



**ST. MARY'S UNIVERSITY**  
**POLICY: ACADEMIC AFFAIRS**

<b>POLICY TITLE:</b> Integrity in Research And Scholarship	<b>POLICY NUMBER:</b> 2.G - 2006
<b>APPROVAL DATE:</b> 16 Nov 2005	<b>DATE REVIEWED:</b> 30 Oct 2019 28 May 2020
<b>RESPONSIBILITY:</b> Vice-President Academic	<b>AUTHORIZATION:</b> Academic Council

### 1. PURPOSE

St. Mary's University recognizes that a commitment to faculty research and the dissemination of new knowledge are central to fulfilling its mission as a University committed to teaching and research excellence. The St. Mary's University (StMU) *Integrity in Research and Scholarship Policy* is designed to promote the highest ethical standards in research and scholarly activity. The policy has been informed and in some cases is taken directly from the Tri-Agency Framework: Responsible Conduct of Research (RCR, 2016). Faculty, staff and students requiring guidance not available in the policy should reference the RCR.

Excellence in research and scholarship depends on the creativity, hard work and dedication of its practitioners. It also depends on integrity. Dishonesty and fabrication undermine the worth and usefulness of research and other scholarly work. Breaches of integrity offend basic professional, scholarly and societal values of honesty, fairness, beneficence and freedom from exploitation.

### 2. SCOPE AND APPLICATION

- 2.1 This policy applies to all persons involved in research at, on behalf of, or under the auspices of, the University.
- 2.2 Subject to applicable legislation, this policy will not be interpreted or applied so as to limit or amend the provisions contained in the *Collective Agreement*
- 2.3 The University has a separate policy on conflict of interest and complaints of this nature are to be addressed in accordance with the provisions of the University's *Research and Conflict of Interest Policy*.
- 2.4 The University has separate provisions for academic offences applicable to students in the context of university courses, and complaints of this nature are to be addressed in accordance with the provisions of the governing policies.

### 3. DEFINITIONS

For the purposes of this policy:

- 3.1 **“Administrator”** means the person who has appropriate authority to take or ensure the taking of corrective, remedial and/or disciplinary action.
- 3.2 **“Agency”** refers to an internal or external agency, organization, donor or sponsor providing funds in the support of research activities.
- 3.3 **“Complainant”** is the person making an allegation of misconduct in research under this policy.
- 3.4 **“Investigator”** is an individual(s) designated by the University to investigate complaints pursuant to the policy and procedures.
- 3.5 **“Misconduct” or “Misconduct in Research”** includes, but is not limited to, any deviation from the ethical standards and/or modes of behaviour noted below under Principles.
- 3.6 **“Publication” and “Presentation”** refer to the dissemination of all research and other scholarly information. These terms include all means of transmitting research and other scholarly information (printed journals and books, electronic journals and books, performances, exhibitions, in-person oral presentations, visual recordings, audio recordings, newspapers and magazines, television, and radio).
- 3.7 **“Researcher/Scholar”** refers to all members of the University community who are involved in research and other scholarly and creative activities.
- 3.8 **“Respondent”** means the person accused by the Complainant of Misconduct in Research.
- 3.9 **“Vice-President Academic” or “VPA”** shall mean the Vice-President Academic of the University, or a person authorized to act in that capacity.

#### 4. PRINCIPLES

- 4.1 All research must comply with the policy and procedure outlined below, the terms and conditions set by funding agencies, and the principles and responsibilities outlined in the Tri-Agency Framework: Responsible Conduct of Research and, if necessary, the revised Tri-Council Policy Statement: Ethical Conduct for Research (2018) and as a result StMU’s Research Ethics Board (REB) Policy.
- 4.2 Researchers must comply with all applicable Agency requirements and legislation for the conduct of research, including, but not limited to:
  - Tri-Agency Framework: Responsible Conduct of Research (RCR);
    - 2nd edition of Tri-Council Policy Statement: Ethical Conduct of Research Involving Humans (TCPS 2);
    - Canadian Council on Animal Care Policies and Guidelines;
    - Agency policies related to the Canadian Environmental Assessment Act;
    - Licenses for research in the field;
    - Laboratory Biosafety Guidelines;
    - Controlled Goods Program;
    - Canadian Nuclear Safety Commission (CNSC) Regulations; and Canada’s Food and Drugs Act; and
    - Indigenous Research Statement of Principles.
- 4.3 Misconduct in research includes, but is not limited to, any deviation from the ethical standards described above, and further includes the following as drawn from the Tri-Agency Framework: Responsible Conduct of Research (2016):
  - 4.3.1 Fabrication: Making up data, source material, methodologies or findings, including graphs and images.

