

Responsible Conduct of Research Policy (effective July 1, 2013)

Category: Research and Scholarly Activities
Responsibility: Vice-President Research
Authorization: University Council
Approval Date: (proposed) June 20, 2013, effective date July 1, 2013

1.0 Purpose:

To set forth the standards for responsible conduct of research for all those involved in any capacity in all research conducted at the University of Saskatchewan.

2.0 Principles

The research, scholarly and artistic work of members of the University of Saskatchewan must be held in the highest regard and be seen as rigorous and scrupulously honest. Scholarly work is expected to be conducted in an exemplary fashion, be ethically sound, and contribute to the creation, application and refinement of knowledge. Stewardship of resources associated with research must be transparent and comply with all University and funding agency policies and regulatory requirements.

Allegations of breaches of the Responsible Conduct of Research Policy at the University of Saskatchewan will be dealt with by prompt, effective procedures that ensure fairness and protect both those whose integrity is brought into question and those who bring forward allegations of breaches or misconduct. The University of Saskatchewan will provide an environment that supports the best research and that fosters researchers' "abilities to act honestly, accountably, openly and fairly in the search for and dissemination of knowledge"¹ including but not limited to providing ongoing educational opportunities in research integrity.

If the allegation is found to have been made in good faith, no disciplinary measures or retaliatory action shall be taken against the complainant. If the allegation is found to have been made in bad faith, the Senior Administrator or designate will investigate the action under the University Policy on Discrimination and Harassment. Any acts of retaliation (including threats, intimidation, reprisals or adverse employment or education action) made against the complainant or any individual who participated in any manner in the investigation or resolution of a report of a breach of the Responsible Conduct of Research Policy are subject to the University Policy on Discrimination and Harassment.

¹ From the CCA (2010). *Honesty, Accountability and Trust: Fostering Research Integrity in Canada*. Ottawa: Council of Canadian Academies as cited in The Tri-Agency Framework: Responsible Conduct of Research www.rcr.ethics.gc.ca/eng/policy-politique/framework-cadre/

3.0 Scope of this Policy

For the purposes of this document, “research” encompasses the creation and application of new knowledge and understanding through research, scholarly, and artistic work. This policy applies to all members of the University involved in research, in any capacity whatsoever. Members of the University of Saskatchewan include but are not limited to faculty, professors emeriti, sessional lecturers, staff, trainees, clinical faculty, graduate and undergraduate students, adjunct professors, visiting professors, visiting scholars, professional affiliates, associate members, residents, and postdoctoral fellows (PDFs) at the University of Saskatchewan. Nothing in these procedures will limit or amend the provisions of any existing collective agreement at the University of Saskatchewan. Subject to existing collective agreements, the formal resolution procedures in this Policy will not be used if an allegation is, or has been addressed using another University procedure such as a grievance, or non-academic student discipline and appeal.

Lack of awareness of the policies, cultural differences, and/or impairment by alcohol or drugs are not a defense for a breach of the Responsible Conduct of Research Policy. If it can be demonstrated that a university member knew or reasonably ought to have known that he or she has violated the University’s Responsible Conduct of Research policy, then the violation may be dealt with under the provisions of this policy.

4.0 Policy

Research, scholarly, and artistic work at the University of Saskatchewan will be conducted in accordance with the following assigned responsibilities:

4.1 Responsibilities of Members of the University

University Members: University members are responsible for conducting their research, scholarly, and artistic work according to the highest standards of research integrity. University members are also responsible for:

- a. Obtaining all the required University of Saskatchewan and respective agency approvals and training for research including, but not limited to, research involving human participants or animal subjects, fieldwork, biohazards, radioisotopes, environmental impact.
- b. Ensuring that their research, scholarly, and artistic work is conducted in accordance with approved protocols and that they adhere to all reporting requirements.
- c. Ensuring students and research staff are carefully supervised and trained in the conduct of research, scholarly, and artistic work, including experiments,

- processing of acquired data, recording of data and other results, interpretation of results, publication, and the storage of research records and materials.
- d. Exercising scholarly and scientific rigour and integrity in recording, analyzing and interpreting data, and in reporting and publishing data and findings. This includes keeping complete and accurate records of data, methodologies and findings, including graphs and images, in accordance with the applicable funding agreement, institutional policies and/or laws, regulations and professional or disciplinary standards in a manner that will allow verification or replication of the work by others.
 - e. Protecting the privacy of any individuals whose personal information has been obtained as part of any research activities as required under the University's Freedom of Information and Protection of Privacy Policy, the *Local Authority Freedom of Information and Protection of Privacy Act*, the *Health Information Protection Act*, and the *Tri-Council Policy Statement: Ethical Conduct of Research Involving Humans (TCPS 2)*.
 - f. Managing funds acquired for the support of research as required by the terms of Tri-Agency guidelines, research funding agreements and the University policies on the Administration of Research Funds² and the Administration of Research Grants and Contracts³.
 - g. Including as authors, with their consent, all those and only those who have materially or conceptually contributed to, and share responsibility for, the contents of the publication or document, in a manner consistent with their respective contributions, and authorship policies of relevant publications. Acknowledging, in addition to authors, all contributors and contributions to research, including writer, funders and sponsors.
 - h. Reporting conflicts of interest as per the University's Policy on Conflict of Interest⁴.
 - i. Disclosing to the relevant Senior Administrator any breach of the Responsible Conduct of Research Policy of which they have become aware.

University Officials: University officials (senior administrators, department heads, directors, and managers) are responsible for promoting and overseeing research, scholarly, and artistic work at the University of Saskatchewan that is conducted with the highest standards of research integrity. They are also responsible for:

- a. Dealing expeditiously and fairly with any known instances or allegations of a breach of the Responsible Conduct of Research Policy; and
- b. Encouraging activities that support research integrity among University members.

