1.0 POLICY STATEMENT

1.1 MacEwan University requires responsible conduct of research and creative activity in conformity with *Tri-Agency Framework: Responsible Conduct of Research*. The University addresses allegations of policy breaches and fosters and maintains an environment that supports and promotes the responsible conduct of research and creative activity.

2.0 PURPOSE

2.1 The University strives to provide an environment that supports the Responsible Conduct of Research.

2.2 Researchers strive to follow the best practices defined by the Responsible Conduct of Research.

2.3 The primary responsibility for maintaining high standards of conduct resides with the individuals carrying out research and creative activities.

2.4 The maintenance of academic freedom in the pursuit of Scholarship is essential to the common good of both the University and society.

2.5 The University recognizes and acknowledges that Scholarship can involve unintentional error, conflicting data, and scholarly differences in research design and interpretation of research findings.

2.6 Researchers and others play important roles in the process of addressing allegations of policy breaches and in helping to ensure that allegations are addressed appropriately and in a timely manner.

3.0 APPLICABILITY

3.1 This policy applies to all Scholarship that is conducted with the University, or by members of the University within the capacity of their employment or registration at the University where the researcher involved is currently employed, enrolled as a student, or has a formal association.

3.2 Notwithstanding clause 3.1, if research and creative activities are conducted by students for the purpose of fulfilling course requirements, the review of allegations of misconduct falls within the scope of the Student Academic Integrity Policy. All other investigations of misconduct in respect to Scholarship fall under the scope of this policy as breaches of Responsible Conduct of Research.

3.3 This policy’s scope includes breaches of Scholarship integrity within three categories: breaches of responsible conduct of research and creative activity, misrepresentation in an application or related documents, and mismanagement of grant or award funds.

3.4 Breaches of Responsible Conduct of Research include but are not limited to: Fabrication, Falsification, Destruction of Research Records, Plagiarism, Redundant Publication Self-Plagiarism, Invalid Authorship, Inadequate Acknowledgement, Mismanagement of Conflict of Interest, Misrepresentation in an Application or Related Document, and Misrepresentation of Grant or Award Funds.
4.0 DEFINITIONS

Complainant
A person who files a Complaint against a Respondent, in accordance with this policy.

Complaint
A report that alleges a breach of Responsible Conduct of Research, in accordance with this policy.

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. This also includes the destruction of data or records to avoid the detection of wrongdoing.

Fabrication
Making up data, source material, methodologies or findings, including graphs and images.

Falsification
Manipulating, changing, or omitting data, source material, methodologies or findings, including graphs and images, without appropriate acknowledgement, such that the research record is not accurately represented.

Inadequate Acknowledgement
Failure to appropriately recognize contributors.

Invalid Authorship
Inaccurate attribution of authorship, including attribution of authorship to persons other than those who have made a substantial contribution to, and who accept responsibility for, the contents, of a publication or document.

Investigation Committee
A committee created to review any formal investigation against allegations concerning breach(es) of Responsible Conduct of Research, in accordance with this policy.

Mismanagement of Conflict of Interest
Failure to appropriately identify and address any real, potential or perceived conflict of interest, in accordance with this University policy preventing one or more of the objectives of the Tri-Agency Framework: Responsible Conduct of Research from being met.

Mismanagement of Grant or Award Funds
Using grant or award funds for purposes inconsistent with the policies of the Tri-Agencies and other funding bodies; misappropriating grant and award funds; contravening funding bodies financial policies, such as the Tri-Agency Guide on Financial Administration, Tri-Agency and other funding bodies’ grants and awards guides; or providing incomplete, inaccurate, or false information on documentation for expenditures from grant or award accounts.
Misrepresentation in an Application or Related Document
- Providing incomplete, inaccurate or false information in a grant or award application or related document, such as a letter of support or a progress report.
- Listing of co-applicants, collaborators, or partners without their agreement.
- Failing to disclose any past findings of one’s breaches of Canadian or other research policies.

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.

Principal Investigator
The leader of a team who is responsible for the conduct of the research and/or creative activities.

Redundant Publication or Self-Plagiarism
The re-publication of one’s own previously published work or part thereof, including data, in any language, without adequate acknowledgement of the source, or justification.

Respondent
A Member of the University Community against who a Complaint has been filed, in accordance with this policy.

Responsible Conduct of Research
The behaviour expected of anyone who conducts or supports research or creative activities throughout the life cycle of a research project (i.e., from the formulation of the research question, through the design, conduct, collection of data, and analysis of the research, to its reporting, publication and dissemination, as well as the management of research funds). It involves the awareness and application of established professional norms, as well as values and ethical principles that are essential in the performance of all activities related to Scholarship. These values include honesty, fairness, trust, accountability, and openness.

