

Office of the Vice-President Research and Innovation

**POLICY NO. VPRI-13-002**

**Policy Title:** Policy on Research Integrity and the Responsible Conduct of Research

**Policy Number:** Office of the Vice-President, Research and Innovation – May 15, 2013 - Policy Number VPRI-13-002

**Established:** May 15, 2013 by the Office of the Vice-President, Research and Innovation

**Approved by:** Vice-President, Research and Innovation

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**Position Responsible for Maintaining and Administering the Policy:**  
Vice-President, Research and Innovation

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**1. Policy Statement:**

This policy aims to provide an environment that supports the best research practices and that fosters UWindsor researchers to act honestly, accountably, openly and fairly in the search for and dissemination of knowledge. The University community has always recognized the necessity for and importance of maintaining the highest ethical standards in the conduct of research activities and all faculty, staff and students are expected to uphold these standards. All faculty, staff and students are personally and directly responsible for the intellectual and ethical quality of their work.

**2. Purpose:**

This purposes of this policy are: (1) to meet the requirements set out in the **Tri-Agency Framework: Responsible Conduct of Research**; (2) to outline the responsibilities and standards required of UWindsor faculty, staff and students engaged in research; and (3) to provide a process for dealing with allegations of misconduct in research. [To best conform with the requirements set out in the **Tri-Agency Framework: Responsible Conduct of Research** document, sections of this policy are reproduced from this document to minimize potential ambiguity.]

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### **3. Scope:**

This policy applies to all UWindsor faculty, staff and students who engage in research. “Agency” referred to in this policy shall mean NSERC, SSHRC and CIHR or any other funding organization providing funding for research.

### **4. Exceptions to Policy:**

n/a

### **5. Responsibilities of Researchers**

Faculty members, staff and students are responsible for:

- 5.1 Promoting research integrity through following the best research practices honestly, accountably, openly and fairly in the search for and in dissemination of knowledge;
- 5.2 Following applicable institutional policies and professional or disciplinary standards and shall comply with applicable laws and regulations in the conduct of research including, but not limited to: (1) 2<sup>nd</sup> edition of *Tri-Council Policy Statement: Ethical Conduct of Research Involving Humans* (TCPS2), (2) *Canadian Council on Animal Care Policies and Guidelines*, (3) Agency policies related to the *Canadian Environmental Assessment Act*; (4) Licenses for research in the field; (5) *Laboratory Biosafety Guidelines*; (6) *Controlled Goods Program*; (7) *Canadian Nuclear Safety Commission (CNSC) Regulations*; and *Canada’s Food and Drugs Act*;
- 5.3 Using a high level of rigour in proposing and performing research, in recording, analyzing and interpreting data, and in reporting and publishing data and findings;
- 5.4 Keeping complete and accurate records of data, methodologies and findings, including graphs and images, in accordance with the applicable funding agreement, University policies, and/or laws, regulations, and professional or disciplinary standards in a manner that will allow verification or replication of the work by others;
- 5.5 Referencing and, where applicable, obtaining permission for the use of all published and unpublished work, including data, source material, methodologies, findings, graphs and images;
- 5.6 Including as authors, with their consent, all those and only those who have materially or conceptually contributed to and share responsibility for the contents of the publication or document in a manner consistent with their respective contributions and authorship policies of relevant publications;
- 5.7 Acknowledging, in addition to authors, all contributors and contributions to research, including writers, funders and sponsors;
- 5.8 Ensuring that all inventors listed on a patent application have made an inventive contribution to the invention, and all inventive contributors are listed;

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5.9 Appropriately disclosing and managing any real, potential or perceived conflict of interest, in accordance with the University's policy on conflict of interest in research, in order to ensure that the objectives of the ***Tri-Agency Framework: Responsible Conduct of Research*** are met.

