

UNIVERSITY OF TORONTO

FRAMEWORK TO ADDRESS ALLEGATIONS OF RESEARCH MISCONDUCT

1.0 PREAMBLE

The University of Toronto's *Policy on Ethical Conduct in Research* states that the University "expects of its members (which include faculty, students and anyone holding a university post or any office that gives university status, such as that of a fellow or a research associate), the highest standards of ethical conduct in every aspect of research including applications, proposals, the research itself, reports and publication."

These standards of ethical conduct are consistent with the requirements of granting agencies and others who sponsor research at the University.

A component of these standards is the need to have a process that addresses allegations of research misconduct. This Framework, which has been developed to comply with the requirements of the Tri-Council Agencies (CIHR, NSERC or SSHRC) and other granting agencies, provides a common process for the entire University. Individual faculties and divisions may modify the examples of research misconduct in section 4.1 to fit their particular research circumstances and the norms of their disciplines. If other enhancement is viewed as necessary by a faculty or division, it must be discussed with and approved by the Vice-President Research, to ensure ongoing compliance with the requirements of the Tri-Council Agencies.

Research activity at the University of Toronto depends upon freedom of inquiry, thought, expression and publication. The University also recognizes that as a community of scholars, we must be prepared to embrace novel ideas and methods.

Each member of the University has a responsibility to foster intellectual honesty and integrity and to be vigilant regarding the conduct of research and scholarship, whether his or her own or others. One feature of this Framework, therefore, is to communicate expectations, increase awareness of integrity issues and encourage scholars (be they faculty, staff or students) to assume personal responsibility for maintenance of the highest research standards.

The purposes of this Framework are to:

- Promote research integrity among scholars, in order to maintain and enhance the value of impartiality that universities offer society;
- Proscribe activities which breach generally acceptable standards of conduct in research;
- Ensure compliance with standards of granting agencies; and
- Provide a process for dealing with allegations of research misconduct quickly and fairly.

2.0 APPLICABILITY

This Framework applies to all full-time and part-time faculty, staff and students of the University (excluding undergraduate students doing research for credit, whose obligations are covered under the *Code of Behaviour on Academic Matters*) and any person (including but not limited to clinical faculty, visiting professors, adjunct professors and post-doctoral fellows) who conducts research at or under the auspices of the University.

The Framework should be read in conjunction with existing University policies, including but not limited to the *Code of Behaviour on Academic Matters*, the *Policy on Conflict of Interest Academic Staff*, the *Policy on Research Involving Human Subjects*, the *Policy on Ethical Conduct In Research*, and any other applicable policy. Depending on the circumstances, aspects of research misconduct may be dealt with under such other policies in addition to or instead of this Framework. Each situation must be assessed based on its own particular facts to determine how to respond to an allegation.

3.0 GENERAL

Individuals are personally responsible for the intellectual and ethical quality of their work and must ensure that their research meets University standards and the standards of any entities sponsoring any component of the research. They must not commit research misconduct.

The University will respond to allegations of research misconduct in a timely, impartial, fair and transparent manner, maintaining appropriate confidentiality during the inquiry and investigation stages.

4.0 DEFINITIONS

4.1 Research Misconduct

Research Misconduct is any research practice that deviates seriously from the commonly accepted ethics/integrity standards or practices of the relevant research community and includes but is not limited to intentional fabrication, falsification, and plagiarism as defined by the University's *Code of Behaviour on Academic Matters*. However, in the latter respect, due latitude is given for honest errors, honest differences in methodology, interpretation or judgement, or divergent paradigms in science; what is at issue are genuine breaches of the integrity of the research process.

