

<b>TYPE:</b>	Academic
<b>TITLE:</b>	Responsible Conduct of Research
<b>NO.:</b>	ACAD-116
<b>RESPONSIBILITY:</b>	Vice-President, Academic
<b>APPROVED BY:</b>	Durham College Leadership Team
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## 1. Introduction

- 1.1. Recognizing the benefits of research to both the College and the community at large, Durham College actively supports a positive research environment that encourages and facilitates research and scholarly activity. As an institution, Durham College places the greatest confidence in the commitment of its members of the College community who adhere to the highest standards of integrity. It involves careful supervision of research, including research conducted by students; competent use of methods; adherence to ethical standards of practice; and the refusal to engage in, or condone, breaches of research integrity.
- 1.2. To support this goal, a framework is provided for the responsible conduct of research, along with guidance and support for those who participate in research initiatives. The primary responsibility for adherence to ethical principles, scholarly and scientific rigour, intellectual honesty and accountability rests with the researchers. Specifying standards for research integrity and parameters for research-related activities is essential to preventing and/or addressing an allegation of a breach of policy or research misconduct.
- 1.3. Individuals in the Durham College community who engage in research accept the right and responsibility for ensuring the integrity of their research and scholarly work. The College established standards of scholarly conduct to communicate awareness of expectations of best research practices that are conducted under the College's auspices.
- 1.4. All members of the College community play an important role in helping to ensure that the standards of research integrity are maintained and have an obligation to report any circumstances they believe to be a breach of policy or misconduct. Errors in research may vary from carelessness or incompetence to gross misconduct and dishonesty, depending on the degree of intent. It is important to note that procedures for addressing allegations are rooted in principles of fairness and natural justice.

## **2. Purpose**

- 2.1. In keeping with the Tri-Agency Framework: Responsible Conduct of Research (RCR Framework), this Responsible Conduct of Research Policy articulates Durham College's commitment to promote and protect the quality, accuracy, and reliability of research and scholarly activity that creates opportunities for inquiry and enhances learning for students. This policy applies to all Durham College-sanctioned research, regardless of location, source of funds, or use of Durham College resources. It also promotes fairness and expectations in the conduct of research and provides the authority for procedures that address allegations of policy breaches and other acts of misconduct.
- 2.2. The purpose of this procedure is to provide a process for the reporting and thorough investigation of allegations of breaches to the Responsible Conduct of Research Policy consistent with the Tri-Agency definitions of a breach of policy. This could result in the resolution of misunderstandings involving no apparent violation but defines a process for confirming and dealing with infractions when they occur

## **3. Definitions**

Refer to [Durham College's Standard Definitions](#).

## **4. Policy statements**

- 4.1. Durham College will create an open and positive environment of academic freedom that protects the right of the scholar to pursue the truth through research and teaching and upholds the independence of the higher education research community.
- 4.2. Durham College shall promote education on the importance of responsible conduct and provide a clear understanding of the high level of ethical standards required in research, teaching and other aspects of scholarship.
- 4.3. Durham College shall develop appropriate support mechanisms for personnel in order to ensure that research is conducted with intellectual competence, honesty and integrity.
- 4.4. All members of the Durham College community have an obligation to report to the central point of contact responsible for receiving confidential enquiries and allegations all circumstances that may constitute research misconduct or a breach of policy.
- 4.5. Durham College will respond promptly to and investigate all allegations of misconduct involving researchers, faculty, administrators, staff or students. Investigations shall be conducted impartially and adhere to the principles of procedural fairness.

- 4.6. Policy conflict: In the event of a discrepancy between the Tri-Agency (CIHR, NSERC and SSHRC) policies and this policy, the Tri-Agency policies shall take precedence.

## 5. Procedure

- 5.1. Procedures for responding to allegations

If a person is uncertain whether a breach of policy has occurred, a confidential consultation to seek clarification on activities that constitute research misconduct may be requested with the dean, Office of Research Services, Innovation & Entrepreneurship (ORSIE).

