

## **Responsible Conduct of Research Policy (effective July 1, 2021)**

Category: Research and Scholarly Activities

Responsibility: Vice-President Research

Authorization: University Council

Approval Date: June 17, 2021, effective date July 1, 2021.

Allegations received on or after the effective date  
will be considered under this Policy and Procedures.

## 1.0 Purpose:

To set forth the standards for responsible conduct of research and the procedures to assess allegations of a breach of those standards 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 university members must take place in a supportive and inclusive environment that embraces *manacihitowin* (respect one another). Research, scholarly and artistic work is expected to be rigorous and scrupulously honest, be held in the highest regard, 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 this Policy at the University 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 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"<sup>1</sup> including but not limited to providing ongoing educational opportunities in research integrity.

## 3.0 Definitions for the purpose of the Policy and associated Procedures.

**"Advocate"** means an advocate or advisor selected by a bargaining unit, or a friend, advisor or legal counsel. Where the person is a member of a bargaining unit, the Advocate may 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.

**"Agencies"** and **"Tri-Agency"** means Canada's three federal granting Agencies: the Canadian Institutes of Health Research (CIHR), the Natural Sciences and Engineering Research Council (NSERC), and the Social Sciences and Humanities Research Council (SSHRC).

**"Allegation"** means a declaration, statement, or assertion communicated in writing to the University or one of the Agencies to the effect that there has been, or continues to be, a breach of one or more University or Agency policies, the validity of which has not been established.

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<sup>1</sup> 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, section 4.2. [www.rcr.ethics.gc.ca/eng/policy-politique/framework-cadre/](http://www.rcr.ethics.gc.ca/eng/policy-politique/framework-cadre/)

**“Appeal Board”** means a committee established by the University Council pursuant to section 61 of *The University of Saskatchewan Act, 1995* to hear appeals of decisions made pursuant to this Policy and/or the related Procedures.

**“Associate Vice-President Research” and “AVPR”** mean the Associate Vice President Research identified as the University’s central point of contact to the Tri-Agency on matters related to Responsible Conduct of Research or their designate.

**“Complainant”** means the individual who has notified the University or one of the Agencies with an Allegation of a breach of this Policy.

**“Hearing Board”** means a committee established by University Council pursuant to section 61 of *The University of Saskatchewan Act, 1995* to conduct hearings into alleged breaches of this Policy for the purpose of determining the validity of an allegation.

**“Inquiry”** means the process of reviewing an Allegation to determine whether the Allegation is responsible (as defined below), the particular policy or policies that may have been breached, and whether an Investigation is warranted based on the information provided in the Allegation.

**“Investigation”** means the process of examining an allegation, collecting and examining the evidence related to the allegation, providing both Complainants and Respondents with an opportunity to be heard at a hearing before a Hearing Board and making a decision as to whether a breach of the Policy has occurred.

**“Policy”** means the Responsible Conduct of Research Policy.

**“Procedures”** mean the Procedures for Addressing Allegations of Breaches of the Responsible Conduct of Research Policy.

**“Regulations”** mean the Regulations on Student Academic Misconduct.

**“Research”** is an undertaking or a commitment to an undertaking, intended to extend knowledge through a disciplined inquiry or systematic investigation. Research includes but is not limited to the following scholarly activities:

- a. the preparation and publication, in either traditional or electronic format of scholarly books, articles, theses, reviews, translations, critical editions, bibliographies, textbooks and pedagogical materials;
- b. creative works in drama, music and the visual arts, including recordings, exhibitions, plays and musical compositions in all forms;
- c. literary works in prose, poetry and drama; and
- d. contract research and consultancy contracts.

**“Respondent”** means an individual who is identified in an Allegation as having possibly breached this Policy and/or Agency policy.

**“Responsible Allegation”** means an Allegation which corresponds to the definition of a Responsible Allegation in the Tri-Agency Framework on Responsible Conduct of Research.

**“Secretariat on Responsible Conduct of Research”** and **“SRCR”** means the Canadian government agency which provides substantive and administrative support for the Panel on Responsible Conduct of Research (PRCR), and the Agencies (CIHR, NSERC and SSHRC) with respect to the *Tri-Agency Framework: Responsible Conduct of Research* (the Framework).

**“Senior Administrator”** means deans or executive directors (when Respondents are faculty members, sessional lecturers, staff or undergraduate students in a college); directors, executive directors or associate vice-presidents in charge of an administrative Unit (when Respondents are employees); the provost (when Respondents are Deans or visiting professors); the Dean of Graduate and Postdoctoral Studies (when Respondents are adjunct professors, postdoctoral fellows, graduate students, or professional affiliates); 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). The Senior Administrator may choose a designate.

**“Tri-Agency Framework”** and **“RCR Framework”** means the Tri-Agency Framework: Responsible Conduct of Research which describes policies and requirements for researchers, institutions, and the Agencies related to applying for and managing Tri-Agency funds, performing research, and disseminating results, as well as the processes that institutions and agencies receiving Tri-Agency funding must follow in the event of an Allegation of a breach of an Agency policy.

**“University”** means the University of Saskatchewan.

**“University Members”** means those participating in Research at or under the auspices of the University. This includes, but is not limited to faculty, librarians, 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).