Specifically, the following acts generally are considered instances of Research Misconduct, although Research Misconduct is not necessarily limited to these, and individual faculties may modify these examples to their own research circumstances and the norms applicable to their disciplines:

- a) Fabrication of recording or reporting and other falsification of data, results, or source materials. (fraud);
- b) Committing plagiarism or any of the other offences as defined by the University's *Code of Behaviour on Academic Matters* in the context of research;
- c) Failure to honour the confidentiality that the researcher promised or was contracted to as a way to gain valuable information from a party internal or external to the Institution;
- d) Deliberate misuse of funds acquired for support of research, including (but not limited to) failure to comply with the terms and conditions of grants and contracts; misuse of University resources, facilities and equipment; failure to identify correctly the source of research funds (financial misconduct);

- e) Deliberate destruction of one's own research data or records to avoid the detection of wrong doing or the deliberate destruction of someone else's data or records without authorization;
- f) Retaliation against a person who acted in good faith and reported or provided information about alleged Research Misconduct;
- g) Material failure to comply with relevant federal or provincial statutes or regulations applicable to the conduct and reporting of research;
- h) Failure to comply with a direction of the institution's Research Ethics Board upon which an approval to proceed with the research was granted or failing to notify the Research Ethics Board of significant protocol changes that may affect its prior decision to approve the research proceeding;
- i) Failure to comply with a direction of the University Animal Care Committee or Biosafety Committee upon which an approval to proceed with the research was granted or failing to notify the committee of significant protocol changes that may effect its prior decision to approve the research proceedings;
- j) Failure to provide relevant materials to the institution's Research Ethics Board (or to the University Animal Care Committee or Biosafety Committee) required by the institution or which the research or academic community considers to be materials relevant to decision-making;
- k) Failure to reveal material conflicts of interest to the University, sponsors, colleagues or journal editors when submitting a grant, protocol or manuscript or when asked to undertake a review of research grant applications, manuscripts or to test or distribute products;
- l) Making false or misleading statements that are contrary to good faith reporting of alleged Research Misconduct or failing to declare any conflicts of interest when reporting alleged Research Misconduct;
- m) Misleading publication; for example:
 - 1. Failing to appropriately include as authors other collaborators who prepared his or her contribution with the understanding and intention that it would be a "joint" publication;
 - 2. Failing to provide collaborators with an opportunity to contribute as an author in a "joint publication" when they contributed to the research with the understanding and intention that they would be offered this opportunity;
 - 3. Falsely claiming someone else's data as his or her own;
 - 4. Preventing access to research data to a legitimate collaborator who contributed to the research with the explicit understanding and intention that the data was their own or would be appropriately shared;
 - 5. Giving or receiving honorary authorship or inventorship;
 - 6. Denying legitimate inventorship;

7. Knowingly agreeing to publish as a co-author without reviewing the work including reviewing the final draft of the manuscript;
 8. Failing to obtain consent from a co-author before naming him or her as such in the work;
 9. Portraying one's own work as original or novel without acknowledgement of prior publication or publication of data for a second time without reference to the first.
- n) Wilfully misrepresenting and misinterpreting (for any reason) of findings resulting from conducting research activities;
 - o) Condoning or not reporting the performance by another University member of any of the acts noted above;
 - p) Encouraging or facilitating another researcher to carry out scholarly misconduct (e.g. a supervisor telling his graduate student to falsify data); or otherwise creating an environment that promotes misconduct by another.

4.2 Academic Administrator – Either the Chair of the Department or the Dean or other appropriate person appointed by the Dean. Referred to herein as “Administrator”.

4.3 Complaint – An allegation of Research Misconduct meeting the formal requirements set out in section 5.3.

4.4 Complainant(s) – The person who provides a written Complaint of Research Misconduct.

4.5 Dean – Dean of the respective faculty or his/her designate.

4.6 Investigating Committee – a committee appointed by a Dean for the purpose of investigating a particular allegation.

4.7 Principal Investigator – the person who has primary responsibility for a research project. In the case of a project that is not funded, this will normally be the initiator of the project. The Principal Investigator is usually the supervisor of the research team (which may include other researchers) and is usually a faculty member.

