



RESPONSIBLE CONDUCT OF RESEARCH POLICY

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This Policy repeals and replaces the Brock University “Policy on Integrity In Research and Scholarship.”

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1. **PURPOSE**

One of the main purposes of a university is to encourage and facilitate the advancement of knowledge through research, scholarship, and creative activity (henceforth “Research”). The attainment of this purpose requires that all Research be conducted responsibly. The purposes of this policy are to:

- Underline the commitment of Brock University to research integrity and the responsible conduct of research by all members of the Brock University community and its affiliates;
- Create and foster an environment in which the responsible conduct of research is valued;
- Promote education about, and awareness of, the responsible conduct of research, as well as the provisions of this policy and related procedures.

- Identify activities that can constitute a breach with respect to responsible conduct of research;
- Ensure compliance with standards for responsible conduct of research articulated by the Agencies and other relevant bodies; and
- Specify a process, that is compliant with the requirements of the Tri-Agency Framework, for dealing with allegations of Research Misconduct in a manner that maximizes transparency, fairness, and thoroughness, while ensuring efficient and timely action.

2. BACKGROUND

In order to comply fully with the requirements of the *Tri-Agency Framework: Responsible Conduct of Research*, wording from that document has been inserted into this policy with as little alteration as possible. The Tri-Agency source document can be found at <http://www.rcr.ethics.gc.ca/_doc/Framework-CadreReference_eng.pdf>. This document is referenced in the text as TAF-RCR. The wording of the current policy also draws from other institutional policies, notably the McMaster University Research Integrity Policy <http://www.mcmaster.ca/policy/faculty/Research/Research_Integrity_Policy.pdf>, University of Saskatchewan Responsible Conduct of Research Policy <<http://policies.usask.ca/policies/research-and-scholarly-activities/responsible-conduct-of-research-policy.php>>, University of Toronto Framework to Address Allegations of Research Misconduct <<http://www.sgs.utoronto.ca/Documents/Research+Misconduct+Framework.pdf>>, and York University Senate Policy on Responsible Conduct of Research <<http://secretariat-policies.info.yorku.ca/policies/misconduct-in-academic-research-policy/>>.

3. DEFINITIONS

“**Research**” is broadly construed within this policy to include all research, scholarship, and creative activity undertaken under the auspices or within the jurisdiction of Brock University, whether funded or unfunded.

“**Institutional Personnel**” refers to faculty members, professional librarians, postdoctoral fellows, students, support staff, or any other members of the Brock community conducting Research directly or indirectly. This includes persons receiving payment from the University as well as those acting as volunteers, observers, or acting in any capacity that represents the University.

“**Person**” is used to refer to both singular “person” and plural “persons.”

The “**Senior Administrative Contact**” is the central point of contact to receive all confidential enquiries, allegations of breaches of policies, and information related to allegations (TAF-RCR, section 4.3.2). This person shall be appointed by the President or the President may delegate the authority to make this appointment to the Vice-President Research. The identity and contact information for the Senior Administrative Contact shall be posted on the Office of the Vice-President Research webpage.

“**Complainant(s)**” means, with respect to each allegation, the person who alleges that a faculty member, postdoctoral fellow, student, staff member, or any other person

conducting Research at Brock University has violated the terms of this policy or the general principles of responsible conduct of research.

“Investigative Committee” means the committee designed to investigate and make recommendations related to an allegation of Research Misconduct.

“Respondent(s)” means, with respect to each allegation, the faculty member(s), professional librarian(s), postdoctoral fellow(s), student(s), staff member(s), or any other person(s) conducting Research at Brock University against whom an allegation of Research Misconduct has been made.

“Research Misconduct” is any action that is determined to be inconsistent with the expectations for responsible conduct of research as outlined in sections 5 and 6.

An **“Inquiry”** is the process of reviewing an allegation of Research Misconduct to determine:

- whether the allegation is responsible,
- the particular policy or policies that may have been breached, and
- whether an Investigation is warranted based upon the information provided in the allegation. (Responsible Conduct of Research [RCR] Framework Interpretation)

An **“Investigation”** is a systematic process, conducted by an Investigative Committee appointed by the University for the purpose of determining the validity of an allegation of Research Misconduct. An investigation involves collecting and examining any evidence related to the allegation and making a decision as to whether a breach of policy has occurred. (RCR Framework Interpretation)

“Students’ Academic Work” includes any academic paper, essay, thesis, major research paper, research report, course-related community engagement, project, assignment, report, laboratory report or assignment, test or examination, creative work (e.g., computer program or code, music, art or dramatic work), whether oral, in writing, in other media or otherwise and/or registration and participation in any course, program, seminar, workshop, conference or symposium offered by the University.

“University” means Brock University.

