

Procedure #	AC203P1
Related Policy Name	Integrity in Research
Approved by:	M. Hatton
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Admin. Contact(s):	Dean Research
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Integrity in Research and Scholarship

Purpose:

This document outlines Humber's procedures to collectively create and promote a culture of responsible research at Humber. This procedure and the Integrity in Research and Scholarship Policy represent a complete framework for conducting and enforcing responsible research.

The purpose of this procedure is to:

- i) Promote a culture of honesty, accountability and trust for researchers to ensure responsible conduct of anyone at Humber engaging in research; and,
- ii) Outline procedures for investigating allegations of responsible research conduct breaches at Humber; and
- iii) Provide a means to ensure resources and funding are used responsibly and in compliance with relevant policies and procedures.

This document is available in alternate format on request.

Definitions:

Allegation: A declaration, statement, or assertion communicated in writing to the Research Office declaring that there has been, or continues to be, a breach of one or more Institutional policies, the validity of which has not been established.

Applicant or co-applicant: An individual who has submitted an application, individually or as part of a group or team, to carry out research activities. The application could be to the Humber Research Ethics Board, to request funds from an internal or external funding agency, and/or as part of a research contract.

Author or co-author: The writer, or contributing writer, of a research publication or document that is submitted either internally or externally for purposes of disseminating research findings.

Conflict of interest: A conflict of interest can arise when activities or situations place a person or the college in a real, potential or perceived conflict between their duties or responsibilities related to research and their personal, institutional or other interests. Conflict of interests may occur when individuals' judgments and actions or the college's actions in relation to research are, or could be, affected by personal, institutional or other interests.

Complainant: The person filing or making a policy breach allegation in research or scholarship, according to this policy.

Investigation: A systematic process, conducted by an Institution's investigation committee, of examining an allegation, collecting and examining the evidence related to the allegation, and making a decision as to whether a breach of a policy(ies) has occurred.

Members of the Humber community: All staff and students, and all other research personnel associated with Humber, regardless of status. As it regards students, the term includes, but is not limited to full-time, part-time, and visiting students. As it regards staff, the term covers all three classifications of staff (administration, faculty, and support) and any employment or affiliation status that may be found at Humber, which includes, but is not be limited to, full-time, part-time, and contract. As it specifically relates to faculty, the status covered by the term also includes, but is not limited to, sessional and visiting faculty.

Policy Breach: Willful noncompliance to the conditions set forth in this policy including but not limited to:

- *Fabrication*: Making up data, source material, methodologies or findings, including graphs and images.
- *Falsification*: Manipulating, changing, or omitting data, source material, methodologies or findings, including graphs and images, without acknowledgement and which results in inaccurate findings or conclusions.
- *Destruction of research records*: The destruction of one's own or another's research data or records to specifically avoid the detection of wrongdoing or in contravention of the applicable funding agreement, institutional policy and/or laws, regulations and professional or disciplinary standards.
- *Plagiarism*: Presenting and using another's published or unpublished work, including theories, concepts, data, source material, methodologies or findings, including graphs and images, as one's own, without appropriate referencing and/or without permission, if required.
- *Redundant publications*: 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.
- *Invalid authorship*: Inaccurate attribution of authorship, including attribution of authorship to persons other than those who have contributed sufficiently to take responsibility for the intellectual content, or agreeing to be listed as author to a publication for which one made little or no material contribution.
- *Inadequate acknowledgement*: Failure to appropriately recognize contributions of others in a manner consistent with their respective contributions and authorship policies of relevant publications.
- *Mismanagement of Conflict of Interest*: Failure to appropriately manage any real, potential or perceived conflict of interest.

Representative: A person chosen by the respondent or complainant, who may be an employee or member of an employee or student group to which the respondent or complainant belongs.

Research: An undertaking intended to extend knowledge through a disciplined inquiry or systematic investigation. Includes but is not limited to literature reviews, funding applications,

data collection with or without Research Ethics Board approval, industry partnered projects, journal papers or articles, theses and/or presentations at seminars or conferences.

Researcher: Anyone who conducts or is involved with research activities.

Respondent: The person who has been alleged to have committed a breach of this policy.

Tri-Council: Is comprised of the three major funding agencies in Canada: the Canadian Institute for Health Research (CIHR), Natural Sciences and Engineering Research Council (NSERC) and Social Sciences and Humanities Research Council (SSHRC).

Procedures:

1. Development of a Proposal

The roles of all project team members will be discussed in advance, wherever possible. Applicants and co-applicants will agree on the terms of authorship before the beginning of the project, including students who are contributing to the project. The roles and responsibilities of the group will be detailed at the outset, and will include criteria for being a co-author and who will be responsible for these obligations when the study is completed.