² www.usask.ca/university_secretary/policies/research/8_22.php

³ www.usask.ca/university_secretary/policies/research/8_20.php

⁴ www.usask.ca/university_secretary/policies/operations/4_01_01.php

Senior Administrators: Under this policy, senior administrators include: deans or executive directors (when respondents are faculty members, sessional lecturers or students in a college); directors or associate vice-presidents in charge of an administrative unit (when respondents are employees); the Provost and Vice-President Academic (when respondents are deans or visiting professors); the Dean of Graduate Studies and Research (when respondents are adjunct professors, post doctoral fellows, graduate students, professional affiliates or visiting scholars/professors); vice-presidents (when respondents are directors of an administrative unit or associate vice-presidents), the President (when respondents are vice-presidents); and, the Board of Governors (when the respondent is the President). These individuals (or their designees) are responsible for:

- a. Determining whether a formal investigation will occur; and
- b. Directing and overseeing any inquiry, as outlined in the Procedures for Addressing Allegations of Breaches of the Responsible Conduct of Research Policy.

5.0 Breaches of the University of Saskatchewan Responsible Conduct of Research Policy

Breaches of the Responsible Conduct of Research Policy (as drawn from the Tri-Agency Framework: Responsible Conduct of Research⁵) include, but are not limited to:

- a. Fabrication: making up data, source material, methodologies or findings, including graphs and images.
- b. Falsification: manipulating, changing, or omitting data, source material, methodologies or findings, including graphs and images, without acknowledgement and which results in inaccurate findings or conclusions.
- c. Destruction of research records: the destruction of one's own or another's research data or records to specifically avoid the detection of wrongdoing or in contravention of the applicable funding agreement, institutional policy and/or laws, regulations and professional or disciplinary standards.
- d. Plagiarism: presenting and using another's published or unpublished work, including theories, concepts, data, source material, methodologies or findings, including graphs and images, as one's own, without appropriate referencing and, if required, without permission.
- e. Redundant publications: the re-publication of one's own previously published work or part there of, 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

⁵ Tri-Agency Framework: Responsible Conduct of Research www.rcr.ethics.gc.ca/eng/policy-politique/framework-cadre/

- 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.
 - h. Mismanagement of conflict of interest: failure to appropriately manage any real, potential or perceived conflict of interest, in accordance with the University's policy on Conflict of Interest⁶.
 - i. Failure to comply with relevant policies, laws or regulations for the conduct of certain types of research activities, or failure to obtain appropriate approvals, permits or certifications before conducting these activities, including, but not limited to:
 - i. *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS 2)*;
 - ii. Canadian Council on Animal Care guidelines and policies;
 - iii. Canadian Environmental Assessment Act;
 - iv. Licenses from appropriate governing bodies for research in the field;
 - v. Laboratory Biosafety guidelines;
 - vi. Canadian Nuclear Safety Commission (CNSC) regulations, and Radiation Safety guidelines;
 - vii. Controlled Goods Program;
 - viii. Public Health Agency of Canada guidelines;
 - ix. Canada Food Inspection Agency guidelines and Canada's Food and Drugs Act; and
 - x. University policies relevant to research and scholarly activities.
 - j. Misrepresentation in a funding application or related document: providing incomplete, inaccurate, or false information in a funding application or related document, such as a letter of support or progress report; listing of co-applicants, collaborators, or partners without their agreement; or applying for or holding an award when deemed ineligible by the funder.
 - k. Mismanagement of funds: failure to use funds for purposes consistent with the policies of the funding agency, misappropriation of funds, contravention of financial policies and agency guidelines, or inaccurate or false documentation for expenditures from grant or award accounts.

Breaches of the Responsible Conduct of Research Policy should not be interpreted as including differences of opinion regarding research methodologies, analyses of data, and theoretical frameworks.

⁶ www.usask.ca/university_secretary/policies/operations/4_01_01.php

6.0 Confidentiality

University officials, senior administrators, department heads, directors, and managers will protect the confidentiality of information regarding a potential violation of this policy to the fullest extent possible. If the allegation is substantiated, the University reserves the right to use or disclose information in accordance with the *Local Authority Freedom of Information and Protection of Privacy Act*, which may include disclosing the discipline, if any, imposed on members of the University.

7.0 Education

To promote a greater understanding of research ethics and integrity issues, the University will offer workshops, seminars, web-based materials, courses, and research ethics training for University members along with orientation for those members who are new to the university. When examples of investigations at the University of Saskatchewan are used for the purpose of educating University members on acceptable practices for scholarly integrity and research ethics, personal identifiers will be removed from these cases in an effort to maintain confidentiality.

8.0 Procedures

This policy document is supported by two procedural documents entitled *Procedures for Addressing Allegations of Breaches of the Responsible Conduct of Research Policy at the University of Saskatchewan* and *Procedures for Stewardship of Research Records and Materials at the University of Saskatchewan*.

Responsibility for the policy and the implementation and maintenance of the associated procedures is delegated to the Office of the Vice-President Research. Revisions to the procedures will be reported to Council. An annual report will be provided to Council documenting the numbers of allegations received, the numbers of those proceeding to a hearing, and the numbers and nature of findings of breach of this policy.

9.0 Contact

For further information please contact the Director, Research Ethics at 966-8585 or the Director, Research Services at 966-8575.

Effective date July 1, 2013

Procedures for Addressing Allegations of Breaches of the University of Saskatchewan Responsible Conduct of Research Policy

1.0 Application

These procedures accompany the Responsible Conduct of Research Policy and apply to all allegations of breaches of the Responsible Conduct of Research Policy by members of the University of Saskatchewan. Responsibility for the development, maintenance and oversight of the procedures is delegated to the Office of the Vice-President Research.