“Agency” refers to any of Canada’s three federal granting agencies: the Canadian Institutes of Health Research (CIHR), the Natural Sciences and Engineering Research Council of Canada (NSERC), or the Social Sciences and Humanities Research Council of Canada (SSHRC).

“Secretariat on Responsible Conduct of Research” is a national body established by Canada’s three federal granting agencies to support implementation of the *Tri-Agency Framework: Responsible Conduct of Research* by providing technical and policy advice, as well as administrative and communicative support for the Panel on Responsible Conduct of Research. See <<http://www.rcr.ethics.gc.ca/>>.

4. SCOPE

Brock University demands responsible conduct of research from all members of its community. This policy applies to all research, scholarship, or creative work conducted under the auspices or within the jurisdiction of Brock University, that is, any Research undertaken

- a. by Institutional Personnel, and/or
- b. in collaboration with Institutional Personnel, and/or
- c. with University resources (e.g., physical space not typically open to the public, staff time, access to information not generally available to the public).

Where the Respondent to an allegation of research misconduct is a student of the University, any investigative process and educative or disciplinary actions pursuant to allegations related to Students' Academic Work shall be referred to the appropriate Department Chair or Graduate Program Director to be addressed according to the *Academic Integrity Policy (Code of Student Academic Conduct)*. See the administrative flowchart in Appendix A.

However, notwithstanding the *Academic Integrity Policy (Code of Student Academic Conduct)*, any allegations involving potentially significant financial, health and safety, or other risks associated with Students' Academic Work funded by an Agency, must be reported, by the Chair or Graduate Program Director, to the Senior Administrative Contact, the Vice-President Research, and the appropriate Dean(s). The Senior Administrative Contact must report such allegations to the Secretariat on Responsible Conduct of Research.

As well, the Chair, Graduate Program Director, or appropriate Dean(s) must report the outcomes of any investigations involving Students' Academic Work related to any activities funded by an Agency to the Senior Administrative Contact who will report to the Secretariat on Responsible Conduct of Research.

A Faculty Supervisor designated to oversee Students' Academic Work for a project, major research paper, thesis, dissertation, or similar undertaking accepts responsibility for training and supervising the student and taking reasonable steps to ensure the Research is conducted responsibly, competently, and ethically. Therefore, the Faculty Supervisor shall be considered a Respondent under this policy when allegations involve student research conducted under his or her supervision.

The Research Ethics Boards and the Animal Care Committee have respective responsibilities for overseeing the protection of humans and animals in Research, and the Academic Safety Committee is responsible for managing and controlling health and safety risks to researchers and the wider Brock community, which may necessitate additional review by those bodies for cases under their jurisdictions.

In the event that any provision of this Policy is found to be inconsistent with the provisions of a Collective Agreement at Brock University, the Collective Agreement will prevail, except where the provision is required by the Tri-Agency Framework.

5. RESPONSIBILITIES OF RESEARCHERS

Researchers shall strive to conduct research honestly, accountably, openly, and fairly in the search for and dissemination of knowledge. In addition, researchers shall follow the requirements of applicable institutional policies and professional or disciplinary standards and shall comply with applicable laws and regulations. At a minimum, researchers are responsible for the following:

- a. 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. (TAF-RCR, section 2.1.2a)
- b. Keeping complete and accurate records of data, methodologies, and findings, including graphs and images, in accordance with the applicable funding agreement, institutional policies, and/or laws, regulations, and professional or disciplinary standards in a manner that will allow verification or replication of the work by others. (TAF-RCR, section 2.1.2b)
- c. Taking reasonable steps, including providing appropriate training and supervision, to ensure the responsible, competent, and ethical research conduct of students, supervisees, and research employees.
- d. Referencing and, where applicable, obtaining permission for the use of all published and unpublished work, including data, source material, methodologies, findings, graphs, and images. (TAF-RCR, section 2.1.2c)
- e. 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. (TAF-RCR, section 2.1.2d)
- f. Acknowledging, in addition to authors, all contributors and contributions to Research, including writers, funders, and sponsors. (TAF-RCR, section 2.1.2e)
- g. Appropriately managing any real, potential, or perceived conflict of interest consistent with Brock's *Conflict of Interest Policy*. (TAF-RCR, section 2.1.2f)
- h. Providing true, complete, and accurate information in their funding applications and related documents and representing themselves, their Research, and their accomplishments in a manner consistent with the norms of the relevant field. (TAF-RCR, section 2.2a)
- i. Certifying that they are not currently ineligible to apply for, and/or hold, funds from an Agency or any other research funding organization worldwide for reasons of breach of responsible conduct of research policies such as ethics, integrity, or financial management policies. (TAF-RCR, section 2.2b)
- j. Ensuring that others listed on any funding application have agreed to be included. (TAF-RCR, section 2.2c)
- k. Using grant or award funds in accordance with the policies of the Agencies, 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. (TAF-RCR, section 2.3)
- l. Complying with all applicable Agency requirements and legislation for the conduct of Research, including securing all required certifications. (TAF-RCR, section 2.4)
- m. Being proactive in rectifying any breach, for example, by correcting the research record, providing a letter of apology to those affected by the breach, or repaying funds. (TAF-RCR, section 2.5)

