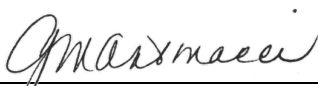


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Approved by:	Gina Antonacci
Approval Date:	December 13, 2021
Policy Holder Signature:	
Policy Holder:	Senior Vice-President Academic
Administrative Contact:	Dean Research and Innovation, Associate Vice- President Academic
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INTEGRITY IN RESEARCH AND SCHOLARSHIP

Purpose:

This document outlines the Humber College Institute of Technology & Advanced Learning's (hereafter referred to as "Humber" or "the College") procedures to collectively create and promote a culture of responsible research and scholarship. This procedure and its related policy represent a framework for conducting and enforcing responsible research and scholarship and covers:

- Development of a proposal
- Tri-Agency Applications and Use of Grant or Award Funds
- Data Gathering, Storage and Retention
- Resolution of Conflict Between Co-authors
- Procedures for Investigating a Policy Breach
 - Establishing if an investigation is warranted.
 - Proceeding with an investigation.
 - Accountability and reporting of confirmed policy breaches.
- Unfounded Allegations
- Acknowledgements
- References

Definitions:

Allegation: A declaration, statement, or assertion communicated in writing to the Office of Research & Innovation (ORI) 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 or scholarly activities. The application could be to request funds from an internal or external funding agency, and/or as part of a research contract or, to the Humber Research Ethics Board (REB),

Author or co-author: The writer or contributing writer, of a publication or document that is submitted either internally or externally for purposes of disseminating of scholarly activities including 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 and their personal, institutional or other interests. Conflict of interest may also occur when individuals' judgments and actions or the College's actions are, or could be, affected by personal, institutional or other interests.

Complainant: The person filing or making a policy breach allegation.

Data Steward: Appointed by Executive Sponsors to implement data governance, privacy and security management policies.

Data User: Individuals who make use of information while performing assigned duties or fulfilling authorized activities within the college. They include: faculty, administrators support staff, contract, consultants, agents, students, volunteers and guests.

Executive Sponsors: Senior-level employees who have planning and policy responsibility and accountability for major administrative data systems. They may delegate activities to other employees such as Data Stewards.

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 employment 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, academic staff/teachers, and support) and any employment or affiliation status that may be found at Humber, which includes, but is not limited to, full-time, part-time, and contract. As it specifically relates to academic staff, the status covered by the term also includes, but is not limited to, sessional and visiting teachers.

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

- ***Destruction of research records:*** The destruction of one's own or another's research data or records with the purpose of avoiding detection of wrongdoing or in contravention of the applicable funding agreement, institutional policy and/or laws, regulations and professional or disciplinary standards.

- *Falsifying or fabricating data.* This includes: making up data, source materials, methodologies or findings, including graphs and images
 - Making up data, source materials, methodologies or findings including graphs and images;
 - Manipulating, changing, or omitting data, source material, methodologies or findings, including graphs, and images, without acknowledgement and which results in inaccurate findings or conclusions;
 - *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 i.e. copying large body of copyrighted material without acknowledging the author and the source;
 - *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.
 - Willfully misrepresenting and/or misinterpreting (for any reason) findings resulting from the conduct of research and scholarly activities;
 - *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. e.g., student or co-worker contribution of an idea that leads to a concrete improvement of results, time spent collecting and analyzing data or written contributions to articles/papers, failure to honour the confidentiality that the researcher promised or was contracted to as a way to gain valuable information from a party internal or external to Humber;
 - Failure to adhere to terms and conditions of contracts with a third party that is sponsoring the research (in most cases external to Humber);
 - Failure to report to ORI an involvement in research involving human participants, bio-hazardous materials or animals, and to obtain approvals as necessary;
 - Failure to disclose, appropriately manage any real, potential or perceived conflict of interest;
 - *Failure to Comply: Failure to comply with relevant provincial or federal regulations for the protection of human participants.*
 - Failure to provide copies of research grants to ORI.

Principal Investigator: An individual who is responsible for preparing the proposal. This will also be the individual responsible for the management of the project and budget in compliance with granting agency guidelines, and Humber policies.

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: Any internally or externally funded initiative which the College and the academic community in general, consider to be research including:

- Finding solutions to practical problems through the application of knowledge;
- Experimental discovery;
- Activities leading to the publication of books, monographs, and contributions to edited books;
- Unpublished research, including work in progress;
- Consulting and contract work under the auspices of the College, and other professional activities involving research.

Researcher: Anyone who conducts or is involved with research activities, including without limitation, academic staff, administrative or support staff, persons with adjunct appointments, visiting instructors, visiting professional associates and research associates.