For the purposes of this document, “research” encompasses the creation and application of new knowledge and understanding through research, scholarly, and artistic work conducted by members of the University of Saskatchewan. Members of the University of Saskatchewan include but are not limited to faculty, professors emeriti, sessional lecturers, staff, trainees, clinical faculty, graduate and undergraduate students, adjunct professors, visiting professors, visiting scholars, professional affiliates, associate members, residents, and postdoctoral fellows (PDFs) at the University of Saskatchewan.

Procedures shall be consistent with appropriate clauses in Collective Agreements including University of Saskatchewan Faculty Association (USFA), Canadian Union of Public Employees (CUPE) Local 1975, the Administrative and Supervisory Personnel Association (ASPA), Canadian Union of Public Employees (CUPE) Local 3287, the Professional Association of Interns and Residents (PAIRS).

2.0 Reporting Breaches of the Responsible Conduct of Research Policy

Any person including a representative of a funding agency who believes that he or she has knowledge of a breach of this policy should immediately report their allegation in writing to a senior administrator or a University official. Anonymous allegations will be considered only if all relevant facts are publicly available or otherwise independently verifiable. If all relevant facts are verifiable, the Senior Administrator will pursue the complaint on his or her own initiative, and the University will endeavour to maintain confidentiality of the complainant, subject to applicable law. Allegations that students may be in breach of this policy will be referred by the Senior Administrator or University official to the dean or executive director of the college or school that is responsible for the activity to which the allegation relates, or in the case of graduate students to the

Dean, College of Graduate Studies and Research, or in the case of an allegation not relating to a college or school to the Provost and Vice-President Academic, to determine whether the allegation relates to a breach of the Responsible Conduct of Research Policy or is a matter under Council's Student Academic Misconduct Regulations.

Reporting to a University Official: Incidents may be reported to a University official (department heads, directors, and managers). When these individuals receive an allegation of a breach of the Responsible Conduct of Research Policy or become aware of an incident, it is their responsibility to refer the allegation to the relevant senior administrator to determine an appropriate course of action.

Reporting to a Senior Administrator: Incidents may be reported directly to a senior administrator. When an allegation is reported to a senior administrator or relayed by a University official, it is their responsibility to inform the Associate Vice-President Research (AVPR), who is the central point of contact for the University concerning confidential enquiries, allegations of breaches of this policy, and information related to allegations.

Reporting to the Associate Vice-President Research: Incidents may be reported directly to the Associate Vice-President Research. The AVPR is responsible for determination of the seriousness of alleged breaches of the Responsible Conduct of Research Policy in accordance with best practice, and for determination of the requirement to report to the Tri-Agencies as outlined in section 8.0 of these procedures and/or consideration of whether any immediate action may be required.

3.0 Inquiry into Allegations

Subject to the provisions in section 3.0 of the Responsible Conduct of Research Policy, the Senior Administrator will conduct a confidential consultation to aid in the assessment of the allegations of breaches of the Responsible Conduct of Research Policy, to determine whether they fall under this policy, and to outline options for resolution. Individuals who consult with the Senior Administrator may choose:

- a. To ask the Senior Administrator to facilitate a resolution or resolve the matter informally;
- b. To request a hearing under this policy; or,
- c. To take action to resolve the issue directly or address it using another University procedure.

The Senior Administrator will inform the AVPR of the outcome of their inquiry into the allegations, and the recommended course of action.

Reports and allegations of breaches of the Responsible Conduct of Research Policy can

be resolved using informal and/or formal procedures. Informal approaches focus on resolving the problem as opposed to determining right or wrong or taking disciplinary action. This type of resolution may include consultation, raising the matter directly with the offending party, or mediation. The complainant will be advised of the outcome of any informal investigation.

In the case of a request to proceed to a formal hearing, the AVPR will authorize the Senior Administrator to determine the merits of proceeding with a hearing and if warranted to proceed with the hearing.

Hearings may be requested by complainants, respondents, or University officials. A request for a hearing is initiated by filing a written allegation of a breach of the Responsible Conduct of Research Policy and submitting it to the relevant senior administrator, who will report the allegation to the Associate Vice-President Research and undertake an initial inquiry in order to determine whether a hearing is warranted. The decision will be made after the Senior Administrator has reviewed the written allegation, shared it with the respondent(s), provided an opportunity for the respondent(s) to respond to the allegation, and consulted with the Associate Vice-President Research.

The Senior Administrator will assess whether the allegation:

- a. Is outside the jurisdiction of these procedures as outlined in section 3.0 of the Responsible Conduct of Research Policy;
- b. Involves allegations that, even if proven, would not constitute a breach as defined in section 5.0 of the Responsible Conduct of Research Policy;
- c. Is frivolous, vexatious, or in bad faith;
- d. Has been the subject of a previous allegation;
- e. Warrants a hearing; or
- f. May involve significant financial, health and safety or other risks and is related to activities funded by the Tri-agencies. This finding will require the Senior Administrator to inform the Associate Vice-President Research, who shall advise the relevant Tri-Agency or the Secretariat on the Responsible Conduct of Research (SRCR) as outlined in section 8.0 of the procedures of this policy.

The Senior Administrator will inform the complainant, the respondent, and the Associate Vice-President Research of his or her decision in writing within thirty (30) calendar days of having received the written allegation. If deemed necessary, the Senior Administrator may restrict research and/or related activities until the allegation is resolved.