- 4.3.2 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.
- 4.3.3 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.
- 4.3.4 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.
- 4.3.5 Redundant publication or self-plagiarism: 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.
- 4.3.6 Invalid authorship: Inaccurate attribution of authorship, including attribution of authorship to persons other than those who have made a substantial contribution to, and who accept responsibility for, the contents of a publication or document.
- 4.3.7 Inadequate acknowledgement: Failure to appropriately recognize contributors.
- 4.3.8 Mismanagement of conflict of interest: Failure to appropriately identify and address any real, potential or perceived conflict of interest, in accordance with the institution's policy on conflict of interest in research, preventing one or more of the objectives of the RCR Framework (Article 1.3) from being met.
- 4.3.9 Misrepresentation in a funding application or related document: 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; applying for and/or holding an award when deemed ineligible by the funder; listing of co-applicants, collaborators or partners without their agreement.
- 4.3.10 Mismanagement of research funds: using grant or award funds for purposes inconsistent with the terms and conditions of the grant agreement or policies of the Agency and the University; misappropriating funds; contravening University financial policies and Agency guidelines; or providing incomplete, inaccurate or false information on documentation for expenditures.
- 4.4 Misconduct in research should not be interpreted as including differences of opinion regarding research methodologies, analyses of data, and theoretical frameworks.
- 4.5 Misconduct in research is an offense which, depending on its severity, is subject to a range of corrective and/or disciplinary measures up to and including dismissal or expulsion, in compliance with any applicable collective agreement or employment manual or contract.

## **5. RESPONSIBILITIES OF RESEARCHERS AND SCHOLARS**

- 5.1 The University endorses and complies with the principles and responsibilities outlined in the Tri-Agency Framework: Responsible Conduct of Research which describes Agency policies and requirements related to applying for and managing Agency funds, performing research, and disseminating results. It also outlines the process that institutions and agencies follow in the event of an allegation of a breach of Agency policy.
- 5.2 The Framework includes a new requirement that applicants and co-applicants must consent that, in the event that they are found to have committed a serious breach of Agency policy, the Agency

may publicly disclose any information relevant to the breach that is in the public interest, including their name, the nature of the breach, the institution at which they were employed at the time of the breach, the institution at which they are currently employed, and the recourse imposed against them. For more information, see the *Tri-Agency Statement: Consent to Disclosure of Personal Information*. By conducting research under the auspices of StMU, the researcher is expected to comply with this general policy, including to its provisions for investigation and disclosure

5.3 Researchers shall strive to follow the best research practices honestly, accountably, openly and fairly in the search for and in the 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:

- 5.3.1 Rigour: scholarly and scientific rigour in proposing and performing research; in recording, analyzing, and interpreting data; and in reporting and publishing data and findings.
- 5.3.2 Record keeping: keeping complete and accurate records of data, methodologies and findings, including graphs and images, in accordance with the applicable funding agreement, institutional policies, laws, regulations, and professional or disciplinary standards in a manner that will allow verification or replication of the work by others.
- 5.3.3 Accurate referencing: referencing and, where applicable, obtaining permission for the use of all published and unpublished work, including theories, concepts, data, source material, methodologies, findings, graphs and images.
- 5.3.4 Authorship: including as authors, with their consent, all those and only those who have made a substantial contribution to, and who accept responsibility for, the contents of the publication or document. The substantial contribution may be conceptual or material.
- 5.3.5 Acknowledgement: acknowledging appropriately all those and only those who have contributed to research, including funders and sponsors.
- 5.3.6 Conflict of interest management: appropriately identifying and addressing any real, potential or perceived conflict of interest, in accordance with the institution's policy on conflict of interest in research, in order to ensure that the objectives of the RCR Framework (Article 1.3) are met.