Research Ethics Board (REB): The Humber Research Ethics Board (REB) is an arm's length body, which oversees ethical screening and conducts a full review of research projects involving human participants (for full terms of reference refer to policy and procedure on the Ethical Conduct of Research Involving Humans). The REB endorses, and takes as its guide, the *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans, December 2010 (TCPS)*.

Respondent: The person who has been alleged to commit a breach of policy.

Scholarly Activities: Any internally or externally funded initiatives which the College and the academic community in general, consider to be scholarly activities including, but not limited to:

- Preparation of papers for submission to be refereed and non-refereed journals, and those delivered at professional meetings;
- Participation in panels;
- Editorial and referring duties;
- Dissemination of course writing and course design including creation of technological materials; and
- Consulting and contract work under the auspices of the College, and other professional activities involving scholarly activities.

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. Roles and responsibilities of team members
 - 1.1. The roles and responsibilities of project team members will be detailed at the proposal development stage (see procedure for research contracts and grants) and will include:
 - 1.1.1. Terms of authorship
 - 1.1.1.1. Criteria for being a co-author, including students who are contributing to the project
 - 1.1.1.2. Who will be responsible for various aspects of the initiative including those that may endure past completion of the study.
 - 1.1.2. A project agreement that shall be signed by all applicants and co-applicants, outlining their roles and responsibilities.
 - 1.2. Projects involving human participants, must obtain REB approval prior to starting any data collection.
 - 1.3. All projects that involve accessing Humber staff, students, or institutional data must also obtain institutional approvals. See procedure for research contracts and grants.
2. **Applications and Use of Grant or Award Funds**
 - 2.1. As with all applications, those submitted to any agency must be free from incomplete, inaccurate, or false information.
 - 2.2. A researcher is deemed ineligible for grants and awards if they have previously breached research funding organizations' responsible conduct of research policies related to ethics, integrity, or financial management.
 - 2.3. All co-applications, collaborators or partners must be in agreement with being listed on an application.
 - 2.4. In addition to College policies such as the Research Contracts, Grants and Fund Administration, researchers must adhere to the *Tri-Council Financial Administration Guide*.
3. **Data Gathering, Storage and Retention**
 - 3.1. 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.
 - 3.2. All primary data should be recorded promptly in clear, adequate, original and permanent form.
 - 3.3. According to the College's IT Security Policy, Data Users are responsible for:
 - 3.3.1. Taking appropriate measures to prevent loss, damage, abuse, or unauthorized access to information assets under their control.

3.3.2. Respecting the classification of information as established by Data Stewards and Executive Sponsors.

3.3.3. Complying with all the policy requirements defined in the security, privacy and data governance policies and supporting procedures, rules and guidelines.

3.3.4. Responsible for technology asset(s) assigned to them. They must be able to determine the function and location of technology assets under their custodianship and must ensure that assets transferred from their custodianship are clearly assigned to the next custodian.

3.4. Approval from the Office of Applied Research & Innovation (ORI) is required to transfer data outside of the institution.

3.5. All data should be stored for a period as per REB guidelines and the College's Record of Retention, whichever is longest. For example, the duration of storage of a publication of results would be from completion plus seven years.

3.6. If a Principal Investigator leaves Humber before the period is up, the College will assume responsibility for data storage.

4. Resolution of Conflict Between Co-authors

4.1. 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 ORI may be required. If mediation is unsuccessful, the conflict will be referred to the Senior Vice-President Academic. A co-author, if not satisfied with the decision, will have the right to file a policy breach, which is referred to a Policy Breach Investigation Committee (see below).

4.2. For disagreements regarding the **interpretation and/or dissemination of data**, co-authors will try to find a solution that is acceptable to all parties, including but not limited to:

4.2.1. 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,

4.2.2. The Lead Author/Principal Investigator will include differing interpretations in the discussion of the article or paper to acknowledge the dissenting perspectives.

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

5. Procedures for Investigating a Policy Breach

In determining if a policy breach has occurred, both intentional and honest error breaches must be considered. Intent is a consideration when deciding on the severity of recourse.