6. BREACHES OF POLICIES RELATED TO RESPONSIBLE CONDUCT OF RESEARCH

Breaches include, but are not limited to, the following:

- a. *Fabrication*: Presenting invented or made-up data, source material, methodologies or findings, including graphs and images, as fact or truth without acknowledgement. (TAF-RCR, section 3.1.1a)
- b. *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. (TAF-RCR, section 3.1.1b)
- c. *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. (TAF-RCR, section 3.1.1c)
- d. *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, if required, without permission. (TAF-RCR, section 3.1.1d)
- e. *Redundant publication*: The re-publication of one's own previously published work or part thereof, including data, in any language, without adequate acknowledgment of the source, or justification. Also referred to as self-plagiarism. (TAF-RCR, section 3.1.1e)
- f. *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. (TAF-RCR, section 3.1.1f) Listing of co-applicants, collaborators or partners on an Agency application or related document without their agreement. (TAF-RCR, section 3.1.2c)
- g. *Inadequate acknowledgement*: Failure to appropriately recognize contributions of others in a manner consistent with their respective contributions and authorship policies of relevant publications. (TAF-RCR, section 3.1.1g)
- h. *Failure to uphold intellectual property rights*. Failure to abide by the laws of Canada with respect to intellectual property, the university's regulations on intellectual property as outlined in the Faculty Handbook, the Collective Agreement between Brock University and the Brock University Faculty Association, or the terms of any signed intellectual property agreement.
- i. *Mismanagement of conflict of interest*: Failure to appropriately manage any real, potential or perceived conflict of interest, in accordance with Brock's *Conflict of Interest Policy*, preventing one or more of the objectives of the TAF-RCR (Section 1.3) from being met. (TAF-RCR, section 3.1.1h)
- j. *Misrepresentation in grant or award applications*: 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. (TAF-RCR, section 3.1.2a)
- k. *Ineligible application*. Applying for and/or holding an Agency award when deemed ineligible by NSERC, SSHRC, CIHR or any other research or research funding organization worldwide for reasons of breach of responsible conduct of research

- policies such as ethics, integrity or financial mismanagement policies. (TAF-RCR, section 3.1.2b)
- l. *Mismanagement of grants or award funds*: Using grant or award funds for purposes inconsistent with the policies of the Agencies or other funder; 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. (TAF-RCR, section 3.1.3)
 - m. *Failure to fulfill requirements for research activities*. 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. (TAF-RCR, section 3.1.4)

7. PROMOTING AWARENESS AND EDUCATION

The Vice-President Research shall have the responsibility of ensuring that the University meet its obligation for promoting awareness about the responsible conduct of research, the consequences of Research Misconduct, and the process for making and adjudicating allegations of Research Misconduct.

To promote a greater understanding of responsible conduct of research, the University shall offer workshops, seminars, web-based materials, courses, and/or training for Institutional Personnel, along with an orientation for Institutional Personnel who are new to the University. In addition, the Vice-President Research shall recruit and ensure adequate training for a pool of individuals who will be available for service as members of an Investigative Committee.

In designing these educational opportunities, the Vice-President Research shall consult with faculty, students, postdoctoral fellows, the Senate Research and Scholarship Policy Committee, and other relevant groups. Educational initiatives for graduate students shall be planned and implemented in collaboration with the Faculty of Graduate Studies. The Vice-President Research shall appoint a designate to participate in Responsible Conduct of Research fora and other educational initiatives offered by the Secretariat on Responsible Conduct of Research.

The Vice-President Research shall have the responsibility for posting annual reports on an Institutional website including statistical information about allegations received, confirmed findings of breaches of this policy and actions taken, subject to the **Freedom of Information and Protection of Privacy Act (Ontario)**. Anonymous aggregate data regarding cases considered under the **Academic Integrity Policy (Code of Student Academic Conduct)** shall be reported separately.

8. CONFIDENTIALITY

Brock University is committed to protect the privacy of Complainant(s) and Respondent(s) as far as is legally and practically possible. Anyone involved in conducting an Inquiry or an Investigation must first sign a privacy and confidentiality agreement.