**“University Officials”** include Senior Administrators, department heads, directors, and managers.

## 4.0 Scope of this Policy

This Policy applies to all University Members involved in Research, in any capacity whatsoever. Nothing in this Policy and related Procedures will limit or amend the provisions of any existing collective agreement at the University. The Procedures in this Policy will not be used if an Allegation is, or has been addressed using another University procedure.

Lack of awareness of the Policy and/or impairment by alcohol or drugs are not defenses for a breach of this Policy.

## 5.0 Responsibilities

Research at the University will be conducted in accordance with the following assigned responsibilities and as required by the Tri-Agency Framework on Responsible Conduct of Research:

**University Members** are responsible for familiarizing themselves with the scholarly standards and practices that are generally accepted within the relevant scholarly field and following them according to the highest standards of research integrity. University Members are responsible for:

- a. Obtaining all required University and respective agency approvals for Research including, but not limited to Research involving human participants or animal subjects, fieldwork, biohazards, radioisotopes, or environmental impact.
- b. Ensuring that their Research 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, including experiments, processing of acquired data, recording of data and other results, interpretation of results, publication, and the storage and protection 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 agreements, institutional policies, laws, regulations and professional or disciplinary standards in a manner that will allow verification or replication of the work by others.
- e. Respecting the inherent and collective sovereign rights of First Nations, Métis and Inuit people to ownership and governance of their data.
- f. Ensuring institutional expert resources and supports are accessed to secure data and to protect 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)*.
- g. Managing funds acquired for the support of Research as required by the Tri-Agency Guide on Financial Administration, research funding agreements and University policies on Research Administration. Grant fund expenditures must contribute to the direct costs of the research/activities for which the funds were awarded, with benefits directly attributable to the grant; not be provided by the administering institution to their research personnel; be effective and economical and not result in personal gain for

- members of the research team.
- h. 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.
- i. Acknowledging, in addition to authors, all contributors and contributions to research, including writers, funders and sponsors.
- j. Reporting conflicts of interest as per the University's policy on Conflict of Interest.
- k. Disclosing to the Associate Vice-President Research any breach of this Policy of which they have become aware.

**University Officials** are responsible for:

- a. Promoting and overseeing Research that is conducted with the highest standards of research integrity.
- b. Encouraging activities that support research integrity among University Members.
- c. Participating in Inquiries and Investigations as defined in these Procedures.

**The Associate Vice-President Research** is responsible when a Respondent is not a USFA member for:

- a. Initiating, directing and overseeing an Inquiry, as outlined in the Procedures.
- b. Determining whether an Investigation will occur and overseeing that Investigation as outlined in the Procedures.
- c. Other responsibilities as defined in the Procedures

**Senior Administrators** are responsible when a Respondent is a USFA member for:

- a. Initiating, directing and overseeing an Inquiry, as outlined in the Procedures.
- b. Determining whether an Investigation will occur and overseeing that Investigation as outlined in the Procedures.
- c. Other responsibilities as defined in the Procedures.

## 6.0 Breaches of this Policy

Breaches of this Policy (as defined by the Tri-Agency Framework: Responsible Conduct of Research) 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 thereof, or data, in any language, without adequate acknowledgment of the source, or justification.
  - f. *Invalid authorship*: inaccurate attribution of authorship, including failing to include as an author someone who has materially or conceptually contributed to and shares responsibility for, the contents of the publication or document and/or attribution of authorship to persons other than those who have made a substantial contribution to and who accept responsibility for, the contents of a publication or document in a manner consistent with the authorship policies of relevant publications.
  - g. *Inadequate acknowledgement*: failure to appropriately recognize contributors in a manner consistent with the authorship policies of relevant publications.
  - h. *Mismanagement of Conflict of Interest*: failure to appropriately identify and address any real, potential or perceived conflict of interest, in accordance with the University's policy on Conflict of Interest.
  - i. Failure to comply with applicable policies, laws or regulations for the conduct of Research including, but not limited to:
    - i. Tri-Agency policies or requirements;
    - ii. Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS 2);
    - iii. Canadian Council on Animal Care guidelines and policies;
    - iv. Applicable environmental protection legislation;
    - v. Licenses from appropriate governing bodies for research in the field;
    - vi. Laboratory biosafety guidelines;
    - vii. Canadian Nuclear Safety Commission (CNSC) regulations, and Radiation Safety guidelines;
    - viii. Controlled Goods Program;
    - ix. Public Health Agency of Canada guidelines;
    - x. Canada Food Inspection Agency guidelines and Canada's Food and Drugs Act; and
    - xi. All applicable University Policies.
  - j. *Misrepresentation in a Funding Application or Related Document*:
    - i. providing incomplete, inaccurate, or false information in a funding application or related document, such as a letter of support or progress report;
    - ii. Applying for and/or holding a Tri-Agency award when deemed ineligible by NSERC, SSHRC, CIHR or any other research funding organization world-wide for reasons of breach of responsible conduct of research policies such as ethics, integrity or financial management policies.
    - iii. listing of co-applicants, collaborators, or partners without their agreement.
  - k. *Mismanagement of Funds*: using grant and award funds for purposes inconsistent with the policies of the funding agency or University policies, misappropriating grant and

award funds, contravening funding agency financial policies, for example the Tri-Agency Guide on Financial Administration, funding agency grants and awards guidelines, or providing inaccurate or false documentation for expenditures from grant or award accounts.