Scholarship
Scholarship, as defined in MacEwan’s mandate statement, means both research and creative activity.

5.0 POLICY ELEMENTS
5.1 Roles and Responsibilities
5.1.1 The Provost & Vice-President, Academic is responsible for this policy.

5.1.2 Institutional Responsibility
The University, through the Office of the Provost & Vice-President, Academic, and the Office of Research Services, is responsible for:

5.1.2.1 Promoting awareness of what constitutes the Responsible Conduct of Research, including Tri-Agency requirements and the consequences of failing to meet them, as well as the process for addressing allegations, to all those engaged in Scholarship at the University.
5.1.2 Establishing, communicating and applying its policies and procedures about the Responsible Conduct of Research, which meet requirements of the Tri-Agency Framework: Responsible Conduct of Research. This includes making public annual reports on confirmed findings of non-compliance with Tri-Agency policies and actions taken, if applicable.

5.1.2.3 Communicating within the University, that the Provost & Vice-President, Academic or designate is the central point of contact responsible for receiving confidential inquiries, allegations, and information related to allegations of breaches of Responsible Conduct of Research.

5.1.2.4 Reporting to Tri-Agencies on allegations and findings of breaches of institutional policies related to Scholarship that also constitute a breach of Tri-Agency policies, when Tri-Agency funds or applications of Agency funds are involved.

5.1.3 Researchers are responsible for adhering to the Responsible Conduct of Research and for following the requirements of applicable institutional policies and professional or disciplinary standards and shall comply with applicable laws and regulations. At minimum, researchers are responsible for the following:

5.1.3.1 Using a high level of rigour in proposing and performing Scholarship; in recording, analyzing, and interpreting data; and in reporting and publishing data and findings.

5.1.3.2 Keeping complete and accurate records of data, source material, methodologies and findings, including graph and images, in accordance with the applicable funding agreement, institutional policy and/or laws, regulations, and professional or disciplinary standards in a manner that will allow verification and replication of the work by others.

5.1.3.3 Referencing and, where applicable, obtaining permission for the use of all published and unpublished work, including data, source material, methodologies, findings, graphs and images.

5.1.3.4 Including as authors, with their consent, all those and only those who have contributed materially or conceptually to, and share responsibility for, the contents of the publication or document, in a manner consistent with their respective contributions and the practices of the relevant field.

5.1.3.5 Acknowledging, in addition to authors, all contributors and contributions to Scholarship, including writers, funders, and sponsors.

5.1.3.6 Appropriately managing any real, potential or perceived conflict of interest related to any policies of the University. This also includes that the objectives of the Tri-Agency Framework: Responsible Conduct of Research are met. These objectives are to:

a. Ensure that the funding decisions made by the Tri-Agencies or other funding bodies are based on accurate and reliable information.
b. Ensure funds for Scholarship are used responsibly and in accordance with funding agreements.

c. Promote and protect the quality, accuracy, and reliability of Scholarship funded by the Tri-Agencies or other funding bodies.

d. Promote fairness in the Responsible Conduct of Research and in the process for addressing allegations of policy breaches.

5.1.3.7 Not supporting or participating in Scholarship that violates basic human rights.

5.1.3.8 Receiving approval from the University’s Research Ethics Board or Animal Research Ethics Board before undertaking any Scholarship involving human and/or animal subjects and fully complying with the approved protocols in the performance of any research or creative activities.

5.1.3.9 Using grant or award funds only for the purpose for which they are received.

5.1.3.10 Complying with external grant regulations, such as Tri-Agency requirements, as they relate to the operational and financial terms of research grants or contracts awarded to the researcher. These include but are not limited to TCPS2 Tri-Council Policy Statement: Ethical Conduct of Research Involving Humans, and Canadian Council on Animal Care Policies and Guidelines.

5.1.3.11 Ensuring the allocation and management of grant and award funds in accordance with Responsible Conduct of Research. In cases where researchers are recipients of Tri-Agency funds, they are responsible for complying with Tri-Agency grant and award guides (i.e., the Tri-Agency Guide on Financial Administration) and any other relevant financial policies, laws, or regulations related to grants and awards.

5.1.3.12 Providing appropriate supervision and training to trainees and research personnel in the Responsible Conduct of Research. Researchers with oversight roles should foster a positive and constructive scholarly working environment.