Complainants will only be identified to the Respondent(s) in cases where the Investigative Committee determines that this information is absolutely necessary for the Respondent(s) to be able to make a full and proper response and defence to the allegations of Research Misconduct, in accordance with the principles of natural justice.

The Investigative Committee shall inform the Complainant(s) prior to revealing his/her/their identity(ies), and allow Complainants the right to make written submissions as to why he/she/they should not be identified, or withdraw a complaint(s), before making the final decision to reveal his/her/their name(s) to the Respondent. The University shall take all reasonable steps to protect a good faith Complainant from any reprisal, consistent with the University's *Safe Disclosure Policy*.

A Respondent's name and the nature of the alleged Research Misconduct will be kept in strictest confidence and will only be shared on a need-to-know basis within the University, to the fullest extent allowed pursuant to the procedures in this policy and consistent with the University's obligations under the *Freedom of Information and Protection of Privacy Act (Ontario)*. Complainants will be advised in writing to keep their allegations and the identity(ies) of the Respondent(s) confidential.

Nothing in these provisions shall be construed to interfere with the University meeting its contractual or other reporting obligations to a funding agency.

These provisions for confidentiality shall further not be construed to prevent the University from making a finding of Research Misconduct public, or known to appropriate parties, as determined by the University, where a finding of Research Misconduct has been made pursuant to this policy. (TAF-RCR, section 4.3.2)

9. GUIDELINES FOR MAKING ALLEGATIONS

Individuals are expected to report in good faith any information pertaining to possible breaches of Agency policies to the Institution where the Respondent involved is currently employed, enrolled as a student, or has a formal association. (TAF-RCR, section 3.2a).

Responsible allegations, or information related to responsible allegations, should be sent directly to the Senior Administrative Contact, in writing, with an exact copy sent to the Secretariat on Responsible Conduct of Research if the allegations involve activities funded by an Agency. (TAF-RCR, section 3.2a)

An allegation must be accompanied by the following:

- a declaration of any conflict of interest (see Brock's *Conflict of Interest Policy*);
- a statement that the person making the allegation believes him or herself to be acting in good faith (see Brock's *Safe Disclosure Policy*); and
- a statement that the person making the allegation has taken steps to ensure that he or she is not acting on misinformation or misunderstanding.

10. RECEIVING ALLEGATIONS

Allegations of breaches of this policy shall be submitted to the Senior Administrative Contact. Any person, whether or not part of the Brock University community, may make an allegation of Research Misconduct.

Anonymous allegations of breaches will normally not be accepted. Allegations made anonymously may be investigated only in cases in which the anonymous allegation provides sufficient information so that the University can assess the evidence and the merit of the allegation without requiring knowledge of the source of the allegation. As an example, if the published source and the published result of alleged plagiarism were specified, both would constitute a matter of public record and not require the involvement of the person making the allegation to complete an Inquiry or Investigation. If the University proceeds with an Inquiry or Investigation based upon an anonymous allegation, the person who made the initial allegation will be excluded from any involvement in the process of Inquiry or Investigation.

11. INQUIRIES

Upon receipt of an allegation, the Senior Administrative Contact shall inform the Respondent(s), and the Vice-President Research. In cases involving human or animal participants, the Senior Administrative Contact shall communicate with the chair of the appropriate Research Ethics Board or Animal Care Committee. The Senior Administrative Contact shall communicate with the Chair of the Academic Safety Committee if the allegation involves potential health or safety risks to researchers or the wider Brock community. Notification of all parties will occur within **10 days** of receipt of the allegation. If the allegation involves potentially significant financial, health and safety, or other risks associated with activities funded by an Agency, the Senior Administrative Contact shall also inform the Secretariat on Responsible Conduct of Research.

The Senior Administrative Contact, or designate thereof, shall conduct an initial Inquiry into any allegation of breaches under this policy. See the administrative flowchart in Appendix B.

The Senior Administrative Contact or designate shall make an initial determination as to whether an Investigation is warranted. This determination shall be on the basis of consideration of the following factors:

- a. Whether the allegation appears to have been made responsibly and in good faith;
- b. Whether the allegation, if true, would likely constitute Research Misconduct pursuant to this policy; and
- c. Whether there is evidence to support the occurrence of a breach.

The Senior Administrative Contact shall prepare an Inquiry Report as described in section 13.

If the Senior Administrative Contact determines that an Investigation is warranted, an Investigative Committee will be formed pursuant to section 12. This determination shall normally be made within **30 days** from the date the Respondent was informed of the allegation.

If the Respondent accepts responsibility and further investigation would not uncover any new information pertinent to the matter, the Respondent may request adjudication without an Investigation. If the Senior Administrative Contact agrees, the matter concludes at Inquiry.

If a breach of the policy is confirmed, the Respondent shall retain full rights to appeal decisions and recommendations, as outlined in section 15 of this policy.