4.8 Respondent(s) – The person(s) against whom the allegations of Research Misconduct have been made.

4.9 Vice-President – the Vice-President, Research and Associate Provost or the Vice-President and Provost.

5.0 PROCEDURES

5.1 General

The following procedures should be interpreted in a way that allows for procedural fairness, objectivity, and timely resolution/disposition.

5.2 Complainants

Individuals, including those not part of the University community, may make allegations of Research Misconduct. Before doing so, complainants should attempt, if possible, to seek an explanation from the subject individual to ensure that there was not a misunderstanding.

If there are multiple complainants and if it can be reasonably assumed that there will be more than one complaint about the same situation, then complainants should make all attempts to identify a primary spokesperson from within the University community unless there are compelling reasons to do otherwise.

Anyone who alleges Research Misconduct is required to declare any conflicts of interest he or she may have and is expected to act in good faith.

5.3 Allegations

All allegations shall be made in writing, and shall be signed, dated and identify the Complainant. They shall set out all relevant information and include supporting evidence, if available. Allegations meeting this standard shall be treated as Complaints under this Framework.

If multiple Complainants make essentially the same set of allegations, each Complainant shall submit a written signed statement. The primary spokesperson (if there is one) shall identify himself or herself as such and all other Complainants shall acknowledge this arrangement. If no primary spokesperson is declared or identified in subsequent communication, the allegations shall proceed with each Complainant treated separately, but the Vice-President in his/her sole discretion may designate a primary spokesperson and/or determine that the allegations be considered together such that there are not multiple processes in place to deal with the one Respondent

Complaints of Research Misconduct received by the University shall be forwarded promptly to the Office of the Vice-President, Research and Associate Provost. The Vice-President, Research and Associate Provost is normally sufficiently at arm's length so as to be viewed as impartial and free of personal conflicts of interest and is therefore the central point of contact. If the Vice-President, Research and Associate Provost feels it would be inappropriate to receive a particular allegation for whatever reason, he/she may refer the allegation to the Vice-President and Provost. The applicable Vice-President may delegate tasks required to respond to the Complaint. A report shall be made to the Vice-President in writing, indicating the outcome at the final stage of the process, as particularized more fully below.

5.4 Recurring Complaints

If a Complaint has already undergone an inquiry or an investigation and the matter has been closed, the Vice-President will not pursue the same allegation unless new and compelling information that could not reasonably have been available at the time of the original Complaint is brought forward. In cases of recurring Complaints based on the same allegations that are not made in good faith, the appropriate academic official may apply sanctions.

6.0 PROCESSING OF COMPLAINTS

6.1 General

The processing of Complaints of Research Misconduct must be carried out carefully, thoroughly and as promptly as possible, to resolve all questions regarding the integrity of the research and those individuals that may be involved in an allegation. The following general principles apply:

- The reputation of the University and its investigators and students, and their responsibility for the ethical conduct of research, require that any research misconduct that occurs be promptly detected and dealt with effectively.
- To this end, Complaints of Research Misconduct shall be taken seriously and vigorous leadership shall be exercised in their inquiry and resolution.
- All persons involved, those making allegations, those who are the subject of the allegations of misconduct, and those who assist in the inquiry, shall be treated with respect, fairness and with due sensitivity.
- All proceedings shall be conducted in a timely manner and shall be documented appropriately.
- The highest possible degree of confidentiality shall be maintained regarding all allegations, inquiries and investigations, subject to any disclosure that might be required by law.

7.0 INQUIRY

7.1 Introduction

All formal Complaints of Research Misconduct shall promptly be referred to the Vice-President who shall provide the Respondent with a copy in accordance with paragraph 7.3(c).

Upon receipt and review of a Complaint, the Vice-President will refer the allegation to the respective Dean who shall assign the Complaint to an appropriate Administrator to initiate an inquiry in accordance with section 7.3. For clarity, where the Complainant and Respondent are from different faculties, the Dean of the Respondent's Faculty will receive the referral. Where the Respondent is acting in his/her capacity as a member of a graduate department, the referral shall be the Dean of the School of Graduate Studies who shall inform the relevant Faculty Dean to ensure that the Faculty Dean is aware of the investigation.

