

RE02

Integrity in Research and Scholarly Activities

Classification:	Research
Responsible Authority:	Director, Applied Research, Innovation and Entrepreneurship
Executive Sponsor:	Senior Vice President, Academic
Approval Authority:	Algonquin College Executive Committee
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PURPOSE

To set the principles that define integrity in research and scholarly activities, to establish procedures to investigate allegations of misconduct, and to promote education on, and awareness of, the importance of the responsible conduct of research in accordance with *The Tri-Agency Framework: Responsible Conduct of Research* (RCR).

SCOPE

All Research Personnel, including students, who participate in academic (non-institutional) research activities, and applied research activities conducted under the auspices of Algonquin College.

DEFINITIONS

Word/Term	Definition
Client	A College department or person or third party (an external company, agency, person or organization) that seeks to and/or does collaborate on research projects through the Office of Applied Research, Innovation and Entrepreneurship
Complainant	Person alleging a breach of this policy
Director	Director, Applied Research, Innovation and Entrepreneurship
REB	The Algonquin College Research Ethics Board (see RE03 – Research Involving Human Participants for more information)
Research Conduct Review Board	Investigation committee, consisting of three members, with the authority to rule on allegations of research misconduct. The board consists of members with the necessary expertise, who are without conflict of interest, and at least one external member who has no current affiliation with the College.
Research Personnel	All College employees, full-time and part-time, permanent or temporary, conducting or overseeing research; all external researchers conducting studies at, or in affiliation with, Algonquin College; and all

	students and volunteers working on Research Projects. Also referred to as “researchers” in this and other policy documents.
SRCR	Secretariat on Responsible Conduct of Research (a Tri-Agency Secretariat)
Tri-Agencies (individually “Agency”)	Refers to the Canadian Institutes of Health Research (CIHR), the Social Sciences and Humanities Research Council (SSHRC), and the Natural Sciences and Engineering Research Council (NSERC).

POLICY

1. Algonquin College is committed to promoting the highest standards of conduct in research and scholarly activities and will ensure that researchers are aware of the standards of integrity, accountability, and responsibility in research through ongoing education.
 - 1.1 All researchers applying for and/or holding funding from the Tri-Agencies are responsible for conducting their research and administering their funds according to the policies set out in the Tri-Agency Framework: Responsible Conduct of Research (see the Related Materials section of this policy).
2. **Data Gathering, Retention and Destruction**
 - 2.1 The College recognizes the importance of sharing original data with the research community and of retaining original data to respond to inquiries.
 - 2.2 Data will only be used for the purposes for which it was originally collected.
 - 2.3 Principal investigators and all co-researchers and authors will have free access to all original data and products of the research at all times subject to any limitations imposed by the terms of grants, contracts, or other arrangements for the conduct of the research.
 - 2.4 Entitlement to ownership of the original data and the products of research will be clearly identified in a research agreement entered into by all researchers and the College. The research agreement will be in accord with the College policies RE05 *Intellectual Property* and RE03 *Research Involving Human Participants*, if and when the research has received REB approval.
 - 2.5 Unless otherwise indicated by a research funder, original data will be preserved in a suitable format for a period of at least seven years from the end of the research project, or in accordance with the REB approved research protocol. The end of the research project is defined as the date that the final report is submitted to the Office of Applied Research, Innovation and Entrepreneurship. Where the data is owned by a third party, the data will be transferred to the third party at the end of the research project.
 - 2.6 Data will be stored in a manner to safeguard confidentiality required by College policies, ethics policies, and relevant privacy legislation.

- 2.7 When leaving the College, researchers will make arrangements for the transfer and safekeeping of records, data and products of the research in which they took part. Researchers must not transfer electronic records containing personal information, personal health information, or protected research data and products by email unless encryption is available. If researchers use cloud storage, then they must use College approved systems to store and transfer information. Researchers must not use personal cloud storage solutions. Researchers must not use portable media devices, including USB drives and portable hard drives, to store research records, data and products, including personal information, unless ITS-approved encryption methods are used for protection. Furthermore, portable media devices must not be used under any circumstance to store personal health information.
- 2.8 All original data will be destroyed after a period specified in either a) the arrangements for the conduct of the research, or b) the REB approved research protocol, and in a manner consistent with College policies.