12. INVESTIGATIONS

See the administrative flowchart in Appendix C. The Senior Administrative Contact shall oversee the formation of the Investigative Committee for all other Respondents.

An Investigative Committee will consist of at least three persons, with a majority of members from similar research disciplines to that involving the alleged Research Misconduct to ensure the Committee has sufficient knowledge of practice within that research discipline. At least one Committee member shall be a faculty member from a similar research discipline at another postsecondary institution, who is unaffiliated with the University. The Vice-President Research shall provide administrative support for the Committee.

The Investigative Committee shall select its own Chair and will set up a procedure that is appropriate and suitable to the circumstances.

The Investigative Committee shall ensure that the Respondent(s) has full knowledge of the allegations involved and has the opportunity to respond to those allegations before the Investigative Committee has reached any conclusions or made any recommendations. The Investigative Committee shall take all steps possible to ensure that their procedures and the identities of Respondents and Complainants are protected. The Investigative Committee shall have the right to consult with outside experts on a confidential basis, including, without limitation, subject-matter experts, research ethics or integrity experts, and legal counsel. The meetings of the Investigative Committee shall be minuted, and the minutes kept until all proceedings, including any Appeals, relevant to the case have been completed, and for at least two years afterward. The Respondent shall have the right to be accompanied by a member of the Brock community.

In determining whether an individual has breached this policy, it is not relevant to consider whether a breach was intentional or a result of honest error.

The Investigative Committee is expected to reach a decision and make recommendations within **90 days**.

13. ACCOUNTABILITY

Upon reaching a decision regarding an Inquiry, the Senior Administrative Contact shall submit an Inquiry Report to:

- a. in the case where no investigation is warranted, the Respondent(s), the Complainant(s), the Vice-President Research, and appropriate individuals who need to be informed; or
- b. in the case where the Senior Administrative Contact accepts a Respondent's request for adjudication without Investigation, the Respondent(s), the Complainant(s), the Vice-President Research, the Provost and Vice-President Academic, and appropriate individuals who need to be informed; or
- c. in the case where an Investigation is recommended, the Respondent(s), the Complainant(s), the Vice-President Research, and the Provost and Vice-President Academic.

Upon reaching a final decision regarding an Investigation, the Investigative Committee shall report its findings to the Respondent(s), the Complainant(s), the President, the Vice-President Research, the Provost and Vice-President Academic, the Senior Administrative Contact, and appropriate individuals who need to be informed.

Subject to any applicable laws, including privacy laws, Inquiry or Investigation reports shall include the following information:

- the specific allegation(s), a summary of the finding(s), and reasons for the finding(s);
- the process and timelines followed for the Inquiry and/or Investigation;
- the Respondent's response to the allegation, Investigation, and findings and any measures the Respondent has taken to rectify the breach; and
- the decision and recommendations made by the Investigative Committee, including a minority report, if any. (TAF-RCR, section 4.4)

Copies of reports shall be maintained on file for at least two years.

If the allegations are unfounded or unproven, the file will be closed and relevant documents will be given to the Respondent; all other file copies will be destroyed. The University shall take all reasonable steps to ensure that the reputation of the individual against whom unfounded allegations have been made is protected and/or restored. With the Respondent's express permission, the University may publish the Inquiry or Investigative Committee Report and/or communicate the decision to any other appropriate or interested parties, including collaborators, co-authors, professional societies, etc. (TAF-RCR 4.3.6)

If the allegations are upheld and a finding of Research Misconduct is made, the Investigative Committee (or the Senior Administrative Contact if the Respondent's request for adjudication without Investigation is accepted) shall make recommendations to the Provost and Vice-President Academic as to appropriate actions to be taken. Subject to the Appeal process below, the Provost and Vice-President Academic shall determine and proceed with an appropriate course of action in consultation with the appropriate Dean or other supervisor of the Respondent.

The University shall at all times retain sole discretion as to the release and use of research funds provided by any third party to the University.

14. INTERIM MEASURES

Interim measures shall not be taken as punitive action.

In accordance with TAF-RCR 4.4.3d at any time after being informed or becoming aware of an allegation of Research Misconduct, the Vice-President Research may immediately take interim action to protect the administration of Agency funds. Such actions could include requiring that ongoing research be suspended, that a second signatory affirm all research expenses, or that research funds or accounts be frozen.

The Vice-President Research may further order any and all other interim measures reasonably necessary for the prudent protection of health and safety, research integrity, or Agency or other third-party funds. In cases where the health or safety of human or animal subjects may be at risk, the Research Ethics Boards or Animal Care Committee shall take appropriate interim measures, which may include temporary suspension of research activities to allow time for re-training and/or modification of procedures to protect the subjects. Such measures would be taken in accordance with Article 6.3 of the *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans* and with the *Animals for Research Act*. When necessary, the Academic Safety Committee shall take appropriate interim measures to manage and control health and safety risks to researchers and the wider Brock community.