5.4 Applying for and Holding Funding:

- 5.4.1 Applicants and holders of grants and awards shall provide true, complete and accurate information in their funding applications and related documents and represent themselves, their research and their accomplishments in a manner consistent with the norms of the relevant field.
- 5.4.2 Applicants may only apply for funding if they are not currently ineligible to apply for, and/or hold, funds from NSERC, SSHRC, CIHR or any other research funding organization world-wide for reasons of breach of responsible conduct of research policies such as ethics, integrity or financial management policies.
- 5.4.3 Principal funding applicants must ensure that others listed on the application have agreed to be included.

5.5 In addition to the above responsibilities, researchers shall ensure that research data (including quantitative social, political and economic data sets, qualitative information in digital format,

experimental research data, image and sound data bases, and other digital objects used for analytical purposes) are preserved and retrievable for an appropriate period following publication. Research data collected with the use of funds from public agencies should be placed within the public domain at a suitable depository in an appropriate fashion and within a reasonable length of time following the completion of a project.

## **6. INSTITUTIONAL RESPONSIBILITY**

- 6.1 The University is committed to promoting integrity in research and scholarship.
- 6.2 This policy shall be made known to all members of the University community engaged in research and scholarship. The policy shall be included in the Faculty Manual provided to all permanent and sessional faculty and laboratory instructors. A session on the principles of research and scholarly integrity shall be included in the orientation provided to new faculty. As well, the policy shall be made available in the Faculty folder of the St. Mary's University website.
- 6.3 Allegations of scholarly misconduct (see section 4.3) are a serious matter that may cause harm to the accused, the accuser, the institution and to research and scholarship generally. In compliance with the *Tri-Agency Framework: Responsible Conduct of Research* (2016), the University has put in place impartial and accountable procedures to give effect to this policy including:
  - 6.3.1 establishing procedures (See Appendix A) to guide the timely and effective resolution of complaints;
  - 6.3.2 appointing an Investigator, on a case by case basis, whose duties shall include the investigation of complaints, the purpose of which is to make a determination of whether a violation has occurred. The conduct of an investigation which may lead to potential employee discipline will be in compliance with any applicable collective agreement of employment manual or contract;
  - 6.3.3 protecting and restoring the reputation of those wrongly subjected to an allegation; and
  - 6.3.4 providing written materials, workshops and/or seminars designed to promote and enhance awareness of this policy and the related procedures.
- 6.4 This policy and procedures will be interpreted, administered, and applied according to the following principles:
  - 6.4.1 Respondents shall be advised of the allegations against them and be accorded the opportunity to provide a response;
  - 6.4.2 Either party to a complaint may object to the participation of a person in the administration of this policy on grounds of conflict of interest or reasonable apprehension of bias. Such objection should be promptly submitted in writing to the Vice-President Academic whose decision will be final. Where the objection relates to the participation of the VPA, the President will make the determination.

## **7. REPORTING and RESPONDING TO ALLEGATIONS OF MISCONDUCT IN RESEARCH**

- 7.1 Any person who reasonably believes that misconduct in research under this policy has occurred shall report it promptly in writing to and administrator in accordance with the related procedures (See Appendix A)

## **8. USE OF INFORMATION**

8.1 Subject to any limits or disclosure requirements imposed by law or required by University Policy, any and all information, oral and written, created, gathered, received or compiled through the course of a complaint is to be treated as confidential by both the Respondent and Complainant, their support persons/representatives, witnesses, and anyone involved in the administration of this Policy. Any person breaching confidentiality may be subject to disciplinary sanction or other appropriate action.