5.10 Ensuring that others listed on applications for funding have agreed to be included, providing true, complete and accurate information in their funding applications and related documents (such as letters of support or progress reports), and representing themselves, their research and their accomplishments in a manner consistent with the norms of the relevant field;

5.11 Certifying, as applicants on grant applications that they are not currently ineligible to apply for, and/or hold, funds from NSERC, SSHRC, CIHR or any other research or research funding organization world-wide for reasons of breach of responsible conduct of research policies such as ethics, integrity or financial management policies;

5.12 Using grant or award funds in accordance with the policies of the funding agency, including the ***Tri-Agency Financial Administration Guide*** and Agency grants and awards guides; and for providing true, complete and accurate information on documentation for expenditures from grant or award accounts;

5.13 Obtaining any necessary approvals, permits or certifications before conducting certain types of research, such as research involving humans or animals; and

5.14 Being proactive in rectifying any breach of Agency policies, for example, by correcting their research record, providing a letter of apology to those impacted by the breach, or repaying funds.

## 6. Misconduct in Research

6.1 Misconduct in research means conduct that breaches standards and practices that are generally accepted within the relevant field of research. This may include a failure to meet any of the expectations set out in section 5 of this Policy and also includes the following:

6.2 Breaches of Tri-Agency Research Integrity Policy, including but not limited to:

6.2.1 - Fabrication and/or falsification of data, source material, methodologies, or findings;

6.2.2 - The destruction of one's own or another's research data or records to specifically avoid detection of wrongdoing or in contravention of the applicable funding agreement, institutional policy and/or laws, regulations and professional or disciplinary standards;

6.2.3 - Plagiarism and redundant publication, including the re-publication of one's own previously published work or part thereof, or data, in the same or another language, without adequate acknowledgment of the source, or justification;

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- 6.2.4 - Invalid authorship: inaccurate attribution, including attribution to persons other than those who made a material intellectual contribution to an invention or to the contents of a publication or research project, or agreeing to be listed as an inventor on a patent application or as an author or contributor to a publication or research project to which one made no material intellectual contribution;
- 6.2.5 - Failure to appropriately recognize or acknowledge the contributions of others in a manner consistent with their respective contributions and, if applicable, consistent with the authorship policies of relevant publications;
- 6.2.6 - Failure to appropriately manage any real, potential or perceived conflict of interest, in accordance with the University's policy on conflict of interest in research, preventing one or more of the objectives of the **Tri-Agency Framework: Responsible Conduct of Research** from being met.
- 6.3 Misrepresentation in an Agency application or related document, including but not limited to:
- 6.3.1 - 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;
- 6.3.2 - Applying for and/or holding an Agency award when deemed ineligible by NSERC, SSHRC, CIHR, or any other research or research funding organization world-wide for reasons of breach of responsible conduct of research policies such as ethics, integrity or financial management policies;
- 6.3.3 - Listing of co-applicants, collaborators or partner(s) without their agreement.
- 6.4 Using grant or award funds for purposes inconsistent with the policies of the Agencies; misappropriating grants and award funds; contravening Agency financial policies, namely the **Tri-Agency Financial Administration Guide**, Agency grants and awards guides; or providing incomplete, inaccurate or false information on documentation for expenditures from grant or award accounts.
- 6.5 Failing to meet Agency policy requirements or, to comply with relevant policies, laws or regulations, for the conduct of certain types of research activities; failing to obtain appropriate approvals, permits or certifications before conducting these activities.

## **Procedure**

### **7. General**

- 7.1 The University will exercise its authority and discretion under these Procedures in conformity with the principles of procedural fairness in the university context.

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7.2 The University respects the sensitive nature of an allegation or the information that individuals may provide under these Procedures. Such information will only be disclosed in accordance with these Procedures or as otherwise authorized by law. All records are maintained by the University in accordance with the *Ontario Freedom of Information and Protection of Privacy Act* and other applicable laws and orders of the Courts, and other bodies having jurisdiction over such matters.

## **8. Receiving Allegations**

8.1 All matters relating to misconduct in research, including confidential enquiries, allegations of misconduct in research, and information related to allegations, are to be sent to the Vice-President, Research and Innovation (VPRI) and to the Associate Vice-President Academic (AVPA). If either of the VPRI or the AVPA is a named party to the allegation, the other party not named will assume all of the responsibilities under these procedures. If the VPRI and the AVPA determine that it would be inappropriate to address a particular allegation for whatever reason, or if both the VPRI and the AVPA are a named party to the allegation, the allegation may be referred to the President who will then assume all of the responsibilities of the VPRI under these procedures.