The Vice-President Research shall inform appropriate staff and/or offices at the University on a confidential basis to effect any interim measures. The identities of the Complainant(s) and Respondent(s) shall only be shared on a confidential basis, and only if reasonably necessary to effect interim measures. Appropriate staff to notify may include, without limitation, animal care; research ethics; health, safety and wellness; legal counsel; research accounting; finance; and human resources.

The Vice-President Research may take these interim measures at the recommendation of the Senior Administrative Contact, Investigative Committee, an Agency, the Secretariat on Responsible Conduct of Research, or at his/her own initiative.

Interim measures taken in this manner may be made permanent upon a finding of Research Misconduct, subject to the appeal process set out below.

15. APPEALS

Within **14 days** of receiving an Investigative Committee Report, the Respondent(s) or the Complainant(s) may make a final appeal to the President, or the person whom the President designates. A designate chosen in this manner must be independent of the authority of the Vice-President Research, must be free of conflicts, and must not have been involved in the earlier Investigation or decision-making process for the alleged Research Misconduct of the Respondent.

If the President has a conflict of interest in the appeal, then the Chair of the Senate shall have the authority to hear the appeal or to appoint a designate, subject to the same limitations for designates as above.

Typically, an appeal shall be considered on one or more of the following grounds:

- a. That the Investigative Committee did not have the necessary authority under this policy to investigate the conduct at issue;
- b. That the Investigative Committee made a decision or recommendation outside the intended scope of this policy;
- c. That there was a reasonable apprehension of bias on the part of one or more of the decision makers;
- d. That the original Investigative Committee made a fundamental procedural error that seriously affected the outcome; and/or,
- e. That new evidence has arisen that could not reasonably have been presented at the initial hearing and that would likely have affected the decision of the original Investigative Committee.

The appeal must be made in writing and must describe in detail the purported violation by the Investigative Committee.

Upon receipt of a notice of appeal, the President or designate shall review the record of the original hearing and the written statement of appeal, and determine whether or not the grounds for appeal are valid. The President or designate shall rule on the appeal **within 30 days** of its submission.

Should the President or designate determine that there are no valid grounds, as specified above, for an appeal, then the appeal will be dismissed.

Should the President or designate find that there was a violation, based on one or more of the above grounds, and the violation materially affected the findings of the Investigative Committee, then the President or designate shall inform the parties and a new investigation with a new Investigative Committee shall be initiated. The new Investigative Committee shall proceed without deference to the previous Investigative Committee's findings.

The new Investigative Committee shall be selected in compliance with the procedure outlined in section 12.

16. REPORTING REQUIREMENTS TO THE SECRETARIAT ON RESPONSIBLE CONDUCT OF RESEARCH

Subject to any applicable laws, including privacy laws, the Senior Administrative Contact shall advise the Secretariat on Responsible Conduct of Research immediately of any allegations that may involve significant financial, health and safety, or other risks related to activities funded by an Agency.

Within **two months** of receipt of the initial allegation, a report shall be sent to the Secretariat on Responsible Conduct of Research regarding the outcome of any Inquiry regarding allegations related to activities funded by an Agency, whether or not the Secretariat has already been informed about the allegation (by the Senior Administrative Contact or the Complainant). The Inquiry Report shall confirm whether or not the University is proceeding with an Investigation. This timeline may be extended in consultation with the Secretariat on Responsible Conduct of Research if

circumstances warrant, and with periodic updates provided to the Secretariat until the Investigation is complete.

The University shall prepare a report for the Secretariat on Responsible Conduct of Research on any Investigation it conducts in response to an allegation of policy breaches related to a funding application submitted to an Agency or to an activity funded by an Agency. The report shall be submitted after any Appeal has concluded or the Appeal period has expired. The institution has an additional **five months** following the end of the Inquiry to conduct an Investigation and submit its report to the Secretariat on Responsible Conduct of Research. The institution therefore has a total of seven months from the date of receipt of an allegation that results in an Investigation to report to the Secretariat on Responsible Conduct of Research. This timeline may be extended in consultation with the Secretariat on Responsible Conduct of Research if circumstances warrant, and with periodic updates provided to the Secretariat until the Investigation is complete.

Note that in cases where the source of funding is unclear, the Secretariat on Responsible Conduct of Research reserves the right to request information and reports from the University.