8.2 All recorded personal information created under this Policy will be treated as "supplied in confidence" for the purposes of compliance with the Freedom of Information and Protection of Privacy Act (Alberta) and responding to access requests under that legislation.

8.3 In accordance with the *Freedom of Information and Protection of Privacy Act* (Alberta), confidentiality may not be maintained for matters which pose an imminent risk of a substantial and specific danger to life, health or safety of individuals or to the environment.

8.4 In accordance with the RCR, institutions are required to disclose any information relevant to a suspected breach of scholarly conduct.

8.5 The University may be required to provide information and/or records obtained or created under this Policy and the related procedures to an outside agency, such as police services or a court or tribunal, which has the legal right to require information otherwise protected by the *Freedom of Information and Protection of Privacy Act* (Alberta).

8.6 Information concerning an allegation or complaint under this Policy may be provided to University officials who have a need to know such information in order to perform their duties or carry out their responsibilities under this Policy and the Procedures.

8.7 In the case of a substantiated breach of research and scholarly activity, the University maintains the right in public interest to disclose the breach publicly.

In the case of an allegation that is found to be unsubstantiated, the University may release further information to restore the reputation of the researcher.

## **9. RECORDS and REPORTING**

9.1 The office of record for all records documenting cases under this Policy is the Office of Research. This office will maintain separate confidential files in a secure central repository for each case received under this Policy. These files will be retained in accordance with the University's Records Management Policy.

9.2 All Investigator records for each case will be provided to the VPA at the conclusion of the consultation, completion of the informal resolution and/or at the conclusion of any investigation, as the case may be. If the investigation was conducted under the *Collective Agreement* or employment manual or contract, then the procedures and the records will be handled in accordance with the *Collective Agreement* or employment manual or contract.

9.3 The VPA is responsible for preparing an annual report to the University President that provides statistical information on the number of complaints and the number of investigations, as well as any recommendations that may arise from the investigations.

## **10. SAFE DISCLOSURE**

10.1 Individuals will not be subject to retribution of any kind for reporting allegations of Misconduct in Research in good faith.

## Appendix A: Procedures Integrity in Research

In keeping with the above principles, the University has adopted the following procedures:

### A.1 Investigating Complaints

#### A.1.1 Receipt & Criteria of a Complaint

A.1.1.1 Complaints of misconduct in research and scholarship under the policy must be directed in writing to the Vice-President Academic (VPA)

A.1.1.2 Complaints must be submitted in writing, signed and dated by the Complainant, and made within two (2) months from the date of the knowledge of the alleged incident of Misconduct unless, in the discretion of the VPA, extenuating circumstances warrant an extension of time. Anonymous allegations will not normally be considered; however, the University will consider an anonymous allegation if 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

A.1.1.3 If the VPA is the Complainant, or is a party to the alleged misconduct, then the President will assume the role of the VPA under this policy and the Chair of the Board of Governors will serve the role of the President under A4.

A.1.1.4 The content of any complaint must include:

A.1.1.4.1 the nature of the allegation;

A.1.1.4.2 particulars of the allegation, including the name of the Respondent if known and the dates and times of the allegations;

A.1.1.4.3 the names of any potential witnesses;

A.1.1.4.4 any evidence or documentation supporting the occurrence of the allegation;

A.1.1.4.5 Complainant's contact information.

#### A.1.2 Review of Complaint

A.1.2.1 Upon receipt of a complaint, the processes for confidential investigation, discipline or other remedial action established in the Respondent's collective agreement or employment manual or contract for matters under this Policy, or in the case of a Respondent-student the applicable policy provisions for such matters, will be followed. If no process is specified for matters under this Policy, then the complaint will be responded to in accordance with these procedures.

A.1.2.2 The VPA will provide the Complainant with written acknowledgment of the complaint within five (5) working days from the date on which the complaint is received.

