

Investigating a Breach of Research Integrity, Procedure for

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Approval Authority Vice-President (Research)	
Implementation Authority Vice-President (Research)	
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- 1 Purpose** The purpose of this procedure is to outline the process by which an allegation of a breach of the Research Integrity Policy is investigated.
- 2 Scope** This procedure applies to Academic Staff Members, Appointees, Employees, Students, Postdoctoral Scholars, and any other person who conducts Research under the auspices of, or in Affiliation with, the University.
This procedure applies regardless of the source of funding for the research.
This procedure will apply even if the allegation is submitted as a protected disclosure under the Procedure for Protected Disclosure.
- 3 Definitions** In this procedure:
- a) “Academic Staff Member” means an individual who is engaged to work for the University and is identified as an academic staff member under Article 1 of the collective agreement between the Faculty Association of the University of Calgary and the Governors of the University of Calgary in effect at the relevant time.
 - b) “Affiliation” means a close connection or formal relationship as defined and interpreted by Tri-Council.
 - c) “Agency” refers to any one of the Canadian Institutes of Health Research (CIHR), the Natural Sciences and Engineering Research Council (NSERC), and the Social Sciences and Humanities Research Council (SSHRC).
 - d) “Appointee” means an individual who is engaged to work for the University, or whose work is affiliated with the University, through a letter of appointment, including adjunct faculty, clinical appointments, and visiting researchers and scholars.

- e) “Business Days” means days that the University is open for business, excluding weekends and holiday closures.
- f) “Complainant” means an individual who has notified the University or an Agency of an allegation of a breach of the Research Integrity Policy.
- g) “Dean” means the dean(s) of the faculty(ies) in which the Respondent holds an appointment or is registered or the Provost and Vice-President (Academic) if the Respondent is a Dean or the President if the Respondent is the Provost and Vice-President (Academic) or the Vice-President (Research).
- h) “Employee” means an individual, other than an Academic Staff Member or Appointee, who is engaged to work for the University under an employment contract.
- i) “Postdoctoral Scholar” means an individual who has completed a doctoral degree and is carrying out research at the University under the direction or mentorship of a supervising Academic Staff Member.
- j) “Reprisal” means reprisals as defined in the University Code of Conduct.
- k) “Research” means an undertaking intended to extend knowledge through disciplined inquiry or systematic investigation. The conduct of Research includes applying for and managing funds, collecting and analyzing data, and disseminating results.
- l) “Researcher” means an individual, who undertakes Research under the auspices of or in Affiliation with the University regardless of the source of funding.
- m) “Respondent” means a Researcher who is identified in an allegation as having possibly breached the Research Integrity Policy.
- n) “Responsible Allegation” means an allegation which:
 - i. appears to be made in good faith;
 - ii. is based on alleged facts which have not been the subject of a previous allegation; and
 - iii. if the alleged facts are true, falls within one or more of the breaches set out in the Research Integrity Policy.
- o) “SRCR” means the Secretariat on Responsible Conduct of Research which provides substantive and administrative support for the Tri-Agency Framework: Responsible Conduct of Research (as revised from time to time).
- p) “Student” means an individual registered in a University course or program of study.
- q) “University” means the University of Calgary.

4 Procedure

Making an Allegation

- 4.1** An individual, either internal or external to the University, may submit any of the following to the Protected Disclosure Advisor:
 - a) an inquiry regarding a breach of the Research Integrity Policy;
 - b) an allegation of a breach of the Research Integrity Policy; or
 - c) information related to an allegation of a breach of the Research Integrity Policy.
- 4.2** An allegation of a breach of the Research Integrity Policy must be in writing and signed by the Complainant. An anonymous allegation will not be acted upon.

- 4.3 The University will protect a Complainant who makes a good faith allegation of a breach of the Research Integrity Policy or who provides information related to such an allegation from Reprisals to the extent possible.
- 4.4 The University will protect the identity of the Complainant and the Respondent to the extent possible given the need for due process in pursuing the allegation.