4.0 The Rights and Responsibilities of Parties to a Hearing

Hearings provide an opportunity for a balanced airing of the facts before an impartial board of decision-makers. All hearings of alleged breaches of the Responsible Conduct of Research Policy will respect the rights of members of the University community to fair treatment in accordance with the principles of natural justice. In particular,

- a. A University member against whom an allegation is made is to be treated as being innocent until it has been established, on the balance of probabilities and before a board of impartial and unbiased decision-makers, that he/she has committed a breach of the Responsible Conduct of Research Policy.
- b. The parties have a right to a fair hearing before a board of impartial and unbiased decision-makers. This right includes the right for either party to challenge the suitability of any member of the hearing board based on a reasonable apprehension of bias against the complainant's or respondent's case. The Senior Administrator or designate will determine whether a reasonable apprehension of bias exists. Reasonable written notice will be provided for hearings, and hearings will be held and decisions rendered within a reasonable period of time. It is the responsibility of all parties to ensure that the University has current contact information for them. If a notice is not received because of a failure to meet this requirement, the hearing will proceed.
- c. Hearing board procedures and protocols will be communicated to all parties prior to the hearing.
- d. All information provided to a hearing board in advance of a hearing by either party will be shared with both parties prior to the hearing.
- e. Neither party will communicate with the hearing board without the knowledge and presence of the other party. This right is deemed to have been waived by a party who fails to appear at a scheduled hearing or to send an advocate in her/his place.
- f. The complainant and the respondent have a right to bring an advocate (where the person is a member of a bargaining unit, the advocate will be selected by the appropriate bargaining unit; where the person is not a member of a bargaining unit, this may be a friend, advisor or legal counsel to a hearing, and to call witnesses, subject to the provisions below in keeping with the rights of the hearing board to establish its own procedures. This right is subject to the provision that the names of any witnesses and/or advocates are provided to the Senior Administrator or designate at least two (2) days prior to the hearing.
- g. Parties to these proceedings have a right to a reasonable level of privacy and confidentiality, subject to provincial legislation on protection of privacy and freedom of information.
- h. The hearing board has a right to determine its own procedures subject to the provisions of these procedures, and to rule on all matters of process including the acceptability of the evidence before it and the acceptability of witnesses called by either party. Hearing boards may at their discretion request further evidence or ask for additional witnesses to be called.

5.0 Procedures for Formal Hearings

When it has been determined that a formal hearing should proceed, the following steps will be taken.

- a. The Senior Administrator or designate shall convene a hearing board within a reasonable time frame composed of at least four members, one of whom will be designated as Chair, at least two of whom will be senior members of the University¹, and at least one of whom will be external and with no current affiliation to the University². If the respondent or complainant is a student, the hearing board will have one additional student member who is registered in the college or school responsible for the matters to which the allegation relates. The Chair will be appointed by the Senior Administrator. The members of the hearing board will have no actual, apparent, reasonable, perceived, or potential conflicts of interest or bias and will jointly have appropriate subject matter expertise and administrative background to evaluate the allegation and the response to it. If the complainant or respondent have any objection to the composition of the hearing board, an objection must be made to the Senior Administrator well before the hearing date, and the Senior Administrator will make the final decision as to the objection.
- b. The role of the hearing board is to receive the evidence, decide whether a breach of the Responsible Conduct of Research Policy has been committed and if so, make recommendations in accordance with sections 5.1 (b) or (c) of these procedures. The Senior Administrator or designate shall co-ordinate suitable administrative support to the hearing board.
- c. The Chair will consult with the parties regarding scheduling the hearing date and will provide reasonable notice in writing of the hearing date. Whenever reasonably possible the hearing will be held within thirty (30) calendar days from the time the hearing board is constituted. If the respondent does not respond to the written notification of the hearing, or chooses not to appear before the hearing board, the hearing board has the right to proceed with the hearing. An absent respondent may be represented by an advocate who may present his or her case at the hearing.
- d. Generally, hearings will be held with all parties present. If any of the parties to the hearing, or any advocate, witness, or observer is unable to attend in person, the hearing board may at its discretion and where circumstances demand proceed on the basis of written submissions. The hearing board may allow evidence to be provided by telephone or video conference provided that this does not

¹ Senior members of the university include senior administrators, full professors, associate professors and adjunct professors of equivalent seniority.

² Tri-Agency Framework: Responsible Conduct of Research www.rcr.ethics.gc.ca/eng/policy-politique/framework-cadre/

significantly prejudice any of the parties or the hearing board from hearing and responding to the evidence. Provision must be made for all parties to the proceedings to know when a party participating by telephone is signing on and signing off.

- e. The hearing board is not bound to observe strict legal procedures or the rules of evidence, but shall establish its own procedures subject to the following:
 - i. Hearing boards under these regulations have an adjudicative role. It is the responsibility of the complainant(s) to provide a rationale for the allegation and to present the evidence in support of it, and it is the responsibility of the respondent(s) to answer the charge.
 - ii. Both complainant and respondent shall be given full opportunity to participate in the proceedings other than the deliberations of the hearing board.
 - iii. The hearing shall be restricted to persons who have a direct role in the hearing as complainant or respondent or their advocates, members of the hearing board, persons who are acting as witnesses. At the discretion of the chair, other persons may be admitted to the hearing for training purposes, or other reasonable considerations.
 - iv. When the hearing board meets, the complainant and the respondent or their advocates shall have the opportunity to be present before the hearing board at the same time. Either side may call witnesses, who would normally be present only to provide their evidence. Exceptions may be made at the discretion of the chair. Hearing boards may at their discretion request further evidence or ask for additional witnesses to be called.
 - v. The allegation and the evidence allegedly supporting it, along with supporting documentation and/or witnesses, shall be presented by the person who made the allegation, or that person's advocate.
 - vi. The Chair may at his or her discretion grant an opportunity for the respondent or the respondent's advocate and members of the hearing board to ask questions of the person presenting the allegation and any person giving evidence allegedly supporting it.
 - vii. The respondent or the respondent's advocate shall then be allowed to respond to the allegation and to present supporting documentation and/or witnesses.
 - viii. The Chair may at his or her discretion grant an opportunity for the person presenting the allegation and members of the hearing board to ask questions of the respondent and any witness for the respondent.
 - ix. Both the complainant and the respondent will have the opportunity to explain their respective interpretations of the evidence presented in a closing statement.
- f. If, during the course of the investigation, the evidence discloses a new related instance of a breach of the Responsible Conduct of Research Policy that was not part of the original allegation or which suggests additional respondents, the hearing board 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 reasonable notice and shall for the purpose of this framework, be treated as respondents.

