

**Procedure for Investigating a Breach of Research Integrity**

<p><b>Classification</b> Research</p>	<p><b>Table of Contents</b></p> <p>1 Purpose ..... 1</p> <p>2 Scope ..... 1</p> <p>3 Definitions ..... 1</p> <p>4 Procedure ..... 3</p> <p>5 Parent Policy ..... 10</p> <p>6 Related Information ..... 10</p> <p>7 History ..... 10</p>
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**1 Purpose**

This procedure outlines the process by which:

- a) Individuals may make an allegation of a breach of the Research Integrity Policy to the University;
- b) the University will respond to an allegation of a breach of the Research Integrity Policy; and
- c) individuals will be protected from Reprisals for making an allegation.

This procedure is not intended to address the process for reporting an allegation directly to the relevant Agency.

**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 to all allegations of breaches of the Research Integrity Policy reported to the University, regardless of the source of the research funding, including those allegations made under the Procedure for Protected Disclosure.

Nothing in this procedure precludes an individual from reporting an allegation to the relevant Agency.

**3 Definitions**

In this procedure:

- d) “Academic Staff Member” means an individual who is engaged to work for the University and is identified as an academic staff member under the collective agreement between The University of Calgary Faculty Association and the Governors of the University of Calgary

- e) “Affiliation” means a close connection or formal relationship as defined and interpreted by Tri-Council.
- f) “Affiliate” means an organization that has a close connection to or formal relationship with the University as defined and interpreted by Tri-Council.
- g) “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).
- h) “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.
- i) “Business Days” means days that the University is open for business, excluding weekends and holiday closures.
- j) “Complainant” means the person making an allegation of a breach of the Research Integrity Policy.
- k) “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).
- l) “Employee” means an individual who is engaged to work for the University under an employment contract or collective agreement.
- m) “Good Faith” as applied to an allegation means that it is submitted with the intent to achieve the purposes of the University’s Research Integrity Policy and is not submitted for another purpose that is frivolous or vexatious (e.g., to harass a colleague) or in a manner in which it makes it challenging for a neutral and impartial inquiry or investigation to be carried out.
- n) “Indigenous Peoples” means the definition of Indigenous Peoples provided by the *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans*: Indigenous Peoples in the Canadian context means persons of First Nations, Inuit or Métis descent and their communities.
- o) “Investigation Committee” means the person or persons appointed by the Protected Disclosure Advisor to investigate an allegation of a breach of the Research Integrity Policy.
- p) “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.
- q) “Reprisal” means Retaliatory Measures that are taken against an individual because they have sought advice about making an allegation of a breach of research integrity, made an allegation of a breach of research integrity in Good Faith, co-operated in an investigation of a breach of research integrity, or declined to participate in a breach of research integrity.

- r) “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.
- s) “Research Records” means the record of data or results that embody the facts resulting from scholarly or scientific inquiry, or creative practice including but not limited to, Research proposals, laboratory records, both physical and electronic, progress reports, abstracts, theses, oral presentations, internal reports, journal articles, and any documents and materials provided to an Agency, or University official in the course of a preliminary review or investigation of an allegation of breach of the University’s Research Integrity policy.
- t) “Researcher” means an individual who undertakes Research under the auspices of or in Affiliation with the University regardless of the source of funding.
- u) “Respondent” means a Researcher who is alleged to have breached the Research Integrity Policy.
- v) “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;
  - iii. if the alleged facts are true, falls within one or more of the breaches set out in Sections 4.21 to 4.25 of the Research Integrity Policy; and
  - iv. if proven, would have constituted a breach of the Research Integrity Policy at the time the alleged breach occurred.
- w) “Retaliatory Measures” means:
  - i. a dismissal, layoff, suspension, demotion or transfer, discontinuation or elimination of a job, change of job location, reduction in wages, change in hours of work or reprimand;
  - ii. any act that adversely affects the employment, working conditions, or education of the individual; and
  - iii. a threat to do any of the above
- x) “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).
- y) “Student” means an individual registered in a University course or program of study.
- z) “Tri-Council” means the Canadian Institutes 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).
- aa) “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. The allegation should contain enough information to permit an evaluation of whether the alleged misconduct constitutes a breach of the Research Integrity Policy and to permit further information gathering about the alleged misconduct. The allegation should include:
- a) Identification of the Respondent(s);
  - b) Location and time that the alleged misconduct occurred;
  - c) Sufficient detail about the nature of the alleged misconduct; and
  - d) Name, signature and contact information of the Complainant(s).
- 4.3** An anonymous allegation will be assessed and investigated if determined to be a Responsible Allegation, if the allegation is accompanied by sufficient information to enable the assessment of the allegation and the credibility of the facts and evidence on which the allegation is based, without the need for further information from the Complainant.
- 4.4** Where the allegation is related to conduct that occurred at another institution, the Protected Disclosure Advisor will contact the other institution and determine with that institution's designated point of contact which institution is best placed to conduct the inquiry and investigation, if warranted. The Protected Disclosure Advisor must communicate to the Complainant which of the University or other institution will conduct the inquiry and investigation, if warranted.
- 4.5** Subject to legislative obligations, such as the Freedom of Information and Protection of Privacy Act, and the principles of procedural fairness and natural justice, the Protected Disclosure Advisor will ensure the confidentiality of the information collected and will protect the identity of the persons involved in the disclosure process, including the Complainant, any witnesses and the Respondent, to the fullest extent possible. When information is shared it will normally be related to requirements pertaining to the following circumstances:
- a) establishing interim measures to address the allegation, if needed;
  - b) initiating, investigating and resolving the allegation;
  - c) conforming to the principles of due process and natural justice,
  - d) satisfying legal requirements; and
  - e) ensuring the health and safety of employees in the workplace.