3. Authorship

- 3.1 The College acknowledges the requirement to recognize all research participants in published works.
- 3.2 The authorship of published works will include all those who have materially contributed to (other than financially), and share responsibility for, the contents of the publication.

4. Research Conduct

- 4.1 It is the responsibility of all research personnel to adhere to the highest possible ethical standards and conduct their research with scholarly and academic integrity (see the Tri-Agency Framework: Responsible Conduct of Research, and the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans 2010). College research personnel are responsible for ensuring that students, research assistants and others involved in research adhere to these principles.
- 4.2 The College will investigate all allegations of academic dishonesty, misrepresentation, misuse of research funds, conflict of interest in research or scholarly activity, and other breaches of research policies, and will consider such acts as misconduct.
- 4.2.1 Academic dishonesty in research is defined as, but not limited to:
- Fabrication*: Making up data, source material, methodologies or findings, including graphs and images;
 - 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;
 - 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;
 - 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;

- e. *Redundant publications*: The re-publication of one's own previously published work or part thereof, or data, in the same or another language, without adequate acknowledgment of the source, or justification;
- 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;
- g. *Inadequate acknowledgement*: Failure to appropriately recognize contributions of others in a manner consistent with their respective contributions and authorship policies of relevant publications (e.g. students);
- h. *Mismanagement of Conflict of Interest*: Failure to appropriately manage any real, potential or perceived conflict of interest in accordance with the College's policy on Conflict of Interest;
- i. Failure to use scholarly and scientific standards, rigour, and integrity in obtaining, recording, and analyzing data, and in reporting and publishing results;
- j. Use of any material in violation of the Copyright Act.

4.2.2 Misrepresentation is defined as, but not limited to:

- a. 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;
- b. Applying for and/or holding an Agency award when deemed ineligible by NSERC, SSHRC, CIHR or any other research or research funding organization world-wide for reasons of breach of responsible conduct of research policies such as ethics, integrity or financial management policies;
- c. Listing of co-applicants, collaborators or partners without their agreement.

4.2.3 Misuse of research funds is defined as, but not limited to:

- a. Using Tri-Agency grant or award funds for purposes inconsistent with the policies of the Tri-Agencies; 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;
- b. Failure to follow College financial directives and practices;
- c. Failure to disclose a financial or personal interest in any transaction chargeable to a research grant or contract;
- d. Failure to inform the College of a substantial change in research activities or use of research funds;
- e. Use of research resources, facilities or equipment in a manner that is inconsistent with approved research practices.

4.2.4 Conflict of interest in research or scholarly activity is defined as, but not limited to:

- a. Failure to disclose existing, potential or apparent personal, financial, or business interests of the researcher, the researcher's business associates or the researcher's family in relationship to research grants and contracts;
- b. Failure to comply with the College's Conflict of Interest policy (HR 12);
- c. Failure to reveal to sponsors, research institutions, journals, funding agencies or contractors, any material conflict of interest, financial or other, that might influence their decisions on

whether the individual should be asked to review manuscripts or applications, test products or be permitted to undertake work sponsored from outside sources.

4.2.5 Other breaches of research policies is defined as, but not limited to:

- a. Conducting research, or communicating research results, in a manner that constitutes an unapproved departure from a research plan previously approved by the College REB;
- b. Conducting or overseeing research involving human participants without prior approval of the College REB;
- c. Knowingly storing, transporting, or communicating research data relating to human participants in a manner that is inconsistent with College policies, or in a manner inconsistent with an REB approved research plan;
- d. 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.

5. Receiving Allegations of Research Policy Breaches

- 5.1 Anyone who believes that there has been a breach of this policy may seek informal assistance and may request a preliminary investigation from the Director at any time. Inquiries will be kept confidential by all parties involved.
- 5.2 Anonymous allegations shall not normally be considered, unless compelling evidence is received by College officials to indicate an investigation should proceed.
- 5.3 The researcher has the right to know the allegations against him/her and has the right to answer the allegations both orally and in writing to the Director.
- 5.4 Written complaints shall contain sufficient details to enable the researcher to understand the matter that is to be investigated.
- 5.5 Where possible, the identities and privacy of the complainant(s) and respondent(s) will be protected throughout the complaint and investigation processes.
- 5.6 The College shall protect, to the extent possible, any individual making an allegation in good faith of research misconduct from reprisals, in a manner consistent with College policies and any applicable legislation.
- 5.7 Upon receiving an allegation of misconduct, the Director may independently, or at a funding agency's request in exceptional circumstances, take immediate action to protect the administration of Tri-Agency funds, including such potential actions as: freezing grant accounts, requiring additional signature(s) on all expenses charged to a researcher's grant account(s), or other measures, as appropriate.
- 5.8 Upon receiving a written allegation, the Director, within ten (10) working days, shall conduct a preliminary investigation into the allegation to establish whether the allegation is responsible and/or if a formal investigation is required.