A.1.2.3 The VPA will review the complaint within ten (10) working days of receipt and determine whether:

A.1.2.3.1 the complaint is timely or whether an extension of the time for the complaint is warranted;

A.1.2.3.2 The matter is within the scope of the Policy;

A.1.2.3.3 The allegations pertain to matters of Misconduct in Research as set out in the

Policy;

A.1.2.3.4 The complaint establishes a prima facie case of Misconduct in Research under the Policy; and

A.1.2.3.5 the complaint has not already been (or is in the process of being) investigated under a collective agreement, employment manual or contract, or any other procedure or policy.

A.1.2.4 If a complaint is incomplete (following clarification) or does not meet each of the foregoing criteria, then the complaint does not proceed further and the VPA will notify the Complainant in writing of the same. The VPA may, but is not required to, advise the Respondent that a complaint was made and was not accepted.

A.1.2.5 If the VPA determines that the criteria have been met, the complaint will be accepted, and an investigation will be conducted. If the complaint involves significant financial, health and safety or other risks, and is related to activities funded by the Tri-Agency, subject to any applicable laws, including the *Freedom of Information and Protection of Privacy Act (Alberta)*, the VPA shall immediately advise the relevant Agency or Secretariat for Responsible Conduct of Research through a written letter of the allegation and the intent to proceed with an investigation.

A.1.2.6 The VPA will appoint one or more individuals as Investigator(s) to determine whether a breach has occurred. The Investigator(s) shall have the necessary expertise, be without bias, and be without conflict of interest, whether real or apparent. An external Investigator who has no current affiliation with the University may be appointed as appropriate.

A.1.2.7 The VPA will ensure that the following steps are taken:

A.1.2.7.1 The Investigator is provided with all relevant documents;

A.1.2.7.2 The Complainant and the Respondent are notified of the investigation and their obligations of confidentiality under the Policy and Procedures;

A.1.2.7.3 The Respondent is provided with appropriate information, which may include a copy of the complaint, so as to be able to respond to the allegation;

A.1.2.7.4 The Respondent is informed of the date by which their written response to the formal complaint must be provided to the Investigator (normally within 2 weeks of notification of the formal complaint); and

A.1.2.7.5 The parties are advised of their right to be accompanied by a representative from their Constituency Organization (if applicable) or a support person during the investigation process.

A.1.2.8 If the matter complained of is also under investigation by the police or another external agency (such as the TriCouncil Agency), the University at its discretion may continue, stay or terminate its investigation or any other University proceedings related to the matter.

### **A.1.3. Investigation**

A.1.3.1 The purpose of any investigation is to determine, on a balance of probabilities, whether the allegations set out in the complaint are founded or not.



A.1.3.2 The Investigator may conduct the investigation in any manner they deem appropriate to the nature of the allegations. This may include interviewing the Complainant, the Respondent, and any other person(s) the Investigator deems relevant to the investigation. The Investigator will advise all persons involved in an investigation, including any support persons accompanying a Complainant/Respondent and any witnesses, as to their obligations of confidentiality.

A.1.3.3 The Complainant and the Respondent shall cooperate fully with the Investigator and provide any information required by the Investigator upon request. An investigation may proceed notwithstanding a failure or refusal by either party to cooperate in the process.

A.1.3.4 The Investigator shall conclude the investigation as expeditiously as possible, and normally within ninety (90) calendar days of being appointed. If the Investigator foresees significant and unexpected delays in the completion of the process, they shall notify the Complainant, the Respondent and the VPA of the reasons for the delay and provide an estimate of time required to complete the investigation.

A.1.3.5 At the conclusion of the investigation, the Investigator shall prepare a written report (the "Investigation Report") for the VPA setting out the following:

A.1.3.5.1 a summary of the allegations;

A.1.3.5.2 a summary of the process used in the investigation;

A.1.3.5.3 the sources of evidence consulted or relied upon; and

A.1.3.5.4 a conclusion as to whether, on a balance of probabilities, a violation of the Policy has occurred.

#### **A.1.4. Investigation Report**

A.1.4.1 Upon receipt of the Investigation Report, the VPA will inform the Respondent and the Complainant of the findings of the investigation and whether the Policy was breached or not.