- g. Once a hearing concludes, the hearing board may not consider any additional evidence without re-opening the hearing to ensure that the parties have an opportunity to review and respond to the new evidence.
- h. The Chair shall notify both the Senior Administrator (or designate) and the Associate Vice-President Research of interim findings, if any, that he/she believes should be reported because of the University's obligations to students, staff, and faculty members, funding agencies and sponsors or, where there are compelling issues of public safety. Any interim report shall be in writing and copied to all members of the hearing board, to the complainant and respondent, the Senior Administrator and the Associate Vice-President Research. The report shall set out the findings, the reason for the interim report, and a recommendation regarding appropriate administrative action.

5.1 Decision of the Hearing Board and Determination of Consequences

After all questions have been answered and all points made, the hearing board will meet *in camera* to decide whether a breach of the Responsible Conduct of Research Policy has been committed. These deliberations are confidential³. The hearing board has the sole authority to determine whether or not the respondent has committed a breach of the Responsible Conduct of Research Policy.

- a. The standard of proof shall be whether the balance of probabilities is for or against the respondent having committed the offense.
- b. Within ninety (90) calendar days of being appointed, the hearing board shall complete its hearing and shall submit a report on its reasoned decision in writing to the complainant, the respondent, the relevant Senior Administrator, and the Associate Vice-President Research. Under exceptional circumstances, the board may extend this period. 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. It is recommended that the format of the hearing board report contain the following:
 - i. The full allegation of a breach of the Responsible Conduct of Research Policy;
 - ii. A list of hearing board members and their credentials;

³ Records of deliberations may be subject to a Freedom of Information request

- iii. A list of the people who contributed evidentiary material to the investigation or were heard as witnesses;
 - iv. A summary of relevant evidence;
 - v. A determination of whether a breach of the Responsible Conduct of Research Policy occurred;
 - vi. If a breach has occurred, its extent and seriousness;
 - vii. Recommendations on any remedial action to be taken in the matter in question; and,
 - viii. Recommendations of changes to procedures or practices to avoid similar situations in the future (for example, in the case of a breach of the Responsible Conduct of Research Policy or if a serious scientific error has been made which does not constitute a breach).
- c. Recommendations of the hearing board may also include, without limitation:
- i. Withdrawing all pending relevant publications;
 - ii. Notifying publishers of publications in which the involved research was reported;
 - iii. Notifying co-investigators, collaborators, students and other project personnel of the decision;
 - iv. Ensuring the unit(s) involved is informed of appropriate practices for promoting the proper conduct of research;
 - v. Informing any outside funding sponsor(s) of the results of the inquiry and of actions to be taken.
- d. Members of the hearing board must sign a statement indicating that they agree to the release of the report based on majority rule. No minority reports shall be allowed.
- e. The report of the hearing board is final and not subject to revision.
- f. If it is established that the respondent has breached the Responsible Conduct of Research Policy, the respondent and complainant will have seven (7) calendar days from the receipt of the hearing board report to make submissions to the Senior Administrator regarding the findings, in advance of any disciplinary action recommended by the Senior Administrator. The Senior Administrator shall, upon receipt of this advice of the hearing board, determine whether or not formal disciplinary action is to be taken or where appropriate recommend formal disciplinary action to the President, taking into consideration contractual and other obligations to external organizations and prior offenses under this policy. Decisions about disciplinary action shall be made and communicated in writing to the complainant, the respondent, the relevant Senior Administrator, and the Associate Vice-President Research within twenty-one (21) calendar days of the date that the Senior Administrator receives the hearing board report.

For students: If an undergraduate or graduate student is found to have breached the Responsible Conduct of Research Policy, the discipline decision will be determined by a hearing board under Council's Regulations on Student Academic

Misconduct⁴, which will include one or more of the outcomes described in section VII of the regulations.

- g. If the hearing board advises that the allegation should be dismissed, the Senior Administrator shall so advise any person identified in the allegation, the respondent, other appropriate deans or directors, and the Associate Vice-President Research. In addition, the notification requirements of the applicable collective agreement shall be followed.
- h. Where the allegation is not substantiated, the Senior Administrator, in consultation with the respondent and the hearing board that conducted the investigation, shall take all reasonable steps to repair any damage that the respondent's reputation for scholarly integrity or research activities may have suffered by virtue of the allegation. The Senior Administrator shall ensure that a letter confirming the finding that no breach of the Responsible Conduct of Research Policy has occurred is sent to the respondent, with a copy to the complainant, and to the Associate Vice-President Research. With the consent of the respondent, a letter confirming the finding of no breach may be sent to other persons with knowledge of the allegation. These persons may include co-authors, co-investigators, collaborators, and others who may have been notified by the Senior Administrator.
- i. The respondent(s) and the complainant who brought the allegation shall be advised of the right to appeal as set out in section 6.0. Any penalties that are the outcome of a hearing board remain in force unless and until they are overturned by an appeal board or through a grievance process.

6.0 Appeals under this Policy

- a. Either the complainant or the respondent may appeal the decision of the hearing board by delivering to the Associate Vice-President Research a written notice of appeal within thirty-five (35) calendar days of receipt of a copy of the hearing board report. The notice should include a written statement of appeal that indicates the grounds on which the appellant intends to rely, and any evidence the appellant wishes to present to support those grounds.
- b. An appeal will be considered only on one or more of the following grounds:
 - i. That the decision maker(s) had no authority or jurisdiction to reach the decision it did;
 - ii. That there was a reasonable apprehension of bias on the part of one or more of the decision makers;
 - iii. That the original hearing board made a fundamental procedural error that seriously affected the outcome;
 - iv. That new evidence has arisen that could not reasonably have been presented at the initial hearing and that would likely have affected the

⁴ www.usask.ca/university_secretary/honesty/StudentAcademicMisconduct.pdf

decision of the original hearing board.