2. Data Gathering, Storage and Retention

2.1 If consent is required for data collection, subjects must have knowledge and provide consent for any changes or new intentions regarding the use of their data. This includes changes in individuals (for example new co-investigators) or organizations (new research partners) who will have access to subjects' data.

2.2 All primary data should be recorded promptly in clear, adequate, original and permanent form and should not leave the academic school.

2.3 Approval from the Research Office is required to transfer data outside of the institution.

2.4 All data should be stored for a period as per REB guidelines after the study has been completed. If a Principal Investigator leaves Humber before the period is up, the data will be stored by the Research Office.

3. Resolution of Conflict Between Co-authors

3.1 In the event of a conflict between co-authors on technical content, number of co-authors, or order of names in co-authorship, every attempt should be made to resolve the matter informally. If unavoidable, mediation by the Dean of Research may be required. In case the conflict cannot be resolved through mediation, the conflict will be resolved by the VP, Academic.

3.2 For disagreements in how data will be interpreted and/or disseminated, co-authors will try to find a solution that appeals to all parties, including but not limited to:

- i. The Lead Author/Principal Investigator will include the dissenting team member names as a co-author(s) but may include a statement that not all authors agree with all aspects of the paper; or,
- ii. The Lead Author/Principal Investigator will include differing interpretations in the discussion of the article or paper to acknowledge the dissenting perspectives; or,

If the dissenting team member(s) cannot come to an agreement with the Principal investigator, he/she/they will be removed from the author list, and his/her/their contribution will be indicated in the acknowledgments section of the paper.

4. Procedures for Investigating Policy Breach

4.1 Initiating an Inquiry

- 4.1.1 An allegation of policy breach in research or scholarship must be received in writing by the Vice President (VP), Academic within six months of discovery of the alleged breach, whether it is submitted directly to the VP, Academic or channelled through a Humber Dean or Director. Allegations received by the VP, Academic after six months of discovery of an alleged breach will not normally be considered, except under compelling circumstances
- 4.1.2 The description of the alleged breach should be as specific and thorough as possible and must be signed and dated by the complainant. All documentary evidence that supports the allegation must be included with the initial submission to the VP, Academic. Although anonymous allegations will not normally be considered, if compelling evidence is received, the investigation process may be initiated.
- 4.1.3 Within 10 days of the receipt of an allegation in writing, the VP, Academic will decide if the circumstances:
 - (a) do not warrant an investigation,
 - (b) can be resolved without an investigation, or
 - (c) warrant an investigation.
- 4.1.4 The decision to dismiss the complaint without an investigation will be made in consultation with the President. The VP, Academic may consult with the President and any other individuals she/he deems useful to inform this decision. Any consultation will be made under strict confidentiality not to disclose the circumstances or identities of the individuals either accused of or alleging the breach.
- 4.1.5 If the complaint is not carried beyond this stage, no written record of the names of the parties involved or of the specifics of the allegation will be maintained.

4.2 Procedures for Investigating a Policy Breach

If an investigation is determined to be warranted by the VP, Academic, she/he will so notify the parties involved (i.e. the complainant, respondent) within 10 working days of this determination. Within this time period, the VP, Academic will also designate an ad hoc committee to conduct the investigation, hereinafter referred to as “*the Committee*”.

4.3 Roles of Individuals in Addressing Allegations of Policy Breaches

Researchers and others play important roles in the process for addressing allegations of policy breaches and in helping to ensure that allegations are addressed appropriately and in a timely manner. Individuals involved in an inquiry or investigation must follow the

Institution's policy and process as a complainant, a respondent or a third party, as appropriate.

4.4 Composition of the Policy Breach Investigation Committee

The VP, Academic may appoint as many members to the Committee as she/he deems appropriate for the circumstances of the allegation, but will consist of no fewer than 3 members. Members may include any Humber staff member, except for staff from the same School or Department as the respondent. The VP, Academic may also appoint one or more individuals external to Humber who have expertise relevant to the circumstances of the allegation.

4.5 Policy Breach Investigation Committee Procedures

The investigation into a policy breach will be confidential and will be governed by the principle of fairness. Within this framework, the Committee is free to develop procedures and practices that are appropriate to the circumstances of the allegation under investigation. The Committee may hold meetings, conduct hearings (more detailed guidelines for meetings and hearings are outlined below), and collect written material relevant to the investigation, such as laboratory notebooks, manuscripts, computer files, and records of the proceedings of Humber committees. The Committee may also consult expert witnesses and solicit reports from them on the matter under investigation. However, the Committee will exercise its discretion in establishing procedures in these activities within the following parameters:

- (a) before any determination is made, the person against whom the allegation is made will have:
 - full disclosure of the allegation;
 - full disclosure of the individual presenting the allegation;
 - full disclosure of evidence presented in the case; and
 - an opportunity to answer in full.
- (b) the Committee will conduct proceedings in a timely manner, and
- (c) the proceedings will remain confidential, to the extent possible, with a view to protect the identities of the respondent and complainant.