- 5.9 If, in the opinion of the Director, a satisfactory resolution of the allegation is possible, the Director shall attempt such a resolution.
- 5.10 If the Director determines the allegation is without foundation, they shall consult with the Senior Vice President, Academic and other relevant College officials regarding the basis of the decision. Following this consultation, the Director may dismiss the allegation and immediately advise the complainant providing written justification for the decision.
- 5.11 The complainant may appeal the dismissal and request the allegation be forwarded to a Research Conduct Review Board for review.

6. Research Conduct Review Board

- 6.1 In the event the Director is unable to achieve a satisfactory resolution, or if Director determines that an investigation is required, or if a complainant appeals a dismissal, the Director shall refer the allegation to a Research Conduct Review Board for investigation.
- 6.2 No member of the department or school involved shall be among the three persons appointed to the Board. At least one person external to the College shall be appointed to the Board. No member of the Board shall be in a conflict of interest with respect to the investigation, whether real, apparent, or perceived.
- 6.3 The researcher, at any meeting with the Board, is entitled to be accompanied by an advocate of the researcher's choosing and expense.
- 6.4 The Board, in its final report, shall address the allegations made and determine if they have merit and in doing so, shall act fairly and conduct its proceedings in a manner consistent with the principles of natural justice.
- 6.5 The respondent(s) may appeal the decision of the Board to the Senior Vice-President, Academic within five (5) working days of the receipt of the Board's report.
- 6.6 The Senior Vice-President, Academic will review the Board's decision and will seek additional information at his/her discretion. The Vice-President's decision on the allegations will be final.
- 6.7 In cases where the Board determines that a breach of this policy has occurred, disciplinary action reflecting the severity of the misconduct will be imposed for research staff and students found responsible for the misconduct. The sanctions for research staff and students are found in Appendix 1 and Appendix 2 respectively.
- 6.8 In the case of unfounded allegations, the College will make every effort to protect and/or restore the reputation of those unjustly accused.

7. Maintenance of Records and Reporting to the Agencies

- 7.1 A complete report will be made and retained for each written allegation received by the Director. The contents of the report shall be subject to the College privacy policies, and to all applicable privacy laws.
- 7.2 The report of the complaint will include the following:
- The original written allegations;
 - The specific allegation(s), a summary of the finding(s) and reason(s) for the finding(s);
 - Any written response(s) from the respondent(s) regarding the allegations, the investigation and finding(s), and any measures the researcher(s) has taken to rectify the breach;
 - An outline of the process followed including the specific timelines followed for the inquiry and/or investigation;
 - Membership of the Board and rationale for member selection;
 - A detailed explanation of the decision(s) of the Board and its recommendations and actions taken by the College in response to those recommendations;
 - Evidence used for the conclusions reached;
 - Sanctions imposed, if applicable;
 - Proposed plan to restore the reputation of the researcher and protect the complainant that have acted in good faith;
 - Any other relevant details or documents.
- 7.3 The College shall prepare a report for the SRCR on each 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. Subject to any applicable laws, including privacy laws, each report shall include the information outlined in 7.2 with the following exceptions:
- information that is not related specifically to Agency funding and policies; or
 - personal information about the researcher, or any other person, that is not material to the College's findings and its report to the SRCR.
- 7.4 Inquiry letters (see Procedure 1.8) and investigation reports (7.3 above) should be submitted to the SRCR within two (2) and seven (7) months, respectively, of receipt of the allegation by the College. These timelines may be extended in consultation with the SRCR if circumstances warrant, and with monthly updates provided to the Agency until the investigation is complete.
- 7.5 The College and the researcher may not enter into confidentiality agreements or other agreements related to an inquiry or investigation that prevent the College from reporting to the Agencies through the SRCR.
- 7.6 The Director shall keep reports and records for a period of ten (10) years. Access to these records shall be through the Director. Access to information legislation in such applications applies.