- c. Upon receipt of a notice of appeal, the Associate Vice-President Research or designate will review the record of the original hearing and the written statement of appeal and determine whether or not the grounds for appeal are valid. If the Associate Vice-President Research determines that there are no valid grounds under these Procedures for an appeal, then the appeal will be dismissed without a hearing. If the Associate Vice-President Research determines that there may be valid grounds for an appeal, then the appeal hearing will proceed as provided for below. The decision of the Associate Vice-President Research with respect to allowing an appeal to go forward is final, with no further appeal.
- d. The appeal under this policy relates only to the original hearing board's determination of whether a breach of this policy occurred. The subsequent determination of discipline imposed for the breach of this policy is not appealable under this policy. For students who breach this policy, the process for determining discipline is under Council's Regulations on Student Academic Misconduct. Employees may access their available employment or grievance remedies in relation to discipline imposed for breaching this policy.

6.1 Appeals Board

The appeal board will normally be constituted by the Associate Vice-President Research within twenty-one (21) calendar days and will be composed of at least four members, one of whom shall be designated as Chair, at least two of whom will be senior⁵ members of the University or of another academic institution, and at least one member who is external and with no current affiliation to the University of Saskatchewan⁶. If the respondent or complainant is a student, the appeal board will have one additional student member who is registered in the college or school responsible for the matters to which the allegation relates. The Chair will be appointed by the AVPR. Individuals appointed to serve on an appeal board shall exclude anyone who was involved in the original hearing of the case. The members of the appeal board will have no actual, apparent, reasonable, perceived, or potential conflict of interest or bias and will jointly have appropriate subject matter expertise and administrative background to evaluate the allegation and the response to it. The complainant and the respondent will be advised of the composition of the appeal board and will have seven (7) calendar days to advise the Associate Vice-President Research of their intent to challenge the suitability of any member of the appeal board based on a reasonable apprehension of bias against the complainant's or respondent's case.

⁵ Senior members of the university include senior administrators, full professors, associate professors and adjunct professors of equivalent seniority.

⁶ Tri-Agency Framework: Responsible Conduct of Research www.rcr.ethics.gc.ca/eng/policy-politique/framework-cadre/

6.2 Appeal Procedure

- a. The Chair will consult with the parties regarding scheduling the hearing date and will provide reasonable notice in writing of the hearing date. Whenever reasonably possible the hearing will be held within twenty-one (21) calendar days from the time the appeal board is constituted.
- b. If any party to these proceedings does not attend the hearing, the appeal board has the right to proceed with the hearing, and may accept the written record of the original hearing and the written statement of appeal and/or a written response in lieu of arguments made in person. An appellant who chooses to be absent from a hearing may appoint an advocate to present his/her case at the hearing.
- c. The appeal board is not bound to observe strict legal procedures or rules of evidence but shall establish its own procedures subject to the following principles:
 - i. Appeal boards under these regulations will not hear the case again but are limited to considering the grounds of appeal prescribed in 6.0 b.
 - ii. The parties to the hearing shall be the appellant (who may be either the original complainant or the original respondent) and the other party to the original hearing as respondent. The Chair (or another member designated by the chair) of the original hearing board may be invited to attend to answer questions of either party or of the appeal board. The Chair cannot discuss the *in camera* deliberations but can provide facts regarding the process followed.
 - iii. Except as provided for under 6.0 b. iv. above, no new evidence will be considered at the hearing. The record of the original hearing, including a copy of all material filed by both sides at the original hearing, and the written statement of appeal, will form the basis of the appeal board's deliberations⁷.
 - iv. It shall be the responsibility of the appellant to demonstrate that the appeal has merit.
 - v. Hearings shall be restricted to persons who have a direct role in the hearing. Witnesses will not normally be called, but the appellant and respondent may request the presence of an advocate (where the appellant is a member of a bargaining unit, the advocate will be selected by the appropriate bargaining unit; where the person is not a member of a bargaining unit, this may be a friend, advisor or legal counsel) or observer. At the discretion of the chair, other persons may be admitted to the hearing for training purposes, or other reasonable considerations.
 - vi. The appellant and the respondent shall be present before the appeal board at the same time.
 - vii. Both the appellant and the respondent will have an opportunity to present

⁷ Records of deliberations may be subject to a Freedom of Information request.

their respective cases and to respond to the submissions from the other party and from members of the appeal board.

6.3 Disposition by the Appeal Board

- a. After all questions have been answered and all points made, the appeal board will meet *in camera* to decide whether to uphold, overturn or modify the decision of the original hearing board. The deliberations of the appeal board are confidential.
- b. The appeal board may, by majority,
 - i. Conclude that the appellant received a fair hearing from the original hearing board, and uphold the original decision; or
 - ii. Conclude that the appellant did not receive a fair hearing, but that the outcome determined remains appropriate and the original decision is upheld; or
 - iii. Conclude that the appellant did not receive a fair hearing, and dismiss or modify the original decision; or
 - iv. Order that a new hearing board be struck to re-hear the case. This provision shall be used only in rare cases such as when new evidence has been introduced that could not reasonably have been available to the original hearing board and is in the view of the appeal board significant enough to warrant a new hearing.
- c. The chair of the appeal board shall prepare a report of the board's deliberations that shall recite the evidence on which the board based its conclusions. The report shall be delivered to the Associate Vice-President Research and distributed as provided for in section 6.5.
- d. If the decision of a hearing board is successfully appealed, the chair of the appeal board shall ask the relevant Senior Administrator to take all reasonable steps to repair any damage that the appellant's or respondent's reputation for academic integrity may have suffered by virtue of the earlier finding of the hearing board.