The inquiry is a preliminary process where the following threshold assessments are made:

- is the Complaint outside the jurisdiction of the Framework?
- is it clearly mistaken or unjustified?
- does it involve allegations that, even if proven, would not constitute Research Misconduct?
- is it frivolous, vexatious or in bad faith?
- and, if not any of the foregoing, is there a reasonable prospect that a further investigation will enhance the integrity of the scientific process?

The inquiry also provides an opportunity to determine whether it is appropriate to offer the Complainant and the Respondent an alternative dispute resolution process. It is not the purpose of the inquiry to determine whether or not Research Misconduct has occurred. Instead, factual information is gathered and expeditiously reviewed by the Administrator to determine whether the threshold for proceeding further is met, and whether an investigation of the Complaint is warranted.

The Administrator shall be vigilant not to permit personal conflicts between colleagues to obscure the facts and divert attention from the substance of the allegation. The Administrator shall disclose any actual, apparent, perceived or potential conflicts of interest to the Dean (or in the case of the Dean, to the Vice-President). The Dean (or Vice-President) may decide, based on this disclosure, to appoint a designate.

The inquiry is to be conducted as a confidential process to avoid unwarranted publicity regarding allegations that have yet to be fully assessed. The Administrator shall take reasonable efforts to protect the privacy of the Complainant and the Respondent both of whom shall be advised of the need to maintain confidentiality.

7.2 Timing

Ordinarily, inquiries shall begin within 20 working days of the Dean's receipt of a Complaint from the office of the Vice-President and the report of the findings shall be delivered no more than 60 days from receipt by the Vice-President's office. There may be circumstances when it is not reasonably possible to comply with these timelines. Nevertheless, the Administrator shall work expeditiously in these exceptional cases.

7.3 Process

- a) After receiving the Complaint, the Administrator shall determine whether the Complaint concerns individuals who and matters that fall within the terms of applicability, as outlined in section 2.0. If it does not, the Administrator shall so advise the Complainant.
- b) All Complaints that do not concern Chairs, Associate or Vice-Deans, or the Dean, and which involve individuals falling within this Framework shall be referred directly to the Chair (Dean for single-department faculties). Complaints about Chairs, Associate or Vice-Deans are referred directly to the Dean.
- c) The Respondent should normally be provided with a copy of the Complaint within 7 working days of its receipt by the Vice-President.
- d) If the Complaint involves graduate students and/or relate to graduate faculty members acting in that capacity, the Complaint shall be communicated by the Vice-President to the Dean of School of Graduate Studies (SGS).
- e) Complainants will be sent a standard letter outlining the process and highlighting the Complainant's obligations.
- f) If the Complaint, as written, does not contain sufficient information or particulars to permit an assessment, the Administrator may request that supplementary

information be provided, in writing. Such supplementary information shall also be shared with the Respondent.

- g) If the Complaint is not dismissed on jurisdictional grounds, or on other grounds listed as threshold issues in section 7.1, the Administrator will contact the Respondent for the purposes of discussing the Complaint.
- h) In conducting the inquiry, the Administrator may consult confidentially within the University and externally if appropriate, to assist in the assessment of whether an investigation is warranted.
- i) If the Administrator determines not to proceed with an Investigation, then he/she shall provide written notice of his or her decision to the Complainant and the Respondent with a copy to the Vice-President for information. The Administrator's notice shall include a brief written summary of the reasons for such a determination. This decision cannot be appealed.
- j) The Administrator may, upon consent of both the Complainant and the Respondent, conduct (either personally or through an appointed representative) non-binding, without prejudice, confidential mediation. If such mediation produces a resolution, the outcome shall be communicated to the Vice-President.
- k) Where the Administrator decides to recommend that a formal investigation be commenced, he/she shall provide written notice of his/her decision to the Respondent and the Complainant. The Administrator shall write a letter to the Dean outlining the general nature of the Complaint, and attaching all material submitted both by the Complainant and the Respondent. A copy of this letter and the accompanying material shall also be sent to the Vice-President for information and for an assessment of whether reporting is required at this stage under section 8.3.
- l) If the Administrator has reasonable grounds to believe that the Complainant did not act in good faith, he/she will write the Complainant and the Respondent to summarize these grounds and inform them that the matter is being referred to the Dean or other appropriate academic official to be assessed in accordance with the relevant policy. A copy of this letter shall be sent to the Vice-President for information.