I. *Breach of Tri-Agency Review Processes*

- i. Non-compliance with the Conflict of Interest and Confidentiality Policy of the Federal Research Funding Organizations.
- ii. Participating in Tri-Agency review processes while under Investigation for a breach of this Policy.

Breaches of this Policy should not be interpreted as including disciplinary differences of opinion regarding research methodologies, theoretical frameworks, data sources, data analysis, or publication conventions.

## 7.0 Privacy

University Members will protect the privacy of individuals involved in an Inquiry or Investigation under this Policy as far as is possible. However, if an 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*, as noted in Section 10.0 of this Policy.

## 8.0 Education

To promote a greater understanding of responsible conduct of research and research ethics, 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 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 order to maintain confidentiality.

## 9.0 Procedures

This Policy 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 implementation and maintenance of these Procedures is delegated to the Office of the Vice-President Research. Revisions to the Procedures will be approved by Council.

## 10.0 Reporting



The OVPR will report annually to Council relevant data resulting from the application of this Policy through the Research Scholarly and Artistical Works Committee of Council.

The OVPR will post annually on its web site, information on confirmed findings of breaches of this Policy (e.g., the number, general nature of the breaches and outcomes), subject to applicable laws, including privacy laws.

Subject to any applicable laws, including privacy laws, the OVPR shall comply with the requirements of funding agencies regarding reporting of breaches of this Policy in accordance with the procedures identified by the specific agency. The University and the researcher may not enter into confidentiality agreements or other agreements related to an Allegation, Inquiry Investigation or Appeal that prevent the University from reporting to funding agencies.

In the case of a breach of this Policy, and subject to applicable privacy laws, the President may disclose any information relevant to the breach that is in the public interest including the name of the researcher subject to the decision, the nature of the breach, and the recourse imposed. To inform disclosure of this information, the extent to which the breach jeopardizes the safety of the public, potentially damages the integrity of or brings the conduct of research and/or the University into disrepute will be considered.

## 11.0 Contact

For further information please contact the Associate Vice-President Research at +1 (306) 844-1148.

# 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 (the “Policy”) and apply to all Allegations of breaches of the Policy by University Members.<sup>1</sup> Responsibility for the development, maintenance and oversight of these Procedures is delegated to the Office of the Vice-President Research (OVPR).

These Procedures shall be consistent with applicable 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 Resident Doctors of Saskatchewan (RDoS), the Public Service Alliance of Canada, Local 40004 (Postdoctoral Fellows (PSAC)), and the Public Service Alliance of Canada, Local 40004 (Graduate Student Employees (PSAC)).

## 2.0 Reporting Breaches of the Responsible Conduct of Research Policy

- a. Any person, including a representative of a funding agency, who believes they have knowledge of a breach of the Policy should immediately report their Allegation in writing to the Associate Vice-President Research (AVPR) ). They may also send a copy of their Allegation to the Secretariat on Responsible Conduct of Research (SRCR). The AVPR will notify the relevant Senior Administrator(s) that an Allegation of a breach of the Policy involving a University Member from their unit(s) has been received.
- b. If the AVPR receives an Allegation that a student may be in breach of the Policy, the AVPR will consult with the appropriate Senior Administrator to determine whether the Allegation relates to a breach of the Policy or is a matter under the *Regulations on Student Academic Misconduct*.
- c. Anonymous Allegations will be considered only if all relevant facts are publicly available or otherwise independently verifiable. If all relevant facts are verifiable, the AVPR or Senior Administrator will initiate an Inquiry to determine whether the complaint should be dismissed or investigated. Anonymous Complainants are not entitled to participate or receive information on any part of the outcome.

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<sup>1</sup> These Procedures adopt and incorporate the Definitions from the Policy.

- d. Allegations should be in writing, with sufficient detail about the nature of the alleged breach, the location and time of its occurrence. It should be supported by all available documentation and contain enough information to permit a determination of whether the alleged conduct, if substantiated, would constitute a breach of the Policy and to permit further information gathering about the alleged breach.
- e. If an Allegation is received related to conduct that occurred at another institution (whether as an employee, a student or in some other capacity), the AVPR will contact the other institution and consult to determine which institution is best placed to conduct the Inquiry and Investigation if warranted. The AVPR will communicate to the Complainant which institution will be responsible for responding to the Allegation.

### 3.0 Procedures for Inquiry

As outlined in section 5.0 of the Policy, the Inquiry will be conducted by the AVPR, with the exception of allegations against faculty in-scope of USFA, where the Inquiry will be conducted by the relevant Senior Administrator

Subject to the provisions in section 4.0 of the Policy, the AVPR or Senior Administrator will conduct an Inquiry into the Allegations.