Receiving an Allegation

- 4.5 The Protected Disclosure Advisor will consult with the Dean and they may consult with others, to determine if:
 - a) an allegation is a Responsible Allegation;
 - b) immediate action is warranted to protect the administration of Research funds or to mitigate a health or safety risk.
- 4.6 The Protected Disclosure Advisor will make such determination within ten (10) Business Days of receiving the allegation.
- 4.7 If the allegation is determined not to be a Responsible Allegation, the Protected Disclosure Advisor will notify the Complainant in writing. The matter will be closed and the records will be retained in accordance with University record retention rules.
- 4.8 If the allegation is determined to be a Responsible Allegation, the Protected Disclosure Advisor will notify the Complainant and Respondent and others as appropriate.
- 4.9 The Protected Disclosure Advisor will immediately advise the SRCR in writing of any Responsible Allegation related to activities funded by an Agency that may involve significant financial, health, safety or other risks, subject to any applicable laws, including Alberta's Freedom of Information and Protection of Privacy Act (as revised from time to time).
- 4.10 In addition to the notification in 4.9, the Protected Disclosure Advisor will determine if any other applicable Research funders or government agencies need to be notified if the Responsible Allegation is related to funded activities that may pose significant financial, health, safety or other risks.
- 4.11 If the allegation is determined to be a Responsible Allegation, the Protected Disclosure Advisor, in consultation with the Dean, will draw up terms of reference for an investigation. The terms of reference will set a date by which the investigation is to be concluded. The date will comply with the reporting timeframes set out in section 4.4 of the Tri-Agency Framework: Responsible Conduct of Research (as revised from time to time).

Investigation of a Responsible Allegation

- 4.12 The Protected Disclosure Advisor will appoint an investigation committee to carry out the investigation of a Responsible Allegation.
- 4.13 The investigation committee will include three members, one of whom will serve as chair. The members will have:
 - a) appropriate expertise;
 - b) no real or apparent conflict of interest; and

c) no perceived bias.

The committee will include at least one external member who has no current affiliation with the University when the allegation is related to activities funded by an Agency.

- 4.14** When the Respondent is an Academic Staff Member, the members of the investigation committee will be Academic Staff Members, subject to the requirement to have one external member if the allegation is related to activities funded by an Agency.
- 4.15** When the Respondent is a member of the Faculty Association of the University of Calgary or the Alberta Union of Provincial Employees, the Respondent may have an Association or Union representative added to the committee as a participating but non-voting member.
- 4.16** The Protected Disclosure Advisor will promptly notify the Respondent of the names of the investigation committee members. The Respondent may, within five (5) Business Days of receipt of the notice, submit a written statement to the Protected Disclosure Advisor objecting to any of the investigation committee members and setting out the reasons for the objection(s). If the Protected Disclosure Advisor receives such a written statement within the five (5) Business Day period, the Protected Disclosure Advisor will consider the objections and may or may not revoke the appointment of one or more investigation committee members. If the Protected Disclosure Advisor revokes the appointment of one or more investigation committee members, the Protected Disclosure Advisor will, subject to paragraphs 4.13 and 4.14, appoint one or more new investigation committee members. The decisions of the Protected Disclosure Advisor pursuant to this paragraph are final and the members of the investigation committee appointed pursuant to this paragraph together with any member appointed pursuant to paragraphs 4.13 and 4.14 whose appointment is not revoked and any member appointed pursuant to paragraph 4.15 will continue as the investigation committee.
- 4.17** The investigation committee will be mandated to determine whether a breach of the Research Integrity Policy occurred and will be instructed to complete the investigation within the reporting timeframes set out in section 4.4 of the Tri-Agency Framework: Responsible Conduct of Research.