A.1.4.2 If the conclusion was that the Policy has not been breached, no record of the complaint will be kept in the official employment file or student file of a Respondent and no record of the complaint shall be kept in the Complainant's personnel file or student record unless it is determined that the complaint was frivolous or vexatious. The University may take disciplinary action against a Complainant in cases where frivolous or vexatious complaints are submitted. Even though the conclusion was that there was no Policy breach, the Investigation Report may have recommendations for the Respondent and/or the University and these recommendations will be addressed by the appropriate University Administrator.

A.1.4.3 If the conclusion was that the Policy has been breached, the appropriate Administrator in consultation with the VPA and such other University resources as may be appropriate (for instance, Human Resources) will determine the disposition of the matter, including any corrective or disciplinary measures. The VPA will, within six (6) months of completion of an investigation, follow up with the appropriate Administrator to ensure that any such corrective and/or disciplinary measures have been taken or directed.

A.1.4.4 Within the confines of what is permissible under the *Freedom of Information and Protection of Privacy Act (Alberta)*, and as appropriate, the VPA will contact the Complainant to inform them of disposition of the complaint.

## **A.2. Interim Measures**

A.2.1 It may be necessary or appropriate for the University to take immediate action to protect the welfare of human participants and/or animal subjects; immediate actions could include an immediate cessation of a research study and an imposed embargo on all data that have been acquired.

A.2.2 It may be necessary or appropriate for the University to take immediate action to protect the administration of research funds; immediate actions could include freezing grant accounts, requiring a second authorized signature from a University representative on all expenses charged to the researcher's grant accounts, or other measures, as appropriate.

A.2.3 It may also be necessary or appropriate that interim preventative and/or remedial measures be taken while a complaint is being resolved, investigated or decided. Such measures will be precautionary, not disciplinary, and in the context of an investigation are not be viewed as an assessment of the credibility of anyone involved.

## **A.3 . Agency Notification**

A.3.1 Subject to any applicable laws, including privacy laws, the institution shall advise the relevant Agency or SRCR immediately of any allegations related to activities funded by the Agency that may involve significant financial, health and safety, or other risks.

A.3.1.1 The institution shall write a letter to the SRCR confirming whether or not the institution is proceeding with an investigation where the SRCR was copied on the allegation or advised as per Article A.3.1.

A.3.2 If it is determined that the Policy breach occurred related to a funding application submitted to an Agency or to an activity funded by an Agency, the VPA will notify the relevant Agency or Secretariat on Responsible Conduct of Research through a written report summarizing the nature of allegation within five months of the beginning of the investigation. Subject to any applicable laws, including the *Freedom of Information and Protection of Privacy Act (Alberta)*, the report shall include the following information:

A.3.1.1 the specific allegation;

A.3.1.2 the process and time lines followed for the investigation;

A.3.1.3 the finding(s) and reasons for the finding(s) of the Investigator;

A.3.1.4 the researcher's response to the allegation, investigation and findings, as well as any measures the researcher has taken to rectify the breach; and

A.3.1.5 a summary of the Investigator's recommendations and actions taken by the University.

A.3.2. Other sponsors or funding agencies that have similar reporting requirements will be notified in accordance with the procedures identified by the specific sponsor or agency.

## **A.4. Contested Decisions**

A.4.1. Subject to applicable legislation, these Procedures will not be interpreted or applied so as to limit or amend the provisions contained in any collective agreement or employment manual or contract entered into between the University and its employees.

A.4.2. The Respondent of an allegation may appeal the decision or sanction imposed to the President within ten (10) working days of the decision being communicated by the VPA. Appeals must be made in writing and set out the grounds for appeal. Appeals will only be considered on the grounds of procedural error, bias, or if any new evidence has arisen that was not previously available and would likely have affected the decision under appeal.

A.4.3. The President will review the submission and make a determination on an appeals mechanism for the case consistent with this Policy. The President will issue the appeal decision within thirty (30) working days from the receipt of the appeal. Upon completion of the appeal proceedings, the decision rendered will be final and communicated to the Respondent and the VPA.