- a. The AVPR or Senior Administrator will assess whether the Allegation:
  - i. is outside the jurisdiction of these Procedures as outlined in section 4.0 of the Policy;
  - ii. involves Allegations that, if proven, would constitute a breach as defined in section 6.0 of the Policy and/or in the Tri-Agency Framework on Responsible Conduct of Research;
  - iii. is frivolous, vexatious, or in bad faith;
  - iv. has been previously determined under the Policy and these Procedures, under another University policy, or other comparable proceeding;
  - v. warrants an Investigation; or
  - vi. may involve significant financial, health and safety or other risks. If the allegation involves significant financial, health and safety or other risks and is related to activities funded by the Tri-Agencies, the AVPR is required to advise the relevant Tri-Agency or the SRCR as outlined in section 7.0 of these Procedures.
- b. The AVPR or Senior Administrator may discuss the Allegation with the Complainant and request additional information.
- c. The AVPR or Senior Administrator will provide a copy of the Allegation and supporting information in writing to the Respondent and inform the Respondent of their right to submit a written response to the Allegation and/or request a meeting with the AVPR or Senior Administrator within ten (10) working days of receipt of the Allegation. The Respondent and Complainant will be advised they are entitled to consult with an Advocate. The Respondent and Complainant will be instructed in writing to preserve all evidence and not to communicate with each other about the Allegation until further notice.

- d. During the Inquiry, the AVPR or Senior Administrator may consult in confidence with University Members, including accessing University records; with outside experts; and where the research involves human participants or animal subjects with the Research Ethics Board Chair responsible for approval of the research.
- e. The AVPR or Senior Administrator may consult with both the Complainant and Respondent to determine whether an informal resolution is possible. Where appropriate, and with the consent of the Complainant and Respondent, other parties affected by the underlying Allegation may participate in efforts towards an informal resolution. Discussions around informal resolutions may not be included as evidence if the Allegation proceeds to an Investigation.
- f. The Senior Administrator will consult with the AVPR prior to a decision being made.
- g. The AVPR or Senior Administrator will inform the Complainant and the Respondent in writing of their decision as to whether the Allegation is a Responsible Allegation and whether an Investigation is warranted within thirty (30) working days of having received the written Allegation. This period may be extended with justification and if required, the AVPR will consult with the SRCR regarding extensions.
- h. If deemed necessary, the AVPR or the Senior Administrator in consultation with the AVPR may restrict research and/or related activities until the Allegation is resolved.

### 3.1 Acknowledgement of Breach

If the Respondent agrees to the facts alleged in the Allegation, the AVPR or Senior Administrator may conclude the Inquiry or Investigation. The AVPR or Senior Administrator must be confident there is sufficient evidence in support of the acknowledgement.

- a. The AVPR or Senior Administrator must obtain a written statement from the Respondent attesting to the occurrence and extent of the breach, acknowledging that the statement was voluntary and stating that the Respondent was advised of the right to consult an Advocate.
- b. For allegations where the responsibility to conduct the Inquiry or direct the Investigation falls under the AVPR, the AVPR will forward a report along with the Respondent's statement to the responsible Senior Administrator(s).
- c. The responsible Senior Administrator will make a decision as to what discipline or other consequences are warranted.
- d. If the Respondent is a student, the AVPR will empanel a Hearing Board as described in Section 4.0 of these Procedures to determine what discipline or other consequences are warranted as outlined in section 4.3.1 of these Procedures after receiving written statements regarding potential consequences and/or sanctions from each of the parties.

## 4.0 Procedures for Investigations

As outlined in section 5.0 of the Policy, the AVPR is responsible for the direction and oversight of the Investigation, with the exception of allegations against faculty in-scope of USFA, where the relevant Senior Administrator retains the direction and oversight of the Investigation.

When it has been determined that an Allegation should proceed to an Investigation, the following steps will be taken.

- a. The AVPR or Senior Administrator shall appoint a Hearing Board within a reasonable time frame composed of three to five members, one of whom will be designated as chair, at least two of whom will be senior members of the University<sup>2</sup>, and at least one of whom will be external and with no current student, employment, contractual or academic affiliation to the University<sup>3</sup>. If the Respondent is a student, the Hearing Board shall include a student member in addition to the above-mentioned members. The chair will be appointed by the AVPR or Senior Administrator.
- b. The members of the Hearing Board will have no actual or perceived 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. Each member of the Hearing Board must sign a declaration denying any conflicts of interest and must sign a confidential non-disclosure agreement.
- c. The AVPR or Senior Administrator will provide the Respondent and the Complainant with the names and positions of the chair and members of the Hearing Board. If the Complainant or Respondent have any objection to the composition of the Hearing Board, an objection must be made in writing to the AVPR or Senior Administrator within five (5) working days of receiving that information. The AVPR or Senior Administrator will make the final decision as to whether a reasonable apprehension of bias or conflict of interest exists.
- d. The AVPR or Senior Administrator will provide the Hearing Board with a copy of the Allegation, the Respondent's written response from the Inquiry (section 3.0) and any other information gathered at the Inquiry that is pertinent to the Investigation.
- e. The AVPR will provide guidance and suitable administrative support for the Investigation.
- f. Once appointed, the chair will, within ten (10) working days, send a letter to the Respondent and the Complainant. This letter will convey the following information and documentation:
  - i. the right of both the Respondent and the Complainant to jointly appear at a hearing to make submissions to the Hearing Board within thirty (30) working days of receipt of this letter, or such other time as determined by the chair;
  - ii. a copy of the Allegation, the Respondent's written response from the Inquiry, and any

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<sup>2</sup> Senior members of the university include senior administrators, full professors, associate professors and adjunct professors of equivalent seniority.

