inappropriate.

The Investigators are responsible for maintaining order during any hearing.

The Investigators shall submit a written report of their findings, including recommendation regarding action(s) to be taken, to the AVPR within two (2) months of the commencement of the investigation. The report shall include a copy of the signed allegation, the written response of the Respondent (if any), and the Investigators' findings, including any dissenting opinions. The Investigators shall state whether the allegation has been upheld in whole or in part, or not, the reasons for their findings, and recommendations, if any, regarding recourse to be taken by the university. The presence of clear, cogent and convincing evidence of breach of research integrity shall be the only basis for a finding of misconduct. The report and the findings presented therein are final and are not subject to revision.

Subject to applicable privacy laws and regulations, the AVPR shall send a copy of the Investigators' report to the Complainant and the Respondent within 10 business days of receiving it.

The AVPR will individually inform the Respondent and the Complainant, in writing, of recourse to be taken and any sanction to be imposed against them.

If the allegations are determined to be unfounded, every effort will be made by AU to protect or restore the reputation of those wrongly subjected to an allegation.

Subject to any applicable laws, including privacy laws, and existing funding agreements, the AVPR shall immediately advise the relevant research sponsor(s) of allegations of breach of research integrity that involve significant financial, health and safety, or other risks and shall submit additional reports as required regarding the investigation of the allegations. If the allegation appears to involve criminal behavior, the appropriate authorities will be notified.



Researchers found to be in breach of research integrity shall take appropriate action to rectify the breach (e.g., correct the research record; provide a letter of apology to those impacted by the breach; repay funds).

## **Appeal**

Any appeal must be submitted in writing to the Provost and Vice President Academic (P&VPA) within ten (10) business days of receipt of notification of the findings of the investigation. The letter of appeal must specify in detail the reasons for the appeal.

The P&VPA shall review the appeal, consulting with the Complainant or Respondent, or any other person considered appropriate, providing it is practical to do so.

An individual who was consulted during the investigation of the allegation of breach of research integrity cannot be involved in an appeal dealing with the same allegation.

The P&VPA shall be responsible for determining if the Investigators' decision will be upheld. The P&VPA shall provide a decision, in writing with reasons, to the appellant within thirty (30) business days of receiving the appeal. The decision of the P&VPA shall be final.

## **Notification of external agencies**

If an allegation of breach of research integrity is upheld and if the research has been funded by an external sponsor or has been submitted for publication, the AVPR shall inform the sponsor or publisher of the finding within thirty (30) business days of completion of the investigation.

If an external sponsor or publisher requested that an investigation of an allegation of breach of research integrity be initiated or was informed of an investigation before a decision was rendered, the AVPR shall send the sponsor or publisher a copy of the Investigators' report within thirty (30) business days of its receipt regardless of whether the allegation was upheld or dismissed.

## **Retention of Investigative Reports and Records**

No record of an allegation of breach of research integrity shall be placed in either the Respondent's or Complainant's personnel file unless disciplinary action is taken as a result of the findings of the investigation.

All records of the investigation shall be retained by the AVPR in accordance with the AU [Records Management Policy](#).

The Associate Vice President, Research shall report annually to the Provost and Vice President Academic on allegations of breach of research integrity, whether upheld or dismissed. The Associate Vice President, Research shall also periodically present an aggregate report of those allegations to AU General Faculties Council and to external sponsor(s), as appropriate.



## **Retention of Research Materials**

Normally, researchers shall retain any research materials that are within their personal control for five years or for the time specified in any related funding agreement. If substantial financial costs are involved in retaining such research materials, these costs shall be borne by the university.

Respondents shall only be responsible for providing access to research materials in their possession at the request of the Investigators. Investigators may consult research materials stored in archives, libraries or other institutions at their own expense and according to the rules of the host institution. Every possible effort shall be made to protect the confidentiality of subjects who participated in the research.

University authorities may indemnify employees and students (other than those found to be guilty of breach of research integrity) for any material loss resulting from the search or seizure, or access by third parties, to their research materials in the course of an investigation or appeal.

Ownership of research materials collected, created or otherwise assembled by a researcher shall be vested in the university unless ownership of such material was vested in the researcher or another person before its creation, collection or assembly.

## **Applicable Legislation and Regulations**

[2nd edition of Tri-Agency Policy Statement: Ethical Conduct of Research Involving Humans](#) (2010) and as amended from time to time.

Natural Sciences and Engineering Research Council of Canada (NSERC) [Memorandum of Understanding on Roles and Responsibilities in the Management of Federal Grants and Awards](#) (2011, December) and as amended from time to time.

[Tri-Agency Framework: Responsible Conduct of Research](#) (*The Framework*) (2011, December) and as amended from time to time.

[Terms and Conditions of Agreement between AUBG and AUFA](#)

[Collective Agreement between AUBG and AUPE](#)

[Collective Agreement between AUBG and CUPE](#)

[Alberta Freedom of Information and Protection of Privacy Act](#)

## **Related References, Policies, Procedures and Forms**

[Research Integrity Policy](#)

[Conflict of Interest in Research Policy](#)

[Conflict of Interest in Research Procedures](#)

[Ethical Conduct for Research Involving Humans Policy and Procedure](#)

[Records Management Policy and Procedures](#)

[Student Academic Misconduct Policy and Procedures](#)

[Protected Disclosure \(Whistleblower\) Policy and Procedures](#)



## **History**

The Governors of Athabasca University, Motion # 180-12, January 11, 2013 (associated policy approved)