6.4 No Further Appeal

The findings and ruling of the appeal board shall be final with no further appeal.

6.5 Reports

Within ninety (90) calendar days of being appointed, the appeal board shall complete its hearing and shall submit a report on its reasoned decision in writing to the appellant, the respondent, the relevant Senior Administrator, and the Associate Vice-President Research. Under exceptional circumstances, the board may extend this period. If there is more than one appellant or respondent, reasonable efforts will be made to provide each with parts of the report that are pertinent to him/her.

7.0 Records

Records pertaining to allegations that result in disciplinary action will be retained in the respondent's official file in accordance with existing University policies, procedures and collective agreements.

No record of an allegation of a breach of the Responsible Conduct of Research Policy will be kept in the complainant's official file except the record of disciplinary action resulting from a complaint that is made in bad faith.

Subject to the provisions of the Responsible Conduct of Research Policy and procedures and the requirements of law, any and all records pertaining to charges and/or hearings and/or sanctions under these procedures are confidential and should be kept in a file accessible only to the Associate Vice-President Research and their confidential assistants for a period of fifty (50) years or while any legal or official proceedings are pending. After this time, the records may be destroyed. These records are strictly confidential and will be disclosed only when disclosure is required by law or by a legal or official proceeding.

8.0 Reporting to Funding Agencies

a. Tri-Agency Funded Research⁸

- i. Reporting allegations of a breach of the Responsible Conduct of Research Policy to the Tri-agencies:
Subject to any applicable laws, including privacy laws, the Associate Vice-President Research shall advise the relevant Tri-Agency or the Secretariat on the Responsible Conduct of Research (SRCR) immediately of any allegations related to activities funded by the agency that may involve significant financial, health and safety, or other risks.
- ii. Reporting of a hearing to the Tri-Agencies:
If the Secretariat on the Responsible Conduct of Research (SRCR) was copied on the allegation or advised of an allegation related to activities funded by the agencies, the Associate Vice-President Research shall write a letter to the SRCR confirming whether or not the Institution is proceeding with an investigation within two (2) months of the receipt of the allegation.
- iii. Reporting results of a hearing to the Tri-Agencies:
The Associate Vice-President Research shall prepare a report for the SRCR on

⁸ Tri-Agency Framework: Responsible Conduct of Research www.rcr.ethics.gc.ca/eng/policy-politique/framework-cadre/

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. A report will be submitted to the appropriate agency within seven (7) months of the receipt of the allegation by the institution.

Subject to any applicable laws, including privacy laws, each report shall include the following information: the specific allegation(s), a summary of the finding(s) and reasons for the finding(s);

- the process and time lines followed for the inquiry and/or investigation;
- the researcher's response to the allegation, investigation and findings, and any measures the researcher has taken to rectify the breach; and
- the institutional investigation committee's decisions and recommendations and actions taken by the Institution.

The report should not include:

- 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 Institution's findings and its report to the SRCR.

The institution and the researcher may not enter into confidentiality agreements or other agreements related to an inquiry or investigation that prevent the institution from reporting to the agencies through the SRCR⁹.

b. Other Sponsors and Funding Agencies

Other sponsors or funding agencies that require similar notification will be notified in accordance with the procedures identified by the specific agency.

In instances involving researchers and research collaborators associated with other institutions, the Senior Administrator or the Associate Vice-President Research shall inform the Senior Administration of the collaborator's institution of the substantiated allegation of a breach of the Responsible Conduct of Research Policy.

Effective date July 1, 2013

⁹ Tri-Agency Framework: Responsible Conduct of Research www.rcr.ethics.gc.ca/eng/policy-politique/framework-cadre/

Procedures for Stewardship of Research Records at the University of Saskatchewan

Members of the University [defined below] involved in research at the University of Saskatchewan must create and retain records in accordance with these procedures. The purpose of these procedures is to ensure that the authenticity of all data and other factual information generated in research can be verified and to ensure that any research records containing personal and personal health information about identifiable individuals are stored in a manner which protects the privacy of such personal and personal health information in accordance with the University's Freedom of Information and Protection of Privacy Policy¹ and the appropriate freedom of information and protection of privacy acts. Research records must be recorded appropriately, archived for defined time periods or for reasonable longer periods [described below], and made available for review if required in the following situations:

- a. To ensure the appropriate use of human and animal participants in research and compliance with biosafety, radiation safety, environmental and other regulations or requirements;
- b. To ascertain compliance with research sponsorship terms;
- c. To protect the rights of students (undergraduate and graduate), postdoctoral fellows, staff, and other research team members, including rights to access records from research in which they participated as a researcher;
- d. To assist in proving and/or securing intellectual property rights;
- e. To enable investigations of allegations of breaches of the Responsible Conduct of Research Policy or conflict of interest; and,
- f. To assist and enable other administrative or legal proceedings involving the University and/or researchers, or its/their interests, related to their research.

1.0 Application

These procedures apply to all members of the University involved in research, in any capacity whatsoever. Members of the University of Saskatchewan, include but are not limited to, faculty, professors emeriti, sessional lecturers, staff, trainees, clinical faculty, graduate and undergraduate students, adjunct professors, visiting professors, visiting scholars, professional affiliates, associate members, residents, and postdoctoral fellows (PDFs) at the University of Saskatchewan. Nothing in these procedures will limit or amend the provisions of any existing collective agreement at the University of Saskatchewan.

¹ www.usask.ca/university_secretary/policies/operations/Freedom-of-Information.php

Research records are those documents and other records and materials recorded by or for a researcher that are necessary to document, reconstruct, evaluate, and validate research results and the events and processes leading to the acquisition of those results. Research records may be in many forms including but not limited to laboratory notebooks, survey documents, questionnaires, interview notes, transcripts, machine-generated data or performance outputs, recruitment materials, consent forms, correspondence, other documents, computer files, audio or video recordings, photographs including negatives, slides, X-ray films, samples of compounds, organisms (including cell lines, microorganisms, viruses, plants, animals) and components of organisms.