<sup>3</sup> Tri-Agency Framework: Responsible Conduct of Research [www.rcr.ethics.gc.ca/eng/policy-politique/framework-cadre/](http://www.rcr.ethics.gc.ca/eng/policy-politique/framework-cadre/)

- other information gathered during the Inquiry that is pertinent to the Investigation.
- iii. a statement of confidentiality of the proceedings for the protection of privacy and reputation of the Respondent and the Complainant;
- iv. the requirement to preserve evidence;
- v. a proscription against improper acts of retaliation;
- vi. that the Respondent, Complainant and witnesses have a right to be advised during the Investigation and accompanied by an Advocate at the hearing;
- vii. that both the Respondent and the Complainant should, at least ten (10) working days prior to the hearing or such other time as determined by the chair, provide the Hearing Board with any additional written materials, evidence, as well as names and statements of potential witnesses they propose to include as part of the hearing;
- viii. a copy of these Procedures; and
- ix. anything else that the chair deems necessary to facilitate the commencement of the hearing.
- g. The role of the Hearing Board is to examine the Allegation, collect and examine the evidence related to the Allegation, make a decision as to whether a breach of this Policy has occurred including the severity of the breach and if so, make recommendations in accordance with sections 4.1 b and 4.1 c of these Procedures.
- h. The Hearing Board is not bound to observe strict legal procedures or rules of evidence but shall establish its own procedures, including but not limited to determining what evidence it will hear and/or accept. Further, and without limitation, the Hearing Board may:
  - i. ask questions of the Complainant and Respondent;
  - ii. ask questions of witnesses;
  - iii. request and examine any documents, data, records, or equipment they deem relevant to the Allegation;
  - iv. arrange for the testing of physical evidence relevant to the Allegation.
- i. The Hearing Board will conduct the hearing in accordance with the principles of procedural fairness, and the following requirements must be followed in the Investigation:
  - i. 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 Hearing Board of impartial and unbiased decision-makers, that they have committed a breach of the Policy;
  - ii. Respondents must be informed of the details of the alleged breach, including having access to all documentary and other evidence relevant to the alleged breach;
  - iii. Respondents who are alleged to have caused or contribute to a breach must be given an opportunity to respond to the Allegations;
  - iv. the Respondent, Complainant and witnesses have a right to be advised and /or accompanied by an Advocate at the hearing. The Advocate may speak as an advocate on behalf of the Respondent or Complainant, but the Hearing Board expects that it will hear directly from the Complainant and/or Respondent wherever possible. This right is subject to the provision that the names of any Advocates are provided to the Chair at least five (5) working days prior to the hearing;
  - v. while strict rules of evidence do not apply, appropriate weight must be given to

- evidence based on its credibility and reliability;
- vi. if one or both of the parties chooses not to appear at the hearing, the Hearing Board may proceed to make its decision based on the material and information already gathered;
- vii. while it is generally intended that all of the evidence from the witnesses will be gathered and shared with the parties prior to the hearing, the chair has the discretion to allow witnesses to present their evidence at the hearing if the fairness of the process requires it. The chair may also adjourn proceedings to allow a party an appropriate opportunity to respond to new evidence;
- viii. the chair has authority to extend the Investigation timelines when necessary in the circumstances to conduct a fair process. The chair may also permit any and all of the participants to the hearing to appear by way of telephone or videoconference.
- j. If, during the course of the hearing, the evidence discloses a new related instance of a breach of the Policy that was not part of the original Allegation or which implicates additional Respondents, the Hearing Board may expand the hearing, provided that the Complainant and Respondent are notified and are given an opportunity to respond to the new Allegations. If the expanded hearing involves new Respondents, they will be provided with reasonable notice and shall for the purpose of these Procedures, be entitled to all rights as Respondents.
- k. The chair shall notify the AVPR or Senior Administrator of interim findings, if any, that they believe 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 AVPR. The interim report shall set out the findings, the reason for the interim report, and a recommendation regarding appropriate administrative action.

## 4.1 Decision of the Hearing Board

The Investigation will normally be completed within sixty (60) working days of the Hearing Board being appointed. In exceptional circumstances, the chair may apply to the AVPR or Senior Administrator for an extension of twenty (20) working days. Further extensions may be granted for twenty (20) working days at a time. If an Investigation is anticipated to take longer than one hundred (100) working days from the time the board is appointed, if required by the Tri-Agencies, the AVPR will consult with the relevant Tri-Agency and/or SRCR. The AVPR or Senior Administrator will inform the Respondent and Complainant in writing of any extensions granted. Where required, the AVPR will also provide periodic updates to the relevant Tri-Agency and/or SRCR until the Investigation is complete. The frequency of the periodic updates will be determined jointly by the SRCR and the AVPR.