5.1.4 Researchers applying for funding (e.g., Tri-Agency funding) are responsible for:

5.1.4.1 Providing true, complete, and accurate information in their funding applications and related documents. This includes representing themselves, their Scholarship, and their accomplishments in a manner consistent with the norms of the relevant discipline.

5.1.4.2 Ensuring that others listed on applications have agreed to be included, where the researcher is the principal investigator.

5.1.4.3 Disclosing whether they have ever been found to have breached any Canadian or non-Canadian scholarly policies.

5.1.5 The principal investigator is responsible for:
5.1.5.1 Overseeing the process of acquiring, recording, examining, interpreting, and storing data within research units/laboratories.

5.1.5.2 Providing each member of the research unit/laboratory with information about governmental and institutional requirements for the conduct of studies involving human and/or animal subjects, and/or radioactive or other hazardous substances, as well as any other information relevant to the research or creative activity.

5.1.5.3 Developing guidelines within each research unit/laboratory regarding the conditions of authorship for the research team and/or research staff/students.

5.2 Conflicts of Interest

5.2.1 Researchers are responsible for avoiding real, potential, or perceived conflicts of interest that may lead to a discrepancy between the researcher's personal interests and the interests of the University. Integrity of Scholarship can be compromised if an independent observer might reasonably question whether a researcher's actions or decisions are determined by personal gain, financial or otherwise.

5.2.2 To protect the University all researchers must disclose conflicts of interest to their immediate supervisor and the Office of Research Services. Researchers should consult with their supervisor prior to embarking on any research or creative activities that might be perceived as Mismanagement of Conflict of Interest.

5.2.3 In cases when disclosure has occurred, the supervisor will consult with the Provost & Vice-President, Academic or designate to determine if a conflict of interest exists of sufficient magnitude to compromise the integrity of Scholarship. The researcher will receive a written response and a report will be filed.

5.2.4 If a Mismanagement of Conflict of Interest exists, appropriate steps will be taken by the University to manage and/or eliminate the Mismanagement of Conflict of Interest prior to the Scholarship commencing. If applicable, this may include consultation with the University's Research Ethics Board and/or Animal Research Ethics Board.

5.2.5 The Office of Research Services will develop forms, guidelines, and procedures to identify, eliminate, minimize, and manage conflict of interest.

5.3 Review of Allegations Concerning Breaches of Responsible Conduct of Research

5.3.1 Reporting Allegations

5.3.1.1 Individuals are expected to report in good faith any information pertaining to possible breaches of Responsible Conduct of Research, including breaches of Tri-Agency policies, where the researcher involved is currently employed, enrolled as a student, or has a formal association with the University.

5.3.1.2 Allegations concerning breaches of Responsible Conduct of Research can be brought forward by faculty, staff, or students. In addition, a Tri-Agency may
submit an allegation as a result of information obtained through institutional monitoring reviews or its peer review activities.

5.3.1.3 Allegations concerning breaches of Responsible Conduct of Research should be submitted in writing to the Provost & Vice-President, Academic or designate. Allegations must contain fully documented evidence and must be signed and dated by person(s) submitting the allegations (the Complainant(s)). Complaints should be submitted to the Provost & Vice-President, Academic or designate within six months of the alleged breaches of Responsible Conduct of Research.

5.3.1.4 If allegations concerning breaches of Responsible Conduct of Research are reported by an employee to a supervisor, the Complaint(s) must be expeditiously channeled from the supervisor to the Provost & Vice-President, Academic or designate.

5.3.1.5 Anonymous allegations will not normally be considered. However, if compelling evidence concerning breaches of Responsible Conduct of Research are presented to the Provost & Vice-President, Academic or designate anonymously, then the Provost & Vice-President, Academic or delegate may initiate an initial inquiry process.

5.3.2 Initial Inquiry Process

5.3.2.1 The Provost & Vice-President, Academic or designate is the University's designated point of contact for receiving allegations concerning breaches of Responsible Conduct of Research. Should the Provost & Vice-President, Academic be named as a Complainant or a Respondent, the Complaint(s) will be directly submitted to the President.

5.3.2.2 Upon receipt of a written allegation, the Provost & Vice-President, Academic or designate will conduct the initial inquiry process. This includes consultations with the Complainant, the Respondent, as well as with third parties involved concerning the breach of Responsible Conduct of Research, as appropriate.

5.3.2.3 If the Provost & Vice-President, Academic or designate, as a result of the initial inquiry process, resolves the matter or determines that a formal investigation is not required, then the Provost & Vice-President, Academic or designate shall confidentially inform the Complainant, the Respondent, and the President, in writing of this outcome.