8.0 INVESTIGATION

8.1 General

The investigation is a formal process to examine the allegations and to weigh the evidence to determine whether or not Research Misconduct has occurred, and, if so, who the involved parties are. The Dean is responsible for arranging for the investigation of all allegations of Research Misconduct for those falling within the jurisdiction of these guidelines. The Dean may delegate any of his/her administrative responsibilities to an investigator. If the investigation concerns the Dean, the Vice-President or his/her designate shall be responsible for conducting the investigation.

8.2 Timelines

Complaints of Research Misconduct vary greatly with their respect to urgency, seriousness and complexity. The Dean will exercise his/her discretion in determining the appropriate timelines for commencing, conducting and reporting on investigations.

The following timelines will apply in the ordinary course, subject to the discretion of the Dean. The Dean will appoint the Investigation Committee within 15 working days of receiving the Administrator's decision that an Investigation should be conducted. The Committee shall convene within 30 working days of its appointment or as soon thereafter as is reasonably possible.

The investigation will ordinarily be completed within 60 working days of the first meeting of the Investigating Committee. The final report of the Investigating Committee shall be delivered within 30 working days after the completion of the investigation. If these deadlines cannot reasonably be met, the Committee will submit to the Dean a procedural report citing the reasons for the delay and progress to date. The report will be distributed to both Complainant and Respondent. The Dean, at his/her discretion, may share this report with other appropriate individuals.

8.3 Reporting of the Commencement of the Investigation

The Dean shall inform the Vice-President and the Dean of the School of Graduate Studies (if appropriate) that an investigation of a Complaint of Research Misconduct has been initiated.

With the concurrence of the Vice-President, others may be informed, if appropriate in the circumstances. Such others could include, for example, representatives of an affiliated institution, granting agency, or professional or regulatory body.

8.4 Investigating Committee

The Dean will appoint a committee of two or more members to perform the investigation in accordance with these guidelines. The Committee shall appoint one of its members to act as a Chair, for administrative purposes.

The members of the Investigating Committee will be senior members of the University or another academic institution. The members of the Investigating Committee will have no actual, apparent, reasonably perceived or potential conflict of interest or bias, and will jointly have appropriate scientific and administrative background to evaluate the Complaint and the response to it. If either the Complainant or Respondent alleges that a committee member is biased, and the Dean believes that actual, apparent, perceived or potential conflict of interest or bias has been clearly and reasonably demonstrated, the Dean shall alter the membership accordingly.

The Dean shall provide suitable administrative support to the Committee. The Dean may authorize the delegation of components of the investigation to an investigator who shall report to the Committee. The Committee may consult with others as necessary in order to make its assessment.

8.5 Instructions to the Investigating Committee

The Dean shall review with the Chair of the Committee the following guidelines and Investigating procedures.

The Chair shall ensure that members of the Committee are informed of:

- The investigative process;
- The requirements to conduct the investigation carefully and thoroughly and to endeavour to address all questions raised by the Complaint regarding the integrity of the research;
- The responsibility to be vigilant and not to permit personal conflicts between the Complainant and the Respondent to obscure the facts and divert attention from the substance of the allegation;
- The importance of protecting the reputations of the Complainant and Respondent during the investigation;
- The requirement that proceedings be kept strictly confidential and the requirement to keep documents confidential and obtainable only by those who are entitled to them in order to protect the rights of all parties involved, all subject to any legal requirements.