- 5.2. Receipt of an allegation

Allegations of scholarly misconduct may come from a variety of sources, but only if the source of the allegation is identified can it be properly evaluated. Therefore, the allegation must be in writing, signed by the complainant and forwarded to the vice-president, Academic with an exact copy sent to the Secretariat on Responsible Conduct of Research (SRCR) if Tri-Agency funding is involved within six months of the alleged misconduct. Normally, the VPA is sufficiently at arm's length to have an impartial view and is free from conflicts of interest so should be the designated point of contact. Support will be provided for a legitimate allegation against acts of retribution while simultaneously protecting the scholarly reputation of the researcher from false allegations and litigation. Anonymous allegations will only be considered on a case-by-case basis, if accompanied by sufficient information to enable the assessment of the allegation and the credibility of the facts and evidence upon which the allegation of a breach or misconduct is based without the need for further information from the complainant.

If the allegation is related to conduct that occurred at another institution, the VPA will contact their respective counterpart at the other institution and determine which is best placed to conduct the inquiry and investigation, if warranted.

- 5.3. Addressing the Allegation

- 5.3.1. The VPA or designate shall fully disclose, within 10 business days, the allegation to the researcher who is the subject of the allegation. The researcher will be given 10 business days to respond to the allegation and the evidence supporting the allegation. The information that comes forward will be kept confidential and the privacy of individuals protected as much as possible while allowing due process.

5.3.2. The VPA may accept an admission of a breach in policy or misconduct, provided that it is in writing and reflects the facts as revealed in the allegation. In such case, the VPA may immediately proceed to take appropriate action to respond to the allegation.

#### 5.4. Initial Inquiry

An impartial internal or external investigator will be designated by the VPA, depending on the type of expertise required, to conduct an initial inquiry whereby the facts related to the allegation are collected and independently reviewed. The investigator will meet with the complainant, respondent and others as required and review documents or materials. A report of the findings and possible recommendation shall be submitted within 30 calendar days to the VPA for action. Within 10 business days of receipt of the report, the VPA will notify the respondent whether the allegation will be dropped or forwarded to an Investigation Committee.

#### 5.5. Notification to Funders

5.5.1. If the research is supported by the Canadian Institutes of Health Research (CIHR), the Natural Sciences and Engineering Research Council (NSERC) or the Social Sciences and Humanities Research Council (SSHRC), (the Agencies), the relevant Agency or SRCR will be notified immediately, subject to any applicable laws, of any allegations that involve significant financial, health and safety, or other risks. An inquiry letter/report will be sent within two months of receipt of an allegation to the Secretariat on Responsible Conduct of Research (SRCR).

5.5.2. Funding agencies or sponsors will be notified as appropriate of the initiation of an investigation and stakeholders informed that further funds will not be released until the investigation is concluded.

#### 5.6. Appointment of an Investigation Committee

5.6.1. The VPA may establish an ad hoc Investigation Committee within 30 calendar days of notification to the respondent to ensure the principles of fairness are upheld with the disposition of the allegation. It will be comprised of three members, nominated by the VPA with its composition informed by Academic Council. Committee members will have no conflicts of interest, whether real or apparent, with the research project under investigation and will be knowledgeable in research matters and possess the necessary expertise. At least one external member who has no affiliation with the College will be included. This committee will be chaired by a member of the committee.

5.6.2. The committee will act with discretion and meet as necessary with the respondent, who may choose to be accompanied by advisors, such as peers, Student Association, or union representatives, at any required meetings. The committee may meet with others, seek expert advice and review documents or materials as required. All interviews will be documented. All evidence will be stored securely with the Office of the VPA. The respondent may request access to all available information bearing on the case. As necessary, the format of the information may be altered from the original to maintain privacy of the provider.

5.6.3. The report of the committee will include the following elements:

- A description of the allegation.
- A list of committee members and rationale for their selection.
- Methods, timelines and materials used in the investigation.
- Researcher's response to the allegation and any measures taken to rectify the breach.
- Persons interviewed or who provided information in the matter being investigated.
- Any other relevant details.
- Findings of misconduct based on clear, cogent and convincing evidence of a breach of research integrity, decisions and recommendations.

5.6.4. The Investigation Committee shall submit its report to the VPA within three months of the initial notification to the respondent that a committee will be formed.

5.6.5. If funding has been received from the Agencies, then the report and any actions taken will be submitted to the SRCR within seven months of receipt of the allegation. These timelines may be extended in consultation with the SRCR and with periodic updates as agreed upon provided.