8.2 An allegation of misconduct in research may come from various sources inside or outside the University. For example, the allegation may come from a researcher, a granting source, a member of the general public, a media report, or an anonymous source.

8.3 The ability of the University to investigate an allegation may be affected if it is from an anonymous source, or if an allegation is not made in writing, and in some cases the University may be unable to proceed.

8.4 The VPRI will advise the President immediately if any allegations are received that are related to activities funded by a Tri-Council Agency that may involve significant financial, health and safety, or other risks. The President will then immediately notify the relevant Tri-Council Agency or the Secretariat on Responsible Conduct of Research (Secretariat) of such allegation. The notification will include the name of the researcher alleged to have committed the misconduct in research and the nature of the allegation.

8.5 At any time, the President may take such action as the President deems appropriate in order to protect the administration of University and outside funds, ensure that evidence is preserved, or prevent further possible misconduct or damage while the process outlined under the Procedure is carried out, including closing research facilities that are the subject matter of the allegation, freezing grant accounts or requiring a second authorized signature from a University representative on all expenses charged to the respondent's grant account(s), and/or obtaining and securing relevant documentation (such as lab notes, electronically stored information or electronic storage devices, and proof of credentials).

## **9. Inquiry**

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9.1 Upon receipt of an allegation, the VPRI will conduct an inquiry to establish whether an allegation is responsible and whether an investigation is warranted. The VPRI will consult with the Dean of the relevant Faculty within five (5) working days in this regard. A responsible allegation is one that is made in good faith, is based on matters which have not been the subject of a previous allegation, and falls within the jurisdiction of this Policy.

9.2 At the conclusion of the inquiry, the VPRI may dismiss the allegation, or some aspect of the allegation, or may appoint an Investigative Committee to investigate the allegation, or may take such other action as the VPRI deems appropriate, including referring the matter to another appropriate University office.

9.3 At the conclusion of the inquiry, the VPRI will inform the respondent in the allegation, the President and the President of the respective Bargaining Unit in writing as to whether or not the University is proceeding with an investigation of the allegation. The VPRI will also normally inform the party who made the allegation.

9.4 If the Secretariat on Responsible Conduct of Research was advised of an allegation under section 8.4 above, the VPRI will also advise the Secretariat as to whether or not the University is proceeding with an investigation of the allegation within two (2) months of receipt of the allegation by the VPRI.

9.5 The inquiry process will normally be completed within ten (10) working days of receipt of the allegation by the VPRI.

9.6 In all cases of allegations, the respondent will be informed by the Dean within five (5) working days of the allegation being made against him/her, and will be given an opportunity to reply. The respondent will be notified that she/he has the right to be represented by the Faculty Association or other relevant bargaining unit and that she/he should contact their respective bargaining unit before responding to the allegation. For faculty members, the rights of the respondent in this regard are as more particularly set out in sections 60:10 (a) and (b) of the University of Windsor Faculty Association Collective Agreement.

## **10. Investigating Allegations**

10.1 If the VPRI has determined that an investigation is warranted, she/he will, in consultation with the Dean of the relevant Faculty, strike an Investigative Committee consisting of the Dean (Chair) and two other individuals, at least one of whom will be external with no current affiliation with the University. The members of the Investigative Committee must be without conflict of interest, whether real or apparent, and must include members who have the necessary expertise.

10.2 The mandate of the Investigative Committee is to investigate the allegation and determine on a balance of probabilities whether the misconduct in research has occurred and if so, its extent and severity, and the degree of intent on the part of the respondent. The determination is made by majority vote.

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10.3 The Investigative Committee may investigate the allegation using any means it deems appropriate in the circumstances, subject to the principles of procedural fairness in the university context. Such means may include the following:

10.3.1 - Requesting written submissions from the respondent and any other parties with information that might be relevant to the allegations, including the party who made the allegation;

10.3.2 - Interviewing the respondent and any other parties with information that might be relevant to the allegations, including the party who made the allegation;

10.3.3 - Obtaining documents relevant to the allegation;

10.3.4 - Requesting audits of any relevant sponsored research accounts; and

10.3.5 - Consulting with other University offices or seeking impartial expert opinions and advice.

10.4 At the outset of each investigation, the Investigative Committee will inform the respondent of the process and timelines it intends to follow.