Subject to any applicable laws, including privacy laws, Inquiry or Investigation reports shall include the following information:

- the specific allegation(s), a summary of the finding(s), and reasons for the finding(s);
- the process and timelines followed for the Inquiry and/or Investigation;
- the Respondent's response to the allegation, Investigation, and findings and any measures the Respondent has taken to rectify the breach; and
- the decision and recommendations made by the Investigative Committee, including a minority report, if any.

The Provost and Vice-President Academic in consultation with the Senior Administrative Contact shall append information to the Inquiry or Investigation report to document subsequent actions taken by the University. (TAF-RCR, section 4.4).

Inquiry or Investigation reports to the Secretariat on Responsible Conduct of Research shall include the name of the researcher and the title of the research grant or application, but shall not include:

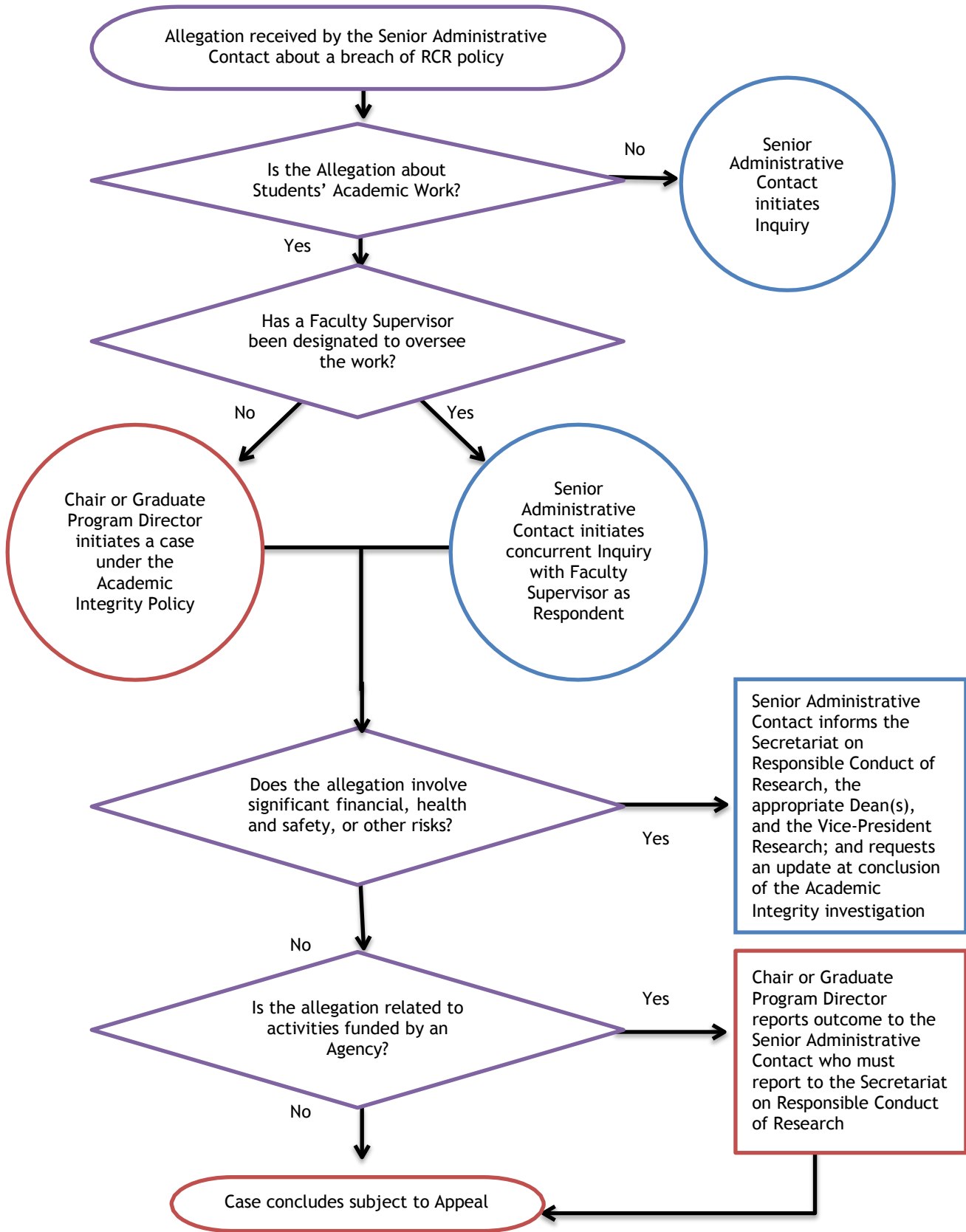
- information that is not related specifically to Agency funding and policies; or
- personal information about the Respondent, or any other person, that is not material to the University's findings and its report to the Secretariat on Responsible Conduct of Research.