## 5.7. Determination of the Allegation

5.7.1. Upon receipt of the report, the VPA will advise the complainant and respondent that the allegation is unfounded and dismissed or alternately, that it has been substantiated as a breach of policy or misconduct. The intent of the researcher will be considered in determining the appropriate sanction, if any. The VPA has the authority and discretion to impose sanctions or take actions recommended by the committee or as deemed to be appropriate for the situation and severity of the offense.

5.7.2. Sanctions could include:

- Issuing a letter of concern to the researcher;
- Requesting the researcher correct the research record and provide proof of the correction;
- Advising the researcher that the College will not support any applications for future research for a defined period or indefinitely;
- Terminating remaining installments of the grant or award;
- Restitution of funds within a defined time frame for all or part of the funds already paid; and/or
- Any other recourse available by law.

5.7.3. The VPA will notify the complainant, the respondent, and other stakeholders of the decision in writing and provide a copy of the Investigation Committee's report within 10 business days of receiving the report.

5.7.4. If the investigation was initiated internally within the College, and breach of policy or misconduct was found to have occurred in research funded by one or more of the Agencies, the College will provide the Agency with a copy of the report.

5.7.5. Where the findings show the allegation to be unfounded or unsubstantiated, the Investigation Committee will make recommendations for reasonable steps to address damage to the respondent's reputation that was suffered by virtue of the allegation.

5.7.6. If an allegation of misconduct was made in good faith, then every effort will be made to protect the complainant from any recourse. If, however, the allegation was irresponsible or malicious, then the VPA may take disciplinary action.

5.8. Appeal

The respondent or complainant of an allegation may appeal the decision of the VPA or sanction imposed in writing to the Durham College president within ten business days of the decision being communicated, stating the grounds for the appeal. The VPA will be informed of the appeal and the president will review the report and make a determination on an appeals mechanism for the case, considering the grounds, consistent with this policy. Upon completion of the appeal proceedings, the decision rendered will be final.

## 5.9. Accountability and Communication

Information on allegations and confirmed findings of breaches of policy, including actions taken shall be posted annually on the DC website and publicized in the Office of Research Services, Innovation and Entrepreneurship annual report, subject to applicable laws, as a means to educate researchers on the types of actions, behaviours and activities that constitute misconduct.

The total number of allegations received involving Agency funds, the number of confirmed breaches and the nature of those breaches, subject to applicable laws will be reported annually to the SRCR.

## 5.10. Retention of Record

All documents and records involved in the investigation will be kept confidential for a minimum of seven (7) years in the Office of the VPA.

# 6. Roles and responsibilities

## 6.1. Role of the Researcher

The researcher's commitment to the advancement of knowledge requires diligence to honest and thoughtful inquiry, rigorous analysis and accountability in accordance with research standards and best practices. The College expects all researchers to be familiar with its provisions and to conduct their research, scholarly and creative activities in accordance with these provisions.

Researchers shall be personally responsible for the conduct of the research and shall be accountable for:

### 6.1.1. Academic Rigour and Research Integrity

- Ensuring that all research is conducted to the highest possible ethical standard and with scholarly and academic integrity;
- Providing complete and accurate information on funding applications and related documents;
- Overseeing the design of research methodology and the processes for acquiring, recording, examining, interpreting and storing complete and accurate records of data;
- Demonstrating good stewardship of resources by utilizing facilities, equipment, other resources and infrastructure efficiently and in co-operation with others;
- Utilizing funds for the purpose for which they were given, in accordance with any agreements and account for expenditures in regular financial reports;

- Providing collaborators, students, research assistants and others with all reasonable information necessary to prevent misconduct as defined in this policy;
- Supervising and monitoring the work of students, research assistants, and others;
- Holding respectful discussions with all members of the research team to contribute to the scholarly effort;
- Abiding by Durham College's policies for Intellectual Property and Conflict of Interest; and
- Disclosing any incidents of research misconduct and proactively rectifying a breach of policy.