8.6 Authority and Responsibilities of the Investigating Committee

The Investigating Committee operates under the Dean and the Chair of the Committee is responsible to the Dean.

The Investigating Committee shall conduct a thorough investigation of the Complaint. The Investigating Committee has the discretion to interview persons whose evidence could be helpful, to examine relevant documents and data records, and to consult with experts both within and outside the University, as appropriate.

If during the course of the investigation, the Respondent for any reason ceases to hold a position (e.g. faculty member, staff or student, post-doctoral fellow) at the University or leaves the jurisdiction, the Dean will decide in his/her own discretion whether or not the investigation will continue. If, where the investigation continues, the Respondent refuses to participate in the process after ceasing to hold their position at the University, the Investigating Committee shall use its best efforts to reach a conclusion and shall deliver its report with a statement as to the effect this lack of cooperation had on the Committee's review of the evidence.

If, during the course of the investigation, the evidence discloses a new related instance of possible Research Misconduct that was not part of the original Complaint or which suggests additional Respondents, the Committee may expand the investigation, provided that the Complainant and Respondent are notified and the Respondent is allowed to respond. If the expanded investigation involves new Respondents, they will be provided with notice and shall for the purpose of this Framework, be treated as Respondents.

The Chair has the authority to report uncooperative behaviour to the Dean.

The Chair shall notify the Dean of interim findings, if any, that he/she believes ought to be reported because of the University's obligations to students, staff and faculty members or, where there are compelling issues of public safety, to the public. Any interim report shall be in

writing and copied to all members of the Committee, to the Complainant and Respondent, and to the Vice-President. The report shall set out the findings, the reason for the interim report and a recommendation regarding appropriate administrative action.

8.7 Process for Investigating Complaints of Research Misconduct

- a) The Chair shall send a letter to the Respondent and the Complainant advising them of the appointment of the Committee, outlining the process and highlighting their respective obligations.
- b) In all cases the Committee must give the opportunity to the Complainant to provide any supplementary written materials in addition to the Complaint that the Complainant wishes to provide; all such materials shall be provided to the Respondent who shall have the opportunity to comment, in writing, and provide any supplementary written response materials. The Respondent's written response, if any, shall be shared with the Complainant. The Committee is not to conduct a hearing and is only obliged to conduct a fair and objective investigation. It may in its discretion, request an interview with any or all of the Complainant, the Respondent, or other relevant people. Summaries of interviews (including the points or issues raised but not verbatim text) shall be prepared, provided to the interviewed party for comment or revision, and included as part of the investigation file.
- c) If a Complainant decides not to participate further, the Investigating Committee may decide to proceed with the investigation in any event.
- d) All involved parties who are associated with the University will be expected to cooperate with the investigation in a timely manner. This includes providing documentation and information and appearing before the Investigating Committee if requested.
- e) The Committee will set a deadline by which all responses must be made and all evidence must be submitted. No response or evidence will be accepted after the deadline except in exceptional circumstances where no prejudice to the other party would result, and with the permission of the Committee Chair.
- f) The Investigating Committee will take reasonable steps to provide to the Respondent reasonable access to relevant documents in their possession so as to provide him/her with a fair opportunity to respond to relevant material. The Investigating Committee may provide access to particular documents to the Complainant in special cases where it is believes that a response from the Complainant is required to help in determining the facts of the case. The Respondent and if applicable, the Complainant, shall sign a confidentiality agreement before materials are provided.
- g) To protect confidentiality, the Chair of the Investigating Committee will assume the responsibility of restricting the dissemination of the information to only those who should receive it.