10.5 All faculty, staff and students must cooperate fully with the Investigative Committee and make available any documents requested by the Investigative Committee.

10.6 The investigation will normally be completed within fifty (50) working days of the receipt of an allegation by the respondent.

## **11. Report of the Investigative Committee**

11.1 Upon completion of its investigation, the Investigative Committee will prepare a written report which includes the following information:

11.1.1 - The allegation;

11.1.2 - A list of the parties who provided information and a summary of the information they provided;

11.1.3 - A summary of the relevant documents and other material reviewed;

11.1.4 - Findings of fact based on the information gathered during the investigation;

11.1.5 - A determination as to whether misconduct in research occurred;

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11.1.6 - If misconduct in research is found to have occurred, a determination as to its extent and severity, and the degree of intent on the part of the respondent; and

11.1.7 - Recommendations on any remedial action to be taken and/or changes to University procedures or practices to avoid similar situations in the future.

11.2 Recommendations of the Investigative Committee under section 11.1.7 may include:

11.2.1 - Withdrawing any relevant articles, papers or other documents that have been submitted for publication but not yet published;

11.2.2 - Notifying publications in which any relevant research was published or reported;

11.2.3 - Notifying relevant external funding organizations;

11.2.4 - Ensuring that the units involved are informed of appropriate practices for promoting integrity in research; and

11.2.5 - Any other appropriate action to be taken, other than discipline.

11.3 The Investigative Committee will normally deliver its report to the VPRI, the President, the President of the Faculty Association or other relevant bargaining unit and to the respondent within sixty (60) working days of the receipt of an allegation.

11.4 Upon receipt of the report from the Investigative Committee, the VPRI will normally send a copy of the report to the party who made the allegation.

## **12. Recourse and Accountability**

12.1 If the Investigative Committee determines that misconduct in research has not occurred, the President will make a final decision on whether any remedial action is necessary, and will communicate that decision in writing along with a copy of the report to the VPRI, the respondent, the President of the respective union, and when appropriate to the individual who made the allegation. In such instances, reasonable efforts will be made by the President to protect or restore the reputation of the respondent as appropriate.

12.2 If the Investigative Committee determines that misconduct in research has occurred, the President will forward the Investigative Committee's report to the respondent, the respondent's Dean and the President of the respective bargaining unit. Taking into account the severity of the breach, the President will normally consult with the VPRI and then make a final decision as to what discipline or other action is appropriate and will send a copy of the report and communicate that decision in writing to the respondent, the VPRI and the President of the respective bargaining unit.



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12.3 All final decisions under section 12.2 above will normally be made and communicated within ten (10) working days of the receipt of the Investigative Committee's report.

12.4 If the Investigative Committee determines that misconduct in research has occurred, the President may report the misconduct in research to other parties as deemed appropriate, including relevant external funding organizations, publication in which the relevant research was reported or to which it was submitted, or to those persons affected by the misconduct in research.

12.5 The VPRI will prepare a report for the Secretariat on the Responsible Conduct of Research on each investigation it conducts in response to an allegation of misconduct in research related to a funding application submitted to a Tri-Council Agency or to an activity funded by a Tri-Council Agency. The report will include the information required by the Secretariat on Responsible Conduct of Research, as set out under the reporting requirements in the ***Tri-Agency Framework: Responsible Conduct of Research***. The report shall be forwarded to the Secretariat within seven (7) months of the receipt of the allegation.

12.6 The VPRI will publish anonymized, statistical annual reports on confirmed findings of breaches of this Policy and any actions taken.

12.7 The University and the faculty member, staff or student may not enter into confidentiality agreements or other agreements related to an inquiry or investigation that prevent the University from reporting to the Agencies through the Secretariat on Responsible Conduct of Research.

### **13. Appeal**

13.1 Faculty members, staff or student(s) may appeal any discipline that is imposed under this Procedure through the grievance and arbitration procedures of their collective agreement or their terms and conditions of employment, if applicable.

### **14. Review Process for Policies**

The policy will be reviewed periodically and updated as required.

### **15. Process for Communicating Policies**

The policy will be distributed to the University community and will be posted on the University of Windsor Research website as well as on the Provost's website.