2.0 Collection and Retention

The Principal Investigator² (PI) is responsible for the collection, maintenance, privacy, and secure³ retention of research records in accord with these procedures and applicable privacy legislation. The PI should also ensure that all personnel involved with the research understand and adhere to established practices that are consistent with these procedures.

Research records must be recorded or preserved in accordance with the highest standard of scientific and academic practice and procedures. Research records must be retained in sufficient detail to enable the University and the involved researchers to respond to questions about research accuracy, authenticity, compliance with pertinent contractual obligations, and University of Saskatchewan and externally imposed requirements and regulations governing the conduct of the research.

Human research ethics applications require a statement outlining the procedures researchers will use to securely store research records including the length of time the research records will be stored, the location of storage, the identity of the person responsible for storage of research records, and the procedures that will ensure secure storage. Research participants must be informed of the purpose, use and retention of the records as part of the information provided to them to make an informed decision

² A Principal Investigator (PI) is a person responsible for performing, directing, or supervising research, or who signs a research sponsorship agreement in acknowledgement of the obligations of himself, herself, or the University.

³ Research records must be stored securely and protected with all the precautions appropriate to its sensitivity and privacy. Highly sensitive records may need to be held on computers not connected to networks and located in secured areas with restricted access. Secure storage may mean encryption of research records sent over the internet or kept on a computer connected to the internet; adherence to guidelines on data storage on mobile drives, digital recording devices or laptop computers; the use of computer passwords, firewalls, back-ups, and anti-virus software; off-site backup of electronic and hard-copy records; and other measures that protect research records from unauthorized access, loss or modification.

about whether to consent to participate in the study. Research participants must also be informed about any potential for secondary use of research records. Research record retention periods will vary depending on the research discipline, research purpose and type of records involved.

Research records must be retained for not less than:

- a. Five (5) years after the end of a research project's records collection and recording period;
 - b. Five (5) years from the submission of a final project report;
 - c. Five (5) years from the date of publication of a report of the project research; or
 - d. Five (5) years from the date a degree related to a particular research project is awarded to a student;
- for whichever occurs last.

Research records must be retained for longer periods:

- a. If required to protect intellectual property rights;
- b. If such research records are subject to specific federal or provincial regulations⁴ requiring longer retention periods;
- c. If required by the terms of a research sponsorship agreement; or,
- d. If any allegations regarding the conduct of the research arise, such as allegations of a breach of the Responsible Conduct of Research Policy or conflicts of interest.

Research records may be retained for longer periods if retention is required for the continuity of scientific research or if the research records are potentially useful for future research by the PI or other researchers⁵. The Tri-Agencies place the following responsibilities on grant holders:

- a. The Social Sciences and Humanities Research Council (SSHRC) Research Data Archiving Policy states that all research data collected with the use of SSHRC funds must be preserved and made available for use by others within a reasonable period of time⁶.
- b. Canadian Institutes of Health Research (CIHR) grantees must deposit bioinformatics, atomic and molecular coordinate data into the appropriate public database

⁴ For example: *Canada's Food and Drug Regulations* require certain clinical trial records to be stored for twenty-five (25) years and research conducted in provincial hospitals may be subject to *The Hospital Standards Regulations, 1980* (Saskatchewan).

⁵ Future use of research records may be subject to the provisions of applicable privacy legislation and/or the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS) http://www.ethics.gc.ca/pdf/eng/tcps2/TCPS_2_FINAL_Web.pdf

⁶ http://www.sshrc-crsh.gc.ca/about-au_sujet/policies-politiques/statements-enonces/edata-donnees_electroniques-eng.aspx

- immediately upon publication of research results⁷.
- c. CIHR grantees must retain original data sets arising from CIHR-funded research for a minimum of five years after the end of the grant. This applies to all data, whether published or not⁸.
 - d. Collections of animal, culture, plant or geological specimens, or archaeological artifacts (“collections”) collected by a grantee with Tri-Agency grant funds are the property of the University⁹.

3.0 Destruction of Research Records and Materials

Where appropriate, destruction of research records must be carried out so that personal information cannot practicably be read or reconstructed¹⁰. In some cases it may be advisable to document the manner and time of destruction.

4.0 Leaving the University

When a researcher (including a student) involved in a research project leaves the University, she or he may take a copy of the research records related to her or his research.

If a PI leaves the University of Saskatchewan or a project is to be moved to another institution, the University must be notified of the location of the original research records. In some instances (e.g., where University of Saskatchewan intellectual property or other interests are involved), such transfer may not be permitted. Any agreement to move research records may require diligent retention by the recipient and continued access by the University of Saskatchewan.

The obligations of researchers set out in these procedures continue to apply if an individual takes copies of research material to his/her new institution.

Effective date July 1, 2013

⁷ www.nserc-crsng.gc.ca/Professors-Professeurs/FinancialAdminGuide-GuideAdminFinancier/Responsibilities-Responsabilites_eng.asp

⁸ www.nserc-crsng.gc.ca/Professors-Professeurs/FinancialAdminGuide-GuideAdminFinancier/Responsibilities-Responsabilites_eng.asp

⁹ www.nserc-crsng.gc.ca/Professors-Professeurs/FinancialAdminGuide-GuideAdminFinancier/Responsibilities-Responsabilites_eng.asp

¹⁰ Paper documents containing personal information should be burned, pulverized or shredded into very small shreds. Erasing electronic files from a computer will not remove the information in that file from the computer. Applications are available that provide for secure erasure and will remove the records. When a computer is decommissioned, the disks must be erased using a secure disk erasure application or physically destroyed.