8.8 Decisions and Reports of the Investigating Committee

- a) The Committee will prepare a report that sets out its findings of fact and its decision as to whether or not there is Research Misconduct. The report may also state whether a serious scientific error has been made which does not constitute Research Misconduct.

The report will contain:

- The full Complaint;
- A list of Committee members and their credentials;
- A list of the people who contributed evidentiary material to the investigation or were interviewed as witnesses;
- A summary of relevant evidence;
- A determination of whether Research Misconduct occurred;
- If Research Misconduct has occurred, its extent and seriousness; and
- Recommendations on any remedial action to be taken in the matter in question and/or recommendations of changes to procedures or practices to avoid similar situations in the future.

Recommendations of the Investigating Committee may include, without limitation:

- Withdrawing all pending relevant publications;
 - Notifying publications in which the involved research was reported;
 - Ensuring the unit(s) involved is informed of appropriate practices for promoting the proper conduct of research;
 - Recommending any actions to be taken; and
 - Informing any outside funding sponsor(s) of the results of the inquiry and of actions to be taken;
- b) All members of the Investigating Committee shall sign a statement indicating that they agree to the release of the report based on majority rule. No minority reports shall be allowed.
- c) The report will be delivered to the Complainant, the Respondent, the Dean and the Vice-President. If there is more than one Respondent or Complainant, reasonable efforts will be made to provide each with parts of the report that are pertinent to him/her.
- d) The report of the Committee is final and not subject to revision. However, the Respondent and Complainant will have not less than 5 working days to make submissions to the Dean regarding the findings, in advance of any administrative action recommended to be taken by the Dean.
- e) After the Committee delivers its report, the Chair shall notify all members of the Investigating Committee to return all documentation to the Office of the Dean.

Copies of the decision, report and all relevant materials will be sent to the Vice-President for reporting and documentation purposes.

- f) If the subject individual is funded directly or indirectly by one of the Tri-Council Agencies (CIHR, NSERC or SSHRC), a full copy of the report will be sent to the Agency within 30 days of its issuance, regardless of whether or not Research Misconduct is found to have occurred.
- g) To protect agency funding, the Vice-President may authorize the withholding of research funds until the Complaint is resolved, if deemed necessary.

8.9 Report of the Dean

The Dean shall inform the Vice-President and the Dean of the School of Graduate Studies, if applicable, of the findings and conclusions of the investigation and the decision he/she has made about the appropriate administrative action.

If the Dean receives an interim report from the Chair of the Investigating Committee, the Dean will determine, based on the nature of the case and in accordance with other relevant University policies, if restrictions of activity or suspension of the subject individual pending the results of the investigation are warranted. Moreover, the Dean shall determine, with the concurrence of the Vice-President, if a report of interim findings shall be disclosed to protect the public or to protect the best interests of students, staff and faculty. The Dean shall take into account the guidelines or contract terms of the research sponsor as well as relevant policies of the University.

9.0 ADMINISTRATIVE ACTION AND REPORTING REQUIREMENTS

9.1 Cases where no Research Misconduct has been found

When an investigation determines that no Research Misconduct occurred, the Dean shall ensure that a letter confirming the finding of no misconduct is sent to the Respondent, with a copy to the Complainant and, in the Dean's discretion to other persons with knowledge of the Complaint. These persons may include co-authors, co-investigators, collaborators and others who may have been notified by the Dean under the authority of section 8.3.

In some circumstances, the investigation may disclose evidence of serious scientific error that requires further action, even when no Research Misconduct is found. The action may be, for example, a recommendation of retraction of published findings. In these cases, the Dean will consult with the Chair of the Investigating Committee and the Respondent, and will consider the Respondent's submissions, if any, and will decide what action, if any, to take.

No disciplinary measures shall be taken against the Complainant if the Complaint is found to have been made in good faith; moreover, efforts will be made to ensure that no retaliatory action is taken against the Complainant in such cases. The proceedings of the investigation will be held in the strictest confidence in accordance with this Framework. However, if the Complaint is found to have been made in bad faith, the Dean may apply or recommend the application of sanctions as set out in section 9.2. Similar appropriate sanctions as set out in section 9.2 may be taken against individuals who engage in acts of retaliation or intimidation against Complainants and/or Respondents who have been acting in good faith.