5.1. Establishing if an investigation is warranted

- 5.1.1. An allegation of policy breach in research or scholarship must be received in writing by the Senior Vice-President Academic (SVPA) in a timely fashion after discovery of the alleged breach, whether it is submitted directly to the SVPA, or submitted through another Humber administrator such as a Senior Dean, Dean or Director. Allegations received by the SVPA after six months of discovery of an alleged breach will not normally be considered, except under compelling circumstances.
- 5.1.2. The description of the alleged breach should be as specific and thorough as possible. The allegation must contain sufficient detail to enable the person named to understand the allegation. It must be signed and dated by the complainant. All documentary evidence that supports the allegation must be included with the initial submission to the SVPA. Although anonymous allegations will not normally be considered, if compelling evidence is received, an investigation process may be initiated
- 5.1.3. If an allegation is about conduct that occurred at another institution, the SVPA will contact the other institution's designated research integrity contact to determine which institution is best placed to carry out the inquiry and investigation, if warranted.
- 5.1.4. At any time after becoming aware of an allegation of a breach of research integrity, the SVPA may impose interim measures to protect research integrity, grant agency or sponsor funds, and health and safety.
- 5.1.5. Within ten days of the receipt of an allegation in writing, the SVPA will decide if the circumstances:
 - Do not warrant an investigation,
 - Can be resolved without an investigation, or
 - Warrant an investigation.
- 5.1.6. The decision to dismiss the complaint without an investigation will be made in consultation with the President. The SVPA may consult with the President and any other individuals deemed useful to inform this decision. Any consultation will be made under strict confidentiality and will not disclose the circumstances or identities of the individuals either accused of or alleging the breach.
- 5.1.7. 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.

5.2. Proceeding with an investigation

If the SVPA determines that an investigation is warranted, they will notify the parties involved (i.e. the complainant and respondent) within ten working days of

this determination. Within this period, the SVPA will designate an ad hoc committee to conduct the investigation, hereinafter referred to as “*the Committee*”.

5.2.1. Roles of Individuals in Addressing Allegations of Policy Breaches

Researchers play important roles in the process for addressing allegations of policy breaches and in helping to ensure that allegations are understood, addressed appropriately and addressed in a timely manner. Individuals involved in an inquiry or investigation must follow the institution’s policy and procedure whether they are a complainant, a respondent or a third party.

5.2.2. Composition of the Policy Breach Investigation Committee

The SVPA may appoint as many members to the Committee as deemed appropriate for the circumstances of the allegation, but will consist of no fewer than three members and include at least one researcher. Members may include any Humber staff member, except for staff from the same Faculty or Department as the respondent. The SVPA may also appoint one or more individuals external to Humber who have expertise relevant to the circumstances of the allegation.

5.2.3. 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 select the 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. The Committee will exercise its discretion in establishing procedures in these activities within the following parameters:

- 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.
- The Committee will conduct proceedings in a timely manner, and
- The proceedings will remain confidential, to the extent possible, with a view to protect the identities of the respondent and complainant. A confidentiality agreement will be signed by all parties.

5.2.4. Policy Breach Investigation Committee Meetings

The investigation may include one or more meetings between the Committee and the respondent and/or complainant for which a written record of the meeting (or minutes) will be maintained.

5.2.5. Policy Breach Investigation Hearings

- (a) The investigation may include a hearing, which will be determined by the Committee within ten working days of its appointment. Written notice of a hearing and the procedures to be followed shall be provided to all parties at least five 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 their delegate in their absence.
- (d) Unless otherwise approved by the complainant, respondent, the Committee, and all witnesses, the hearing will be videotaped. The videotape recording of a hearing is intended for use only by the Committee for reference in developing the report for the SVPA and for appeal. The videotape will be treated as confidential to the extent permitted by law.
- (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. Normally witnesses must be present to present their evidence orally, thus allowing for an immediate opportunity to ask and hear clarifications. However, 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.

5.3. Accountability and Reporting of Confirmed Policy Breaches

The following steps will be taken for reporting policy breach allegations to the SVPA and 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:

- 5.3.1. The Committee will endeavour to complete its investigation and report on its finding to the SVPA 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 SVPA 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 SVPA. Specifically, the Committee's report will include the following elements:

- a) Names of Committee members and explanation from the SVPA of why they were selected;
- b) A description of the methods used by the Committee for the investigation;
- c) 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.

5.3.2. The SVPA 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 they deem appropriate to the circumstance unless another party is designated to do so by existing policy, collective agreement, or legislation. The SVPA 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 fifteen 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).

5.3.3. 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.

5.3.4. 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 thirty days of the conclusion of the investigation.

5.3.5. 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 thirty days of the conclusion of the investigation.

6. Unfounded Allegations

Individuals making an allegation in good faith or providing information related to an allegation shall be protected from reprisals. It is a violation of research integrity to make frivolous or malicious allegations of a breach.

Acknowledgements

George Brown College

Seneca College

Sheridan College

York University

References:

Research Contracts, Grants and Fund Administration Procedure.

Standard Operating Procedure III: Conflicts of Interest in Applied Research & Innovation

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

IT Security Policy