**Inquiry: Assessment of Allegation**

- 4.6** The Protected Disclosure Advisor will consult with the Dean or the Vice-President (Research), and others with expertise in the area of Research, as needed, to determine if:
- a) an allegation is a Responsible Allegation; and
  - b) immediate action is required to mitigate a human subject, animal subject or other safety risk, or to protect the administration of Research funds. If immediate action is required, the Vice-President (Research) will take steps to mitigate the identified risk(s).

If the complaint concerns Research involving Indigenous Peoples, the Protected Disclosure Advisor will consult with the Vice-Provost (Indigenous Engagement), or delegate to make this determination.

- 4.7** The Protected Disclosure Advisor will complete the initial determination of whether an allegation is a Responsible Allegation as promptly as possible and no later than two (2) months from the date of receipt of the allegation, unless exceptional circumstances support an extension.
- 4.8** 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.
- 4.9** The Protected Disclosure Advisor will 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.
- 4.10** In addition to the notification in Article 4.9, the Protected Disclosure Advisor, with assistance from the Vice-President (Research) Office and Vice-Provost (Indigenous Engagement), where relevant, will determine if any other applicable Research funders, government agencies, or communities need to be notified of the Responsible Allegations.
- 4.11** A Complainant who is found to have made a frivolous or vexatious complaint 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.

#### **Investigation of a Responsible Allegation**

- 4.12** If the allegation is determined to be a Responsible Allegation, the Protected Disclosure Advisor, in consultation with the Dean, or Vice-President (Research Office) will promptly draw up terms of reference for an investigation. The timeline for the investigation will be included in the Terms of Reference and shall be no later than five (5) months following the determination that the allegation is a Responsible Allegation, unless exceptional circumstances warrant an extension. For matters involving activities funded by an Agency, any such extension must be approved, in advance, by the SRCR.
- 4.13** The objectives of the investigation will be:
- a) to collect and review information relating to the allegation;
  - b) make determinations of facts as to whether the allegation is substantiated and the seriousness of the breach;
  - c) maintain procedural fairness in the treatment of the Complainant, Respondent and witnesses, including any Indigenous Peoples or communities engaged in the Research; and
  - d) if applicable, to make recommendations arising from the conclusions drawn concerning non-disciplinary remedial or other appropriate action.
- 4.14** 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 Investigation Committee will include at least one external member who has no current Affiliation with the University.

- 4.15** 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.
- 4.16** When the Respondent is a member of the Faculty Association of the University of Calgary, the Graduate Students' Association as a Graduate Assistant, the Alberta Union of Provincial Employees (Local 052), or the Postdoctoral Association of the University of Calgary, and the Research integrity concern relates to their employment, the Respondent may have an Association or Union representative added to the Investigation Committee as a participating but non-voting member.
- 4.17** Within a reasonable time of determining that an allegation is a Responsible Allegation, the Protected Disclosure Advisor will provide the Respondent with written notice of the investigation. The notice shall include a copy of the Terms of Reference. The notice shall also include 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).
- a) If the Protected Disclosure Advisor receives such 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.
  - b) If the Protected Disclosure Advisor revokes the appointment of one or more Investigation Committee members, the Protected Disclosure Advisor will appoint one or more new Investigation Committee members.