- a. The Hearing Board shall complete its Investigation and shall report its decision in writing to the AVPR or Senior Administrator. The AVPR or Senior Administrator shall advise the Respondent, the Complainant, and the relevant Senior Administrator(s) of the decision.
- b. 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 them. It is recommended that the format of the Hearing Board report contain the following:

- i. the full Allegation of a breach of the Policy;
  - ii. a list of Hearing Board members and their credentials;
  - iii. a summary of the Complainant's position including reference to relevant witnesses and/or evidence put forward;
  - iv. a summary of the Respondent's position including reference to relevant witnesses and/or evidence put forward;
  - v. a determination of whether a breach of the Policy occurred;
  - vi. if a breach has occurred, its extent and seriousness; and
  - vii. recommendations of changes to procedures or practices, if any, to avoid similar situations in the future.
- 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. The Hearing Board's decision is based on majority vote. No minority reports shall be allowed.
  - e. The Hearing Board report is final and not subject to revision.

## 4.2 Dismissal of the Allegation

- a. If the Hearing Board advises that the Allegation should be dismissed, the AVPR or Senior Administrator shall so advise any person identified in the Allegation, the Respondent, the Complainant and other appropriate University Officials. In addition, the notification requirements of the applicable collective agreement shall be followed.
- b. Where the Allegation is dismissed, the AVPR and appropriate Senior Administrator, 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 AVPR or Senior Administrator shall ensure that a letter confirming the finding that no breach of the Policy was substantiated is sent to the Respondent, with a copy to the Complainant, relevant Senior Administrator(s) and the AVPR. With the consent of the Respondent, a letter confirming the finding that no breach was substantiated may be sent to other persons with knowledge of the Allegation. These persons may include, but are not limited to, co-authors, co-investigators, collaborators, and others who may have been notified by the AVPR or Senior Administrator.



## 4.3 Determination of Consequences

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 AVPR or Senior Administrator will refer the matter to Discrimination and Harassment Prevention Services for resolution under the University Discrimination and Harassment Prevention Policy<sup>4</sup>. Any acts of retaliation (including threats, intimidation, reprisals or adverse employment or education action) made against the Complainant, Respondent or any individual who participated in any manner in the Investigation or resolution of a report of a breach of the Policy are subject to the University Discrimination and Harassment Prevention Policy.

### 4.3.1 For Students

- a. If a Respondent who is an undergraduate or graduate student is found to have breached the Policy, the consequences and sanctions shall be determined by the Hearing Board. The Respondent and Complainant will have seven (7) working days from the receipt of the Hearing Board report to make a written statement to the Hearing Board with a copy to the AVPR, regarding the findings, in advance of any disciplinary action determined by the Hearing Board.
- b. The Hearing Board shall request from the Governance Office a record (if any) of any sanctions imposed by other University hearing boards or appeal boards for similar academic misconduct matters.
- c. The Hearing Board shall have the authority to impose one or more sanctions which may include, *but are not limited to*, the following:
  - i. that the student(s) be reprimanded or censured;
  - ii. that a mark of zero or other appropriate grade be assigned for the entire course, for an assignment, or that a credit or mark for the course be modified or cancelled;
  - iii. that an assignment be redone or any other academic performance be repeated;
  - iv. that the student(s) be required to submit an essay or assignment relating to the topic of research misconduct, or to prepare and/or deliver a presentation on that topic;
  - v. that the student(s) be required to complete additional training in responsible conduct of research;
  - vi. that the student(s) be suspended from the University for a specified period of time;
  - vii. that the student(s) be expelled permanently from the University; or
  - viii. that the conferral of a degree, diploma or certificate be postponed, denied or revoked.
- d. If the decision of the hearing board results in suspension or expulsion of the student(s) or revocation of a degree, the Hearing Board will follow Sections VIII.4.6 & 7 and XIII of the Regulations

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<sup>4</sup> Discrimination and Harassment Prevention Policy <https://policies.usask.ca/policies/health-safety-and-environment/discrimination-and-harassment-prevention.php>

### 4.3.2 For Other University Members

- a. If it is established that the Respondent who is NOT an undergraduate or graduate student has breached the Policy, the Respondent and Complainant will have seven (7) working days from the receipt of the Hearing Board report to make a written statement to the Senior Administrator with a copy to the AVPR, regarding the findings, in advance of any disciplinary action recommended by the Senior Administrator.
- b. The Senior Administrator shall, upon receipt of the Hearing Board report, determine and communicate to the Complainant, the Respondent, and the AVPR within twenty-five (25) working days whether or not formal disciplinary action is to be taken or where appropriate, recommend formal disciplinary action to the President, taking into consideration collective agreements, contractual and other obligations to external organizations and prior offenses under the Policy.
- c. The Respondent and the Complainant who brought the Allegation shall be advised of the right to appeal as set out in section 5.0. Any penalties that are the outcome of a Hearing Board remain in force unless and until they are overturned by an appeal or through a grievance process.