8. Promoting Awareness and Education

- 8.1 The College is responsible for promoting awareness of what constitutes the responsible conduct of research, as set out in this policy, and in RE03: Research Involving Human Participants.

- 8.2 The College shall make public statistical annual reports on confirmed findings of breaches of this policy and RE03, and actions taken, subject to applicable laws, including the privacy laws.
- 8.3 The College shall ensure that it communicates within the College, the name of the central point of contact for receiving confidential enquiries, allegations and information related to allegations of breaches of this policy and RE03.

PROCEDURE

	<u>Action</u>	<u>Responsibility</u>
1.	Preliminary Investigation of Allegations of Misconduct	
1.1	Request a meeting with the Director to report circumstances believed to be a breach of this policy.	Complainant
1.2	Provide a responsible, written allegation to the Director, and in cases where the allegation relates to a researcher holding or applying for Tri-Agency funding, provide an exact copy of the allegation to the SRCR.	Complainant
1.3	Meet with the complainant to review the circumstances believed to be a breach of this policy. Keep confidential all inquiries or complaints.	Director
1.4	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, subject to any applicable laws, including privacy laws.	Director
1.5	Notify the College REB immediately of any complaint related to research that was approved by the REB, and provide the REB with the details required or requested by the REB necessary to assess the ongoing status of the research project.	Director
1.6	Take reasonable steps to protect against retribution or coercion of the complainant.	Director
1.7	Seek additional information, if indicated, by: <ul style="list-style-type: none"> Collecting and reviewing documents which may contain relevant information to the complaint; Interviewing persons who may have relevant information to the complaint. 	Director
1.8	If necessary, meet within ten (10) working days with the researcher whose conduct is in question to discuss the nature of the complaint and the circumstances surrounding it.	Director

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| 1.9 | Write a letter to the SRCR within two (2) months of receiving the allegation, confirming whether or not the Institution is proceeding with a formal investigation, if the SRCR was notified as in 1.2 or 1.4. | Director |
| 2. Informal Resolution | | |
| 2.1 | If necessary, consult with both the complainant and researcher to determine if a satisfactory resolution to the complaint is possible. | Director |
| 2.2 | Document the resolution reached by both parties and request they sign the document. | Director |
| 3. Dismissal of Complaint | | |
| 3.1 | Dismiss the complaint following consultation with the Senior Vice-President, Academic, If the preliminary investigation indicates the complaint is without foundation. | Director |
| 3.2 | Advise the complainant in writing within twenty-four (24) hours of the decision being made that the complaint is dismissed and provide justification. | Director |
| 4. Appealing a Complaint Dismissal | | |
| 4.1 | Make a formal written appeal to the Research Conduct Review Board within ten (10) working days of being informed of the decision to dismiss the complaint, describing the incident(s), stating when, where and how the breach of this policy has taken place, the names of witnesses and sufficient details to enable the researcher to understand the matter that is to be investigated. | Complainant |
| 5. Formal Investigation | | |
| 5.1 | Establish, in consultation with the Senior Vice-President, Academic, a Research Conduct Review Board, consisting of three independent persons with relevant experience in the areas of research and scholarly activity, to conduct an investigation, within ten (10) working days of completing the preliminary investigation or receiving an appeal of dismissal from the complainant. | Director |
| 5.2 | Review all documents and other information gathered to date. | Research Conduct Review Board |
| 5.3 | Conduct interviews with the complainant, the researcher, and other parties as appropriate, to discern the facts. All interviews and meetings shall be conducted in camera and shall be recorded. | Research Conduct Review Board |
| 5.4 | Offer both the complainant(s) and respondent(s) an opportunity to be heard, either in writing or by means of a | Research Conduct Review Board |

recorded interview, as part of the investigation into the allegation.