Conduct of the Investigation

- 4.18** The investigation committee will maintain procedural fairness in conducting the investigation in order to protect the rights of the Respondent and Complainant.
- 4.19** The investigation committee will show consideration for the following precepts in ensuring procedural fairness:
- a) the Respondent is entitled to know the allegation and the evidence being considered by the investigation committee. The Respondent will have an opportunity to respond to the allegations and the evidence in person and/or in writing.
 - b) if the investigation committee is contemplating making a report that is adverse to the interests of any person, that person will be given the opportunity to put forward further material that may influence the outcome of the report.

- 4.20 The investigation committee will document discussions and interviews and will keep all information it creates or reviews in the course of its investigation.
- 4.21 The Respondent, the Complainant, and witnesses may have an advisor present during any meeting with the investigation committee and the advisor will be entitled to speak at the meeting.

Final Report of the Investigation Committee

- 4.22 When the investigation is complete, the investigation committee will submit a written report to the Protected Disclosure Advisor. The report will include:
 - a) the allegation;
 - b) an account of all relevant information received and, if the investigation committee has rejected evidence as being unreliable, the reasons for this conclusion;
 - c) the Respondent's response to the allegation, investigation and any measures the Respondent has taken to rectify any breach;
 - d) the conclusions reached and the basis for them; and
 - e) if the investigation committee finds the allegation to be true, the degree of seriousness of the breach.
- 4.23 The report will be accompanied by all records created or received by the investigation committee in the course of the investigation.
- 4.24 The Protected Disclosure Advisor will submit the report to the Dean.
- 4.25 Upon receipt of the report of the investigation committee, the Dean will promptly provide the Respondent with a copy of the report and advise the Respondent and, where applicable, the Provost and Vice-President (Academic) that the allegation is:
 - a) dismissed; or
 - b) substantiated and will be dealt with under the existing disciplinary powers of the Dean; or
 - c) is substantiated and due to the seriousness of the breach must be referred to the Executive Leadership Team for review of any non-disciplinary issues.
- 4.26 The Protected Disclosure Advisor will inform affected parties of the decision reached by the investigation committee and of any recourse to be taken by the University.
- 4.27 If the allegation is not substantiated, the Dean will take all reasonable steps necessary to protect or restore the Respondent's reputation if it has suffered by virtue of the allegation.
- 4.28 A Respondent who is found to have committed a breach of the Research Integrity Policy may be subject to disciplinary action up to and including termination of employment or other relationship with the University. Disciplinary action will be taken in accordance with the provisions of any applicable collective agreement or any applicable policy relating to Student conduct.
- 4.29 The Protected Disclosure Advisor will submit a report to the SRCR with respect to an investigation related to activities funded by an Agency within seven (7) months of receipt of the allegation. Subject to any applicable laws, including Alberta's Freedom of Information and Protection of Privacy Act, the report will include the following information:

- a) the specific allegation, a summary of the finding(s), and the reasons for the finding(s);
- b) the process and timelines for the investigation;
- c) the Respondent's response to the allegation, investigation and findings, and any measures the Respondent has taken to rectify any breach; and
- d) the investigation committee's decisions and recommendations and actions taken by the University.

4.30 The report to the SRCR will not include:

- a) information that is not related specifically to Agency funding and policies; or
- b) the Respondent's personal information, or that of any other person, that is not material to the University's findings and its report to the SRCR.

4.31 The Protected Disclosure Advisor will likewise inform any other granting agency or sponsor about an investigation related to activities such agency or sponsor funded if required under the terms of the funding agreement or any other agreement with such agency or sponsor.

5	Parent Policy	Research Integrity Policy
6	Related Information	https://www.ucalgary.ca/pdri Panel on Research Ethics , Government of Canada
7	History	March 21, 2013 Approved. March 28, 2013 Effective. August 26, 2015 Editorial Revision. October 31, 2018 Editorial Revision. Updated "Student" definition. January 1, 2020 Editorial Revision. Updated format and links.