9.2 Cases where Research Misconduct has been found

The nature and severity of remedial action taken for research misconduct will be consistent with the established policy of the University and proportional to the misconduct.

When the Investigating Committee delivers a report which concludes that there is evidence of research misconduct, the Dean will consider what remedial action should be taken. Since there may be other procedural requirements under University policies before remedial action can be taken, the Dean will consult with the Vice President and Provost before taking further action.

For Research Misconduct involving students or faculty members, remedial action may include the institution of proceedings leading to sanctions up to and including suspension or termination under the *Code of Behaviour on Academic Matters* or the *Policy and Procedures on Academic Appointments*. For Research Misconduct involving a graduate student with respect to the student's graduate studies, the responsibility for enforcing remedial action resides with the Dean of the School of Graduate Studies, and is determined in accordance with the *Code of Behaviour on Academic Matters*.

If the Respondent is a student or faculty member and has admitted to committing research misconduct, the Dean may proceed to impose sanctions under the *Code of Behaviour on Academic Matters*.

As a general rule, the decision about remedial action will be rendered within not more than 15 working days from the date that the Dean receives any submissions from the Respondent concerning penalty. If there are no further procedural requirements under University policies, the Dean may impose sanctions which could include:

- Verbal warning
- Special monitoring of future work
- Verbal warning with a letter to be held temporarily on file in the Department Head's or Dean's office
- Letter of reprimand to the individual's permanent personnel file
- Withdrawal of specific privileges
- Removal of specific responsibilities
- Suspension
- Steps to terminate

Any remedial action, including the foregoing and the steps that may be necessary to implement the foregoing, is subject to any applicable policies, including, for example, the *Policy and Procedures on Academic Appointments*, and the *Code of Behaviour on Academic Matters*. Regard shall be had under such policies, subject to their terms, for findings made under this Framework.

The Vice-President at his/her discretion may communicate the outcome of the investigation, directly, or through senior University administration, to other parties within or external to the University, including but not limited to:

- Co-authors, co-investigators, collaborators
- Editors of journals in which fraudulent research or erroneous findings were published
- Professional licensing boards
- Editors of journals or other publications, other institutions, sponsoring agencies and funding sources with which the individual has been affiliated in the past
- Professional societies
- Police services.

10.0 REVIEWS

Depending on the relationship between the University and the individual Respondent and depending on the nature of the remedial action, the Respondent may have rights of review, grievance or appeal under other applicable University policies such as the *Code of Behaviour on Academic Matters*, the *Policy and Procedures on Academic Appointments*, or may have a right to grieve the remedial action taken under a collective bargaining agreement.

Where any Respondent has no access to another process for a review of the decision with respect to remedy, that Respondent may seek a review of the appropriateness of the remedial action from the Vice-President. This review must be sought in writing within 5 working days of the issuance of the written notice of remedial action. The Dean will not institute irreversible remedial actions (such as public notifications) until 5 working days have elapsed from the issuance of a notice of decision and confirmation that the subject individual has received the notice. The decision confirmed at the Vice-Presidential level shall be considered final and binding.

11.0 RECORD KEEPING

The report of the Investigating Committee will be maintained in a confidential and secure manner, with limited access, in the Office of the Vice-President, Research and Associate Provost.

The Office of the Vice-President, Research and Associate Provost will periodically prepare and publish summaries of decisions (with personal identifiers removed) for the purpose of educating University members on acceptable practices for scholarly integrity and research ethics.

12.0 PROMOTION OF RESEARCH INTEGRITY

To promote an understanding of research integrity issues, the University will use appropriate vehicles such as, but not limited to workshops, seminars, written materials and orientation for new employees.