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| 5.5 | Determine if the allegations have merit. | Research Conduct Review Board |
| 5.6 | Provide final decision within four (4) weeks of its appointment and submit a report in writing to the Senior Vice-President, Academic who will provide a copy to the individuals named and to the Director within five (5) working days. | Research Conduct Review Board |
| 6. Procedure if Misconduct or Breach is Confirmed | | |
| 6.1 | Recommend disciplinary action to be imposed, in consultation with the Senior Vice President, Academic and appropriate Dean. | Director |
| 6.2 | Impose discipline as appropriate. | Dean |
| 6.3 | Take steps to ensure that remaining research funds are protected from exploitation and misuse. | Director |
| 6.4 | Report the misconduct to any granting agency involved in the research, if applicable. | Director |
| 6.5 | Submit to the granting agency a copy of the Research Conduct Review Board report, regardless of the findings, within thirty (30) days of completion of the investigation. | Director |
| 7. Appeal Procedure | | |
| 7.1 | Appeal the decision of the Research Conduct Review Board to the Senior Vice-President, Academic within five (5) working days of receiving the Report. | Complainant/Researcher |
| 7.2 | Review the documentation and seek additional information at their discretion. | Senior Vice President, Academic |
| 7.3 | Make and report the final decision to the complainant, researcher, and Director. The decision is final. | Senior Vice President, Academic |
| 8. Maintenance of Records and Reporting to the Agencies | | |
| 8.1 | Retain the complete report of the Research Conduct Review Board findings. | Director |
| 8.2 | Provide a full report to the SRCR within seven (7) months of receiving the initial allegation. | Director |
| 8.3 | Keep the report for a period of 10 years. | Director |
| 9. Promoting Awareness and Education | | |

- 9.1 Prepare and make public statistical annual reports on confirmed findings of breaches of this policy and of RE03, and detail the actions taken. Director

SUPPORTING DOCUMENTATION

- Appendix 1 Sanctions for Research Misconduct: Research Staff
Appendix 2 Sanctions for Research Misconduct: Students

RELATED POLICIES

- AA18 Academic Dishonesty & Discipline
AA34 Copyright
AA35 Confidentiality of Student Records
AD02 Freedom of Information and Protection of Privacy
HR12 Conflict of Interest
IT01 Information Security
RE01 Research Administration
RE03 Research Involving Human Participants
RE04 Use of Animals in Research, Teaching and Other Activities
RE05 Intellectual Property
RE06 Use of Biohazardous and Radioactive Materials in Research and Education
RE07 Academic Freedom Rights and Responsibilities
SA07 Student Conduct

RELATED MATERIALS

Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (2018)
<https://ethics.gc.ca/eng/documents/tcps2-2018-en-interactive-final.pdf>

The Tri-Agency Framework: Responsible Conduct of Research:
https://rcr.ethics.gc.ca/eng/documents/Framework2016-CadreReference2016_eng.pdf

Academic Employee Collective Agreement
<http://www.thecouncil.ca>

Support Staff Employee Collective Agreement
<http://www.thecouncil.ca>

RE02: Appendix 1

SANCTIONS FOR RESEARCH MISCONDUCT: RESEARCH STAFF

Disciplinary action for research staff will reflect the severity of the research misconduct and will vary accordingly. More than one of the sanctions below may be imposed for any one single case of research misconduct.

1. *Admonition and Warning* – a notice to the researcher that they are violating or have violated a College policy or regulation or expected standards of behaviour.
2. *Discipline* – a written reprimand for violation of specified regulations. Discipline may include the probability of more severe disciplinary sanctions if the researcher is found in further violation of any College policy or regulation.
3. *Loss of Privileges* – denial of specified privileges for a period of time.
4. *Fines*.
5. *Restitution* – compensation for loss, damage or injury. This may take the form of appropriate service and/or monetary or material replacements.
6. *Progressive discipline up to and including dismissal from the College*.

RE02: Appendix 2

SANCTIONS FOR RESEARCH MISCONDUCT: STUDENTS

Disciplinary action for students will reflect the severity of the research misconduct and vary accordingly. More than one of the sanctions below may be imposed for any one single case of research misconduct.

1. *Admonition and Warning* – a notice to the student that she/he is violating or has violated a College policy, regulation or expected standards of behaviour.
2. *Probation* – a written reprimand for violation of specified regulations. Probation is for a designated period of time and includes the probability of more severe disciplinary sanctions if the student is found to be violating any College policy or regulation.
3. *Loss of Privileges* – denial of specified privileges for a period of time.
4. *Fines*.
5. *Restitution* – compensation for loss, damage or injury. This may take the form of appropriate service and/or monetary or material replacements.
6. *Work assignments, service to the College, or other relevant assignments*.
7. *College Suspension* – separation of the student from the College for a definite period of time, after which the student is eligible to apply to return. Conditions for readmission and registration may be specified
8. *College Expulsion* – permanent separation of the student from the College. The student's official record will read: Involuntary Withdrawal – Student Misconduct.