5.3.2.4 In cases involving the Tri-Agencies, the Provost & Vice-President, Academic or designate will report any findings and confirm that a formal investigation is not required.

5.3.2.5 If the initial inquiry process fails to resolve the allegation, and/or determines further investigation is warranted, the Provost & Vice-President, Academic or designate shall move the matter to the formal investigation process.
5.3.2.6 The University may independently, or at the Tri-Agency’s request in exceptional circumstances, take immediate action to protect the administration of Tri-Agency funds. Immediate actions could include freezing grant accounts, requiring a second authorized signature from an institutional representative on all expenses charged to the researcher’s grant accounts or other measures, as appropriate.

5.3.3 Formal Investigations

5.3.3.1 Investigations shall be conducted, judiciously, confidentially, and in a timely manner by an Investigation Committee.

5.3.3.2 The Provost & Vice-President, Academic or designate will establish an Investigation Committee of members with the necessary expertise and who are free from conflict of interest. The designated senior administrator responsible for research will chair the Committee. At least one member must be an external member who has no current affiliation with the University. Two members shall be faculty members knowledgeable about research integrity.

5.3.3.3 The Investigation Committee has the authority to decide whether a breach occurred. The Investigation Committee is required to complete the investigation, report findings, recommend actions to be taken, and communicate with the parties involved, including the Provost & Vice-President, Academic or designate, within 90 days of receiving the allegation from the Provost & Vice-President, Academic at the conclusion of the initial inquiry phase of the process. The time line may be extended if circumstances warrant, provided that if the allegation involves alleged breach of a Tri-Agency policy, the appropriate agency will be consulted in regard to any extension that may result in the investigation report not being concluded within 7 months of the receipt of the allegations by the Provost & Vice-President, Academic and provided with monthly updates until the investigation is completed.

5.3.3.4 Individuals involved in an investigation must follow the University’s policy and process as a Complainant, a Respondent, or a third party, as appropriate.

5.3.3.5 The University, to the extent possible, will protect the individuals making an allegation in good faith or providing information related to an allegation from reprisals in a manner consistent with relevant legislation.

5.3.3.6 The Respondent may be accompanied to meetings with the Investigation Committee with a representative of the Faculty Association (in cases where the Respondent is a faculty member) or by a support person.

5.3.3.7 The Investigation Committee may gather evidence through interviews with the Respondent, Complainant, and third parties as well as by seeking outside expert advice.

5.3.3.8 The Investigation Committee will maintain confidential records of the proceedings in keeping with the human resource and security of personal information policies of the University.
5.3.3.9 The Complainant and Respondent will both be given an opportunity to respond to evidence uncovered by the Investigation Committee.

5.3.3.10 The Investigation Committee will prepare a written report for the Provost & Vice-President, Academic. The report will include the original signed and dated allegation, the Respondent’s responses, the findings of the investigation committee, and recommendations for action.

Findings

5.3.3.7 The Investigation Committee may recommend recourse including:

- Sanctions against the Respondent found to have engaged in a breach of Responsible Conduct of Research can include, but are not limited to:
  - Issuing a letter of concern to the Respondent.
  - Requesting a letter of apology from the Respondent.
  - Requesting the Respondent correct the research record or results of the research or creative activity, and provide proof of this correction.
  - Terminating remaining amounts/installments of grants or awards.
  - Seeking a refund of all or part of the funds already paid, within a defined time frame.
- Actions to restore, if necessary, the reputation of a Respondent falsely accused
- Actions to protect a Complainant, if necessary

5.3.3.8 After receiving the report of the investigation, the Provost & Vice-President, Academic or designate will make decisions as to what recourse will apply, and, where, the Respondent has been found to have engaged in misconduct in respect to research or creative activity what sanctions will apply, including, where the Respondent is an employee of MacEwan University, what, if any disciplinary action will be taken against the Respondent, taking into account the severity of the breach, and the Respondent’s employment record. The implementation of any disciplinary action must follow processes as outlined in the Collective Agreement and other employment policies as appropriate.

5.3.3.9 The Provost & Vice-President, Academic or designate will inform all parties involved of the decision reached by the Investigation Committee and of any recourse taken by the University.

5.3.3.10 Notwithstanding, should the Provost & Vice-President, Academic be named as a Complainant or a Respondent, the President shall name replacements or designates to this process in keeping with the principles cited herein.

5.4 Appeals

5.4.1 Respondents who have been found to have engaged in a breach of Responsible Conduct of Research and who are employees of the University, may appeal matters related to the
Investigation Committee process and disciplinary action arising therefrom in accordance with the applicable Collective Agreement or the University's policies.