## 5.0 Appeals under this Policy

- a. Either the Complainant or the Respondent<sup>5</sup> may appeal the decision of the Hearing Board by delivering to the University Secretary a written notice of appeal within twenty (20) working days of receipt of a copy of the Hearing Board report (section 4.1 b). 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 decision of the original Hearing Board.
- c. Upon receipt of a notice of appeal, the University Secretary 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 University Secretary determines that there are no valid grounds under these Procedures for an appeal, then the appeal will be dismissed

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<sup>5</sup> In remainder of section 5.0, the term “respondent” is used to refer to the respondent in the appeal (not necessarily the Respondent to the original complaint).

without a hearing. If the University Secretary determines that there may be valid grounds for an appeal, then the appeal will proceed as provided for in section 5.1. The decision of the University Secretary 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.

## 5.1 Procedures for Appeals

When it has been determined that an Appeal should proceed, the following steps will be taken.

- a. The University Secretary shall appoint an Appeal Board within a reasonable time frame composed of three to five members, one of whom shall be designated as chair, at least two of whom will be senior<sup>6</sup> members of the University or of another academic institution, and at least one member who is external and with no current student, employment, contractual or academic affiliation to the University. If the Respondent or appellant is a student, the Appeal Board shall include a student member in addition to the above-mentioned members. The chair will be appointed by the University Secretary. Individuals appointed to serve on an Appeal Board shall exclude anyone who was involved in the original Investigation of the case.
- b. The members of the Appeal Board will have no actual or perceived conflicts of interest or bias and will jointly have appropriate subject matter expertise and administrative background to evaluate the appeal and the response to it. Each member of the Appeal Board must sign a declaration denying any conflicts of interest and must sign a confidential non-disclosure agreement.
- c. The University Secretary will provide the respondent and the appellant with the names and positions of the chair and members of the Appeal Board. If the appellant or respondent have any objection to the composition of the Appeal Board, an objection must be made to the University Secretary within five (5) working days of receiving that information. The University Secretary will make the final decision as to whether a reasonable apprehension of bias or conflict of interest exists.
- d. Once appointed, the chair will, within ten (10) working days, send a letter to the respondent and the appellant. This letter will convey the following information and documentation:
  - i. the right of both the respondent and the appellant to jointly appear before the Appeal Board to make submissions within thirty (30) working days of receipt of this letter, or such other time as determined by the chair;
  - ii. a copy of the statement of appeal, and any other information gathered in the Investigation pertinent to the appeal;

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<sup>6</sup> Senior members of the university include senior administrators, full professors, associate professors and adjunct professors of equivalent seniority.

- iii. a statement of confidentiality of the proceedings for the protection of privacy and reputation of the respondent and the appellant;
  - iv. a proscription against improper acts of retaliation;
  - v. that the respondent and appellant have a right to be advised and /or accompanied by an Advocate at the appeal hearing;
  - vi. if the respondent wishes to provide a written argument to the Appeal Board, the respondent should submit the argument to the Appeal Board at least (10) working days prior to the appeal hearing, and a copy of this written argument will be provided to the appellant;
  - vii. a copy of these Procedures; and
  - viii. anything else that the chair deems necessary to facilitate the commencement of the hearing.
- e. The chair may modify timelines for parties providing submissions where, in their discretion, it is reasonable and appropriate.
- f. If any party to these proceedings does not attend the hearing, the Appeal Board has the right to proceed, and may decide the appeal based on the written record of the original Hearing Board and the statement of appeal, and any written arguments submitted by the respondent. An appellant who chooses to be absent from the hearing may appoint an Advocate to present their case at a hearing.
- g. 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. the Appeal Board under these regulations will not hear the case again but is limited to considering the grounds of appeal prescribed in section 5.0 b;
  - ii. the parties to the appeal shall be the appellant (who may be either the original Complainant or the original Respondent) and the other party to the original Investigation as respondent;
  - iii. the original Hearing Board chair (or another member designated by the chair) may be invited to attend to answer questions of either party or of the Appeal Board. The original Hearing Board chair cannot discuss the *in-camera* deliberations but can provide facts regarding the process followed;
  - iv. except as provided for under section 5.0 b. iv. above, no new evidence will be considered by the Appeal Board. The record of the original hearing, including a copy of all material filed by both sides at the Hearing Board, and the written statement of appeal, will form the basis of the Appeal Board's deliberations;
  - v. it shall be the responsibility of the appellant to demonstrate that the appeal has merit;
  - vi. the chair of the Appeal Board has authority to extend the appeal procedure timelines when necessary in the circumstances to conduct a fair appeal process;
  - vii. the chair may also permit any and all of the participants to the appeal hearing to appear by way of telephone or videoconference.

## 5.2 Decision by the Appeal Board

The Appeal will normally be completed within sixty (60) working days of the Appeal Board being appointed. In exceptional circumstances, the chair may apply to the University Secretary for an extension of twenty (20) working days. Further extensions may be granted for twenty (20) working days at a time. If an Appeal is anticipated to take longer than sixty (60) working days from the time the board is appointed, if required by the Tri-Agencies, the University Secretary will consult with the relevant Tri-Agency and/or SRCR. The University Secretary will inform the respondent and appellant in writing of any extensions granted. Where required, the University Secretary will also provide periodic updates to the relevant Tri-Agency and/or SRCR until the Appeal is complete. The frequency of the periodic updates will be determined jointly by the SRCR and the University Secretary.