The decisions of the Protected Disclosure Advisor pursuant to this paragraph are final.

### **Conduct of the Investigation**

- 4.18** All participants in the investigation process (i.e., complainants, witnesses, and respondents) may elect to have a union representative, University association representative, or other advisor present in investigation meetings. Respondents who were acting in their official employment capacity and in a position represented by a union or association of the University, will be advised of their right to representation in the investigation process. When a representative or advisor attends, they will be entitled to speak at the meeting.
- 4.19** Everyone involved in the investigation of an allegation of a breach of the University's Research Integrity Policy will keep all information relating to the investigation confidential except for information required to be shared under this policy or information shared with those who have a legitimate need for the information.
- 4.20** The Investigation Committee will maintain procedural fairness in conducting the investigation to protect the rights of the Respondent and Complainant. The Investigation Committee will:
- a) confirm the Respondent has been made aware of the allegation and the evidence being considered by the Investigation Committee;

- b) afford the Respondent an opportunity to respond to the allegations and the evidence in person and in writing;
  - c) provide the Respondent with notice and an opportunity to put forward further material that may influence the outcome of the report if it is contemplating making a report that is adverse to the interests of the Respondent; and
  - d) work to minimize delay.
- 4.21** The Investigation Committee will record or transcribe all interviews it conducts with the Complainant, Respondent, and any relevant persons, and will submit any such transcript to the interviewee for review. For clarity, deliberations of the Investigation Committee will not be recorded in any form.
- 4.22** If during the investigation, the Investigation Committee identifies information that suggests there are potential violations related to Research Misconduct that are not part of the original Responsible Allegation, or which suggests additional Respondents, the Investigation Committee will refer the matter back to the Protected Disclosure Advisor to amend the investigation Terms of Reference. If the expanded investigation changes the scope of the investigation, appropriate parties will be provided with notice.

If during the course of the investigation, the Investigation Committee identifies information that suggests a violation of a University policy other than the Research Integrity Policy, the Investigation Committee shall refer any such matter back to Protected Disclosure Advisor for further action. The possible violation identified will be addressed or referred by the Protected Disclosure Advisor in accordance with the relevant University policy or procedure.

- 4.23** If during the course of the investigation, the Respondent ceases to hold a position or appointment at the University or leaves the jurisdiction, the Protected Disclosure Advisor will decide whether the investigation will continue. If the investigation continues and the Respondent refuses to participate in the process after ceasing to hold a position or appointment at the University, the Investigation Committee shall use its best efforts to reach a conclusion, and shall deliver its report with a statement as to the effect that this lack of cooperation had on the Investigation Committee's review of the evidence.

#### **Final Report of the Investigation Committee**

- 4.24** When the investigation is complete, the Investigation Committee will submit a written report to the Protected Disclosure Advisor within thirty (30) Business Days. The report will include:
- a) the date the allegation was first received by the University, and if different, the date that the allegation was first brought to the attention of the Protected Disclosure Advisor;
  - b) a description of the allegation, including which sections of the Research Integrity Policy have been allegedly breached;
  - c) the names, positions and affiliations of the Complainant(s) and the Respondent(s);
  - d) the sources of funding for the Research, and an indication of whether the allegation involves Agency funds;

- e) an account of all relevant information received and, if the Investigation Committee has rejected evidence as being unreliable, the reasons for this conclusion;
  - f) the Respondent's response to the allegation, investigation, and any measures the Respondent has taken to rectify any breach;
  - g) the conclusions reached and the basis for them;
  - h) if the Investigation Committee finds the allegation to be true, an assessment of the severity, intentionality, and impact of the breach; and
  - i) if applicable, any non-disciplinary recommendations.
- 4.25** The report will be accompanied by all records created or received by the Investigation Committee during the investigation, including copies of any transcribed interviews.
- 4.26** If the Protected Disclosure Advisor is satisfied that the report brings the Investigation to an end, the Protected Disclosure Advisor will provide the full investigation report to the Dean, with a copy to the Vice-President (Research) Office. If the Research involves Indigenous Peoples, the Protected Disclosure Advisor will consult with the affected community or organisation before bringing an investigation to an end.
- 4.27** Upon receipt of the report of the Investigation Committee, the Dean, or appropriate designate in the case of external parties, will promptly provide the Respondent, in writing, with a full copy of the Investigation report. Subject to 4.6, the names of any individuals involved in an investigation will not be disclosed by the University to any person except where disclosure is necessary for the purposes of determining interim measures or of resolving the formal report and taking any related disciplinary measures.