5.4.2 Respondents who have been found to have engaged in a breach of Responsible Conduct of Research and who are not employees of the University, may appeal to the President, in writing, citing grounds within 10 business days of the Provost & Vice-President, Academic or designate informing parties of the decisions regarding the matter. The appeal shall be restricted to questions of the Investigation Committee’s processes (e.g., improper interpretation of the policy, provision of fair process) and not to the substance of the Investigation Committee’s findings.

5.4.2.1 The decision of the President is final. It is communicated, in writing, within 15 business days of receipt of the appeal to the Respondent, Complainant, and Provost & Vice-President, Academic or designate.

5.4.3 Where decisions and/or sanctions are overturned, all reasonable steps shall be taken to repair any damage that the Respondent’s reputation for scholarly integrity may have suffered by virtue of the Complaint.

5.5 Reporting to the Tri-Agencies and Other Funding Agencies

5.5.1 A University investigation of a breach of Responsible Conduct of Research may be initiated at the request of a Tri-Agency or other funding agency that is providing full or partial funding to a researcher at the University.

5.5.2 Subject to any applicable laws, including privacy laws, the University shall advise the relevant Tri-Agency or other funding agency immediately of any allegations related to activities funded by that agency that may involve significant financial, health and safety, or other risks.

5.5.3 The University shall prepare a report on each inquiry or investigation it conducts in response to an allegation of breaches of Responsible Conduct of Research related to a funding application submitted to or an activity funded by a Tri-Agency or other funding agency.

5.5.3.1 Subject to applicable laws each report shall include the following information:
- The specific allegation(s) and a summary of the finding(s)
- The process and time lines followed for the inquiry and/or investigation
- The Respondent’s response to the allegations, investigation and findings and any measures the Respondent has taken to rectify the breach, if applicable
- The Investigation Committee’s decisions and recommendations and actions taken by the University, if applicable

5.5.3.2 The report will not include:
- Personal information about the Respondent or any other person that is not material to the University’s findings and its report to a Tri-Agency
- Information that is not related specifically to Tri-Agency funding and policies
5.5.4 Inquiry and investigation reports shall be submitted to the relevant Tri-Agency within two and seven months respectively, of receipt of the allegations by the University, subject to extension if circumstances warrant, and the requirement consultation with the appropriate agency regarding extension has occurred.

5.5.5 The University and the Respondent shall not enter into confidentiality agreements or other agreements related to an inquiry or investigation that prevents the University from reporting to Tri-Agencies.

5.5.6 Researchers with Tri-Agency funding are expected to be proactive in rectifying a breach of Responsible Conduct of Research. Examples include, but are not limited to, correcting the research record, providing a letter of apology to those impacted by the breach, or repaying funds, before the University submits its report to the agency.

6.0 RELATED POLICIES, FORMS, AND OTHER DOCUMENTS

- Student Academic Integrity Policy
- Visiting Scholars
- Titled Chairs
- Ethical Review of Research with Human Participants
- Animal Research Ethics
- Research Partnerships and Affiliations
- Employee Code of Conduct
- Student Code of Conduct

REFERENCE DOCUMENTS:

*Tri-Agency Framework: Responsible Conduct of Research*

The Memorandum of Understanding (MOU) on the Roles and Responsibilities in the Management of Federal Grants and Awards

*TCPS2: Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans*

Policies on integrity in research from the following universities: Thompson Rivers University, University of Alberta, University of Calgary, University of the Fraser Valley, University of Northern British Columbia, and University of Saskatchewan.
7.0 ACCOUNTABILITY

Policy Sponsor
Provost & Vice-President, Academic

Responsible Office
Office of Research Services

8.0 HISTORY

Relevant Dates
Approved: 22.06.16
Effective: 22.06.16
Next Review: 27.06

Modification History

06.06.08: Amended as recommended by Academic Council 06/05/16, and approved 06/06/08 by Board motion 01-6-8-2005/06.
09.10.08: Terminology updated to reflect name change to Grant MacEwan University. Approved by Board motion 01-10-8-2009/10.
10.12.21: Related policy numbers updated to reflect changes to E Policy Taxonomy.
12.01.24: Revised as recommended by Academic Policies Committee, and approved by Academic Governance Council motion AGC-10-01-24-2012.
14.12.22: Updated to reflect current policy names and numbers, references to retired policies, and Related Policy listings.
15.03.17: Terminology updated to reflect housekeeping and textual changes, and approved by Academic Governance Council motion AGC-02-03-17-2015.
22.06.16: Comprehensively reviewed and updated to reflect current terminology. Minor revisions approved by Policy Sponsor.