#### 6.1.2. Contributors and Authorship

- The principal criterion for authorship requires that the author(s) has made a substantial conceptual or material contribution. The concept of 'honorary authorship' is not acceptable;
- To ensure the publication of accurate scholarly reports, the following two requirements must be met:
  - The active participation of each author in verifying and taking responsibility for the part of the manuscript that he or she has contributed; and
  - The designation of one author who is responsible for the validity of the entire manuscript.
- Acknowledging, appropriately all those, and only those who have contributed to the research, including funders and sponsors;
- Students will be given the appropriate recognition for authorship or collection of data in any publication;
- Obtaining permission of the author before using new information, concepts and/or data;
- Obtaining permission and providing acknowledgement for unpublished and published works, including theories and concepts, data, source material, methodologies, findings, graphs and images; and;
- Using archival material in accordance with rules and regulations.



### 6.1.3. Collection and Retention of Data

- Verifying the authenticity of all data or other factual information generated in the research;
- Using data only for the purposes for which it was collected;
- Storing data in such a manner as to protect confidentiality as required by College policy and any relevant legislation;
- Providing unlimited access to data and findings of the research for all co-researchers;
- Preserving research data as others in the research community may raise questions requiring reference to original data; and
- Maintaining original data, records and complete documentation including methodologies and findings in a suitable, secure format and for a period of seven (7) years from the publication of the research findings.

Individuals who conduct research and scholarship activities will abide by the standards and expectations and will be accountable for the ethical and intellectual quality of their work. Incidents of honest error intrinsic to the research process, such as conflicting data, differences of opinion in the interpretation of data or differences in research design shall not be considered research misconduct. Research activities shall be conducted in a manner that considers community impact, and where possible, minimizes negative social and environmental consequences.

## 6.2. Role of the Vice-president, Academic

- 6.2.1 It is the responsibility of the VPA to ensure this policy is fully implemented and enforced.
- 6.2.2 The VPA is responsible for confidentially receiving and responding to all allegations of a breach of policy or research misconduct that are made responsibly and in good faith.
- 6.2.3 When an allegation of a policy breach is received, the VPA has the authority to:
- Obtain information pertinent to any allegation of misconduct;
  - Require members of the College community to answer questions related to any allegation of misconduct;
  - Require a second authorized signature from an institutional representative on all expenses charged to the researchers grant accounts or other measures as appropriate; and/or

- Suspend funding and/or adjourn a research project pending an investigation of research misconduct.

6.2.4 A copy of the allegation will be sent to the Secretariat on Responsible Conduct of Research (SRCR) if the research is supported by the Canadian Institutes of Health Research (CIHR), the Natural Sciences and Engineering Research Council (NSERC) or the Social Sciences and Humanities Research Council (SSHRC).

6.2.5 Based on the severity of the allegation and evidence submitted, the VPA may make any of the following determinations, in writing, to all relevant parties:

- Dismiss the allegation where insufficient evidence exists.
- Request additional information and/or consult with appropriate deans and/or the dean, ORSIE in strict confidence.
- Resolve the allegation through informal proceedings, after meeting with both parties (with or without a third party present) and render a decision in writing.
- Initiate an investigation within two weeks.
- Suspend the research activities to protect the administration of the College and the research funds involved.

### 6.3. Role of Office of Research Services, Innovation & Entrepreneurship (ORSIE)

ORSIE is charged with building the research capacity of Durham College by developing research policies, fostering partnerships and providing tools and training opportunities to educate and increase awareness regarding responsible conduct of research.

## 7. Accessibility for Ontarians with Disabilities Act considerations

Accessibility for Ontarians with Disabilities Act (AODA) standards have been considered in the development of this policy and procedure and it adheres to the principles outlined in the College's commitment to accessibility as demonstrated by the Accessibility Plan (ADMIN-203).

## 8. Non-compliance implications

Failure to comply with this policy may result in damage to internal and external relationships, financial loss, property damage, reputational harm, legal action and/or a diminished ability to achieve the mission of Durham College. As well, failure to comply with this policy may also affect the College's status as an institution eligible to receive funding from the Natural Sciences and Engineering Research Council of Canada and the Social Sciences and Humanities Research

## **9. Communications plan**

- A message will be posted on ICE alerting employees when new or revised policies and procedures are added to ICE.
- A message will be posted on MyCampus alerting students when new or revised policies and procedures are added.

## **10. Related forms, legislation or external resources**

- Tri-Agency Framework: Responsible Conduct of Research
- Tri-Council Policy Statement on Ethical Conduct for Research Involving Humans, 2014