The University and the Respondent(s) may not enter into confidentiality agreements or other agreements related to an Inquiry or Investigation that prevent the reporting of allegations of policy breaches to the Agencies through the Secretariat on Responsible Conduct of Research. (TAF-RCR, section 4.4)

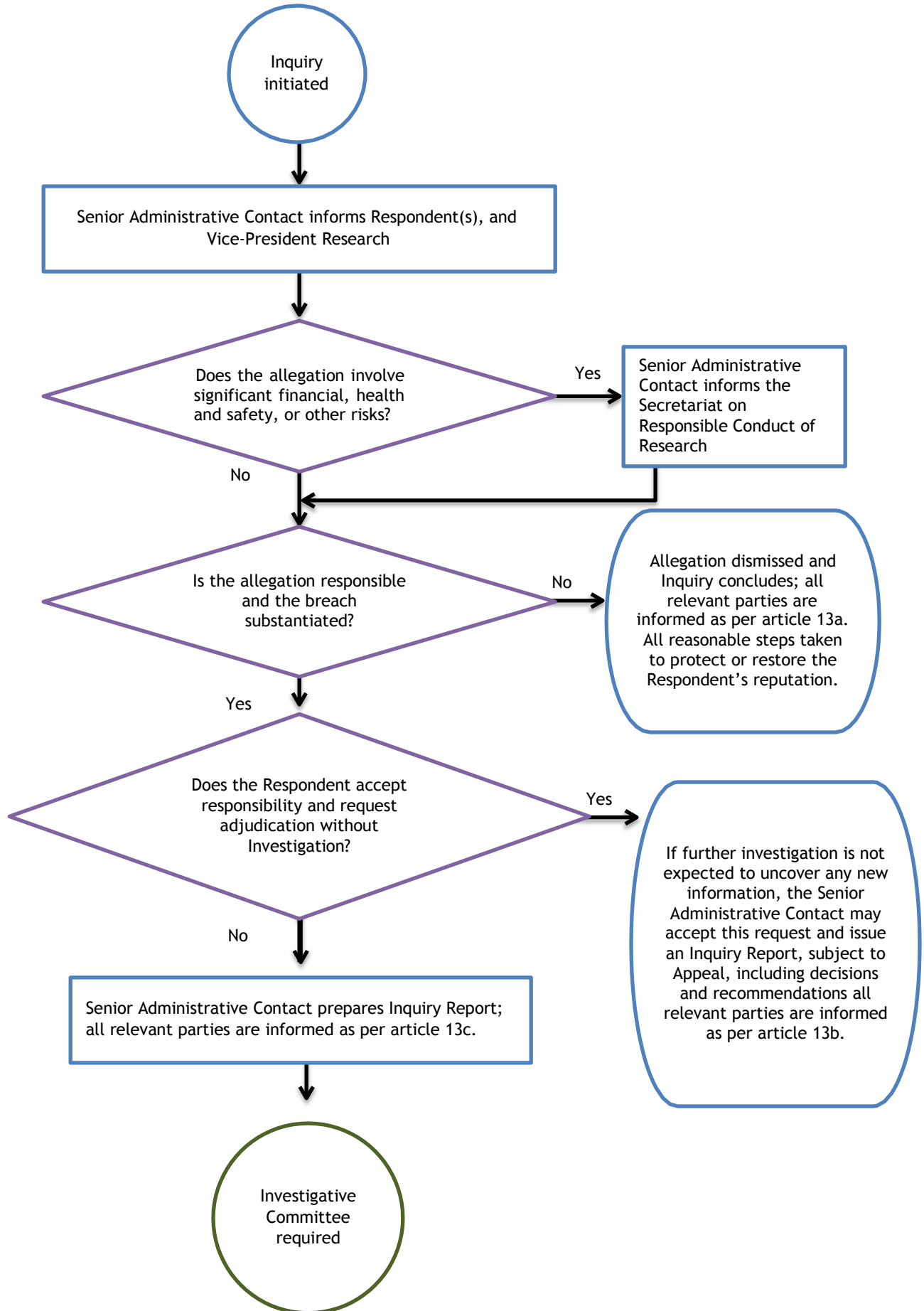
Amendments (revision history)

Policy owner:	Vice-President, Research
Authorized by:	Senate
Effective date:	May 2, 2018
Next review:	April 4, 2020
Revision history:	January 16, 2019
Related documents:	<ul style="list-style-type: none">• Academic Integrity Policy (Code of Student Academic Conduct)• Safe Disclosure Policy• Conflict of Interest Policy

Appendix A
Administrative Flowchart for Allegations Regarding Students' Academic Work (Section 4)



Appendix B
Administrative Flowchart for Inquiries (Section 11)



Appendix C
Administrative Flowchart for Investigations (Section 12)