### **Appeal Process**

- 4.28** If the Respondent is a Student, or a member of a bargaining unit, the Respondent may have recourse to appeal disciplinary action through the Student Misconduct and Academic Appeals Policy, or the grievance procedures of the applicable collective agreement. Where such recourse exists, no further appeal is available under this Process. If the Respondent does not have access to such an appeal or grievance process and wishes to appeal the decision or sanction, they must submit a notice of appeal, in writing, to the Vice-President (Research) within ten (10) Business Days after receipt of the Investigation Report. The Vice-President (Research) will assign a delegate to review an appeal in any circumstance in which the Vice-President (Research) has been actively involved in supporting the Protected Disclosure Advisor or has implemented interim measures to mitigate a risk. The delegate may be the Chair of the Research Ethics Appeal Board or another qualified individual with no real, potential or perceived conflict of interest, and appropriate expertise to review the appeal.
- 4.29** Grounds for such an appeal shall be limited to:
- a) the decision was made in a procedurally unfair way; or
  - b) there was a reasonable apprehension of bias on the part of any member of the Investigation Committee.

The notice of appeal shall succinctly set out the complete and substantive reasons for the appeal and state on which grounds the appeal is based.



- 4.30** Within thirty (30) working days of receiving the notice of appeal, the Vice-President (Research), or delegate, will review the Investigation report and the notice of appeal to determine if there are valid grounds for appeal. The Vice-President (Research) may, but is not required to, meet with any of the Respondent, Complainant, Witnesses, or members of the Investigation Committee.
- 4.31** If the Vice-President (Research), or delegate, determines that there are no valid grounds for an appeal under the Research Integrity Policy and Procedure, the Vice-President Research will notify the Respondent in writing. The matter will be closed and the decision of the Vice-President Research is final.
- 4.32** If the Vice-President (Research), or delegate, determines that there are valid grounds for an appeal, then the Vice-President (Research) shall inform the Respondent, and others as appropriate, including the funding Agency where required, that a new investigation shall be initiated.

### **Outcome of the Investigation**

- 4.33** 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. This shall be done in consultation with the Respondent, as may be appropriate. The steps may include, without limitation, informing any individual or entity that was aware of the matter that the Respondent has been cleared of all allegations of misconduct.
- 4.34** 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. Any actions required to correct the breach are the obligation and responsibility of the Respondent/Researcher. Disciplinary action will be taken in accordance with the provisions of any applicable collective agreement or any applicable policy relating to Student conduct.
- 4.35** If the report from the Investigation Committee contains non-disciplinary recommendations for post-investigation follow-up for the University, the Respondent, or any other individual, the Protected Disclosure Advisor will refer these recommendations to the appropriate unit, department, and/or individual at the University of Calgary.
- 4.36** Following consultation with the Vice-Provost (Indigenous Engagement), and any affected community or organization, an approach aligned with an indigenous community's worldview may be followed to address harms arising from an allegation.

### **Reporting Requirements**

- 4.37** As required by Tri-Council Framework, 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. 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.

**4.38** 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.

**4.39** In addition to the notification in 4.37, the Protected Disclosure Advisor will determine, with assistance from the Vice-President (Research) if any other applicable Research funders or government agencies need to be notified of the outcome of the investigation under the terms of the funding agreement or any other agreement with such agency or sponsor.

**4.40** The University will report annually to the Secretariat on the Responsible Conduct of Research on the total number of Complaints received under the Research Integrity Policy involving Research Funds, and the number and nature of confirmed Responsible Allegations, subject to applicable laws, including privacy laws.

**4.41** Subject to legislative obligations, such as the Freedom of Information and Protection of Privacy Act, and the United Nations Declaration on the Rights of Indigenous Peoples, the University will post annually on its website information on confirmed findings of breaches of its Research Integrity policy such as the number and general nature of the breaches

**5 Parent Policy**

[Research Integrity Policy](#)

**6 Related Information**

[Tri-Agency Framework: Responsible Conduct of Research Government of Canada – Panel on Research Ethics](#)

Add titles/hyperlinks for any related documents (e.g. manuals)

**7 References**

**8 History**

March 21, 2013	Approved.
March 28, 2013	Effective.
August 26, 2015	Editorial Revision.
October 31, 2018	Editorial Revision. Updated definition of “Student”.
January 1, 2020	Editorial Revision. Updated format and links.
June 8, 2023	Revised.