4.6 Policy Breach Investigation Committee Meetings

The investigation may include one or more meetings between the Committee and the respondent, for which a written record of the meeting (or minutes) will be maintained. The respondent may have a representative present at such meetings

4.7 Policy Breach Investigation Hearings

- (a) The investigation may include a hearing, which will be determined by the Committee within 10 working days of its appointment. Written notice of a hearing and the procedures to be followed shall be provided to all parties at least 5 working days in advance of a hearing.
- (b) The two parties to a hearing (i.e., the complainant and the respondent) may each have a representative present at the hearing.
- (c) In exceptional circumstances, the Committee may permit the respondent or complainant to be represented by his/her delegate in his/her absence.
- (d) Unless otherwise approved by the complainant, respondent, the Committee, and all witnesses, the hearing will be videotaped.

- (e) If the complainant or respondent fails to appear before the hearing at the appointed time, the Committee may, without further notice, proceed in such absence. If there are medical or compassionate reasons for non-appearance, the Committee must be notified immediately. The Committee will determine the acceptability of such reasons and whether the hearing should be adjourned.
- (f) Evidence will not be given under oath.
- (g) The two parties and their representatives may be present throughout the hearing. Witnesses may be present only when they present their evidence orally; the Committee may permit witnesses to provide their evidence in writing.
- (h) Each of the two parties will be given the opportunity to ask questions of any witness present at the hearing, but the Committee shall have the right to disallow questions that are in their opinion inappropriate.
- (i) The Committee will be responsible for the maintenance of an orderly procedure in the hearing.
- (j) The videotape recording of a hearing is intended for use only by the Committee for reference in developing the report for the VP, Academic and for appeal. The videotape will be treated as confidential to the extent permitted by law.

4.8 Accountability and Reporting of Confirmed Policy Breaches

The following steps will be taken for reporting policy breach allegations to any partner who has provided funding and/or other resources (including data as appropriate) for a research project where one or more investigators has been accused of committing a policy breach:

- 4.8.1 The Committee will endeavour to complete its investigation and report on its finding to the VP, Academic as quickly as feasible and appropriate, but normally within 60 working days from the time of the Committee's selection. The report developed for the VP, Academic will outline the Committee's findings regarding whether or not policy breach occurred, which will be based on the criterion of clear and convincing evidence. The Committee's finding will be binding on the institution and will be communicated in a written report, submitted to the VP, Academic. Specifically, the Committee's report will include the following elements:
- a) the names of Committee members and explanation from the VP, Academic of why they were selected;
 - b) a description of the methods used by the Committee for the investigation;
 - c) the names of persons that were interviewed or that provided information in the investigation;
 - d) a statement of the Committee's finding regarding whether or not a policy breach occurred;
 - e) a statement of the Committee's reasons for the finding; and
 - f) recommendations from the Committee for sanctions or actions that may be taken, which may include, but are not limited to:
 - sanctions against a respondent found to have committed a policy breach;
 - actions to protect or restore the reputation of the respondent, if wrongfully accused,
 - actions to protect a complainant found to have made a responsible accusation,

- sanctions against a complainant found to have made an irresponsible or malicious allegation
- 4.8.2 The VP, Academic will have the sole authority and discretion to impose sanctions or take actions as recommended by the Committee or to determine other sanctions or actions that she/he deems appropriate in the circumstance unless another party is designated to do so by existing policy, collective agreement, or legislation. The VP, Academic will communicate the sanctions and/or actions to be taken and provide a copy of the Committee's report to all parties (the complainant, respondent, and any sponsor or funding agency associated with research in which an allegation of policy breach is investigated) within 15 working days of receiving the Committee's written report. Sanctions will depend on the severity of the offence and may include, but are not limited to, reprimand, suspension and dismissal (employees) or expulsion (students).
- 4.8.3 Should the evidence support that a policy breach occurred, Humber will take the necessary measures to ensure the protection of any external granting agency or sponsor that has supported the research, either by providing funding, expertise, data or other resources that were essential for the completion of the project. This may include temporary suspension of the project, and restricted access to funding, until the matter has been resolved, if the situation warrants such action.
- 4.8.4 If the investigation was requested by one or more external agencies, a full copy of the report must be sent to the affected parties, regardless of whether or not a policy breach has occurred, within 30 days of the conclusion of the investigation.
- 4.8.5 If the investigation was initiated internally, within the institution, and a policy breach has occurred in research funded by one or more Federal Granting Agencies, the institution should provide the agency with a copy of the report within 30 days of the conclusion of the investigation.

References:

[1Tri-Council Policy Statement 2: Responsible Conduct of Research.](#)

Appendices:

N/A