- a. After the hearing is completed, the Appeal Board will meet 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 decision 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-investigate the case. This provision should be limited to cases that in the view of the Appeal Board are significant enough to warrant a new hearing, including but not limited to cases when new evidence has been introduced that could not reasonably have been available to the original Hearing Board.
- 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 University Secretary and distributed to the appellant, the respondent, the Associate Vice President Research and the relevant Senior Administrator(s).
- d. If the decision of a Hearing Board is successfully appealed, the AVPR and the appropriate Senior Administrator shall 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.

## 5.3 No Further Appeal

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

## 6.0 Records

- a. Hearing Boards and Appeal Boards will provide their report and all records from the hearing

to the AVPR for retention in accordance with this section 6.0. Complainants, Respondents, Hearing and Appeal Board members will securely destroy all copies of evidence or materials they have received related to the hearing or provide them to the AVPR for secure destruction.

- b. 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 bargaining agreements.
- c. No record of an Allegation of a breach of the 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.
- d. Subject to the provisions of the Policy, these 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 AVPR and their confidential assistants for a period of ten (10) years or while any legal or official proceedings are pending. After this time, the records may be destroyed. With the exception of records supporting disciplinary action that are placed in the Respondent's official file, these records are strictly confidential and will be disclosed only when disclosure is required by law or by a legal or official proceeding.

## 7.0 Reporting to the Tri-Agencies

- a. Reporting Allegations of a breach of the Policy to the Tri-Agencies: Subject to any applicable laws, including privacy laws, the AVPR shall advise the relevant Tri-Agency or the SRCR immediately of any Allegations related to activities funded by the Tri-Agency that may involve significant financial, health and safety, or other risks.
- b. Reporting results of an Inquiry to the Tri-Agencies: If the SRCR was copied on the Allegation or advised of an Allegation related to activities funded by the Agencies, the AVPR 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.
- c. Reporting an Acknowledgement of Misconduct to the Tri-Agencies: If the Allegation resulted in an Acknowledgement of Misconduct, a report will be submitted to the SRCR within seven (7) months of the receipt of the Allegation.
- d. Reporting Results of an Investigation to the Tri-Agencies: The AVPR shall prepare a report for the SRCR on each Investigation it conducts in response to an Allegation of a breach of the Policy related to a funding application submitted to an Agency or to an activity funded by an Agency. A report will be submitted to the SRCR 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 content as specified by the current Tri-Agency Framework: Responsible Conduct of Research.

## 7.1 Reporting to Other Funding Agencies and Institutions

- a. Other sponsors or funding agencies that require similar notification will be notified

- inaccordance with the procedures identified by the specific agency.
- b. In instances involving researchers and research collaborators associated with other institutions, the AVPR shall inform the appropriate Senior Administrator of the collaborator's institution of the substantiated Allegation of a breach of the Policy.

# 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 Policy<sup>1</sup> 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.

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<sup>1</sup> [www.usask.ca/university\\_secretary/policies/operations/Freedom-of-Information.php](http://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 Investigator<sup>2</sup> (PI) is responsible for the collection, maintenance, privacy, and secure<sup>3</sup> 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

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<sup>2</sup> 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.

<sup>3</sup> 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 regulations<sup>4</sup> 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 researchers<sup>5</sup>. 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 time<sup>6</sup>.
- b. Canadian Institutes of Health Research (CIHR) grantees must deposit bioinformatics, atomic and molecular coordinate data into the appropriate public database

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<sup>4</sup> 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).

<sup>5</sup> 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](http://www.ethics.gc.ca/pdf/eng/tcps2/TCPS_2_FINAL_Web.pdf)

<sup>6</sup> [http://www.sshrc-crsh.gc.ca/about-au\\_sujet/policies-politiques/statements-enonces/edata-donnees\\_electroniques-eng.aspx](http://www.sshrc-crsh.gc.ca/about-au_sujet/policies-politiques/statements-enonces/edata-donnees_electroniques-eng.aspx)

- immediately upon publication of research results<sup>7</sup>.
- 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 not<sup>8</sup>.
  - 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 University<sup>9</sup>.

### 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 reconstructed<sup>10</sup>. 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*

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<sup>7</sup> [www.nserc-crsng.gc.ca/Professors-Professeurs/FinancialAdminGuide-GuideAdminFinancier/Responsibilities-Responsabilites\\_eng.asp](http://www.nserc-crsng.gc.ca/Professors-Professeurs/FinancialAdminGuide-GuideAdminFinancier/Responsibilities-Responsabilites_eng.asp)

<sup>8</sup> [www.nserc-crsng.gc.ca/Professors-Professeurs/FinancialAdminGuide-GuideAdminFinancier/Responsibilities-Responsabilites\\_eng.asp](http://www.nserc-crsng.gc.ca/Professors-Professeurs/FinancialAdminGuide-GuideAdminFinancier/Responsibilities-Responsabilites_eng.asp)

<sup>9</sup> [www.nserc-crsng.gc.ca/Professors-Professeurs/FinancialAdminGuide-GuideAdminFinancier/Responsibilities-Responsabilites\\_eng.asp](http://www.nserc-crsng.gc.ca/Professors-Professeurs/FinancialAdminGuide-GuideAdminFinancier/Responsibilities-Responsabilites_eng.asp)

<sup>10</sup> 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.