

# Policy on Research and Scholarly Misconduct

**Category:** Research Policy

**Approval:** Senate

**Responsibility:** Office of Research and Innovation

**Date initially approved:** May 23, 1995

**Date:** July 13, 2020

## I. Preamble:

All members of Trent University share in a commitment to integrity in their research, and scholarship. This policy forms a part of Trent University's commitment to upholding integrity in research and scholarship and to meeting the University's obligations under the Tri-Agency Framework: Responsible Conduct of Research (hereafter the Framework)<sup>1</sup>. Integrity in research, and scholarship, includes the principles listed below.

Commitment to these principles is consistent with the acknowledgement that research can involve honest error, conflicting data or valid differences in experimental design or in interpretation or judgment of information. The principles of research and scholarly integrity overlap with other areas, such as financial integrity in the use of research funds, and the ethical issues involving the use of human or animal subjects in research, for which there are established Tri-Agency guidelines and requirements, as well as through Trent University's internal policies and procedures. This policy covers all University based research, whether funded or non-funded. It covers research and

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<sup>1</sup> Canada's research granting agencies—Canadian Institutes of Health Research (CIHR), Natural Sciences and Engineering Research Council of Canada (NSERC), and Social Sciences and Humanities Research Council of Canada (SSHRC) hereafter referred to as "Agencies"—are committed to fostering and maintaining an environment that supports and promotes the responsible conduct of research. In January 2017, the Agencies officially launched the new Tri-Agency Framework: Responsible Conduct of Research. This new Framework sets out the responsibilities and corresponding policies for researchers, institutions, and the Agencies that together help support and promote a positive research environment. It specifies the responsibilities of researchers with respect to research integrity, applying for funding, financial management, and requirements for conducting certain types of research, and defines what constitutes a breach of Agency policies. For institutions, it details the minimum requirements for institutional policies for addressing allegations of all types of policy breaches, and institutions' responsibilities for promoting responsible conduct of research and reporting to the Agencies.

It replaces the previous integrity policy "Tri-Agency Framework: Responsible Conduct of Research (2011)"

Those involved in research supported by these Agencies must comply with the Tri-Agency Framework: Responsible Conduct of Research, and other Tri-Agency policies as amended from time to time. One aspect of the policy is that any institution which receives grants from any of the Agencies is required to promote integrity in research and scholarship, and to have in place, procedures for investigating allegations of misconduct in research and scholarship.

scholarship, of faculty and students, post-doctoral fellows, emeritus professors, casual and contract employees, visiting scholars and students, and research grant and contract employees. It covers research of a scholarly, commercial, and consultative nature.

## II. Principles of Integrity in Research and Scholarship:

Academic freedom carries with it the duty to use that freedom in a manner consistent with the scholarly obligation to base research, and scholarship, on an honest search for knowledge. Researchers shall strive to follow the best research practices honestly, accountably, openly and fairly in the search for and in the dissemination of knowledge. In addition, researchers shall follow the requirements of all applicable institutional policies and professional or disciplinary standards and shall comply with applicable laws and regulations. The University therefore holds its researchers and scholars responsible for upholding the following principles:

1. Acknowledgement: Acknowledging appropriately all those and only those who have contributed to research, including sponsors and funders;
2. Accurate referencing: Referencing and, where applicable, obtaining the permission of the use of all published and unpublished work, including theories, concepts, data, source material, methodologies, findings, graphs and images;
3. Rigour: Scholarly and scientific rigour in proposing and performing research; in recording, analyzing, and interpreting data; and in reporting and publishing data and findings;
4. Authorship: Including as authors, with their consent, all those and only those who have made a substantial contribution to, and who accept responsibility for, the contents of the publication or document. The substantial contribution may be conceptual or material;
5. Record keeping: Keeping complete and accurate records of data, methodologies and findings, including graphs and images, in accordance with the applicable funding agreement, institutional policies, laws, regulations, and professional or disciplinary standards in a manner that will allow verification or replication of the work by others;
6. Retaining the personal information of research subjects in accordance with the data retention requirements of the Freedom of Information and Protection of Privacy Act;
7. Fostering a shared understanding about the ownership of, and access to, primary data, software, and other products of research amongst all collaborators, especially between supervisors and graduate students, before research is undertaken;
8. Conflict of interest management: Appropriately identifying and addressing any real, potential or perceived conflict of interest<sup>2</sup> in accordance with Trent University's Conflict of Interest Policy, in order to ensure that the objectives of the RCR Framework (Article 1.3) are met;
9. Presenting accurately and completely one's scholarly and professional credentials and accomplishments when submitting grant applications, and when engaged in other professional duties and responsibilities where the invitation to do so is based at least in part on one's scholarly and professional credentials and accomplishments (e.g. sitting on a selection committee, NSERC committee);

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<sup>2</sup> A conflict of interest may arise when activities or situations place an individual in a real, potential or perceived conflict between duties or responsibilities related to research, and personal, institutional or other interests. These interests include, but are not limited to, business, commercial or financial interests pertaining to the individual, their family members, friends, or their former, current or prospective professional associates. (Based on the second edition of the Tri-Council Policy Statement: Ethical Conduct of Research Involving Humans [TCPS 2] Chapter 7)

10. Complying with federal or provincial statutes or regulations, and with University regulations for the protection of researchers, human subjects or the public or for the welfare of laboratory animals;
11. Complying with institutional policies and all applicable laws and regulations;
12. Complying with professional or disciplinary standards and any other reasonable legal, ethical, professional, or and contractual requirements that can reasonably be shown to relate to the conduct of research.

### III. Non-Compliance:

In addition to violations of this policy, non-compliance shall include any departure from relevant research policies as outlined in:

- 2nd edition of the Tri-Council Statement: Ethical Conduct for Research Involving Humans (TCPS2);
- Tri-Agency Framework: Responsible Conduct of Research;
- the Tri-Agency Financial Administration Guide, the Trent University Senate Policy for Research Involving Human Participants;
- the Trent University Conflict of Interest Policy;
- Canadian Council on Animal Care Policies and Guidelines;
- Tri-Agency polices related to the Canadian Environmental Assessment Act;
- Licenses for research in the field;
- Public Health Agency of Canada Laboratory Biosafety Guidelines;
- Controlled Goods Program;
- Canadian Nuclear Safety Commission (CNSC) Regulations;
- Canada's Food and Drugs Act

### IV. Breaches of Research Integrity

A breach of Research Integrity is the failure to comply with any policies that govern research activity throughout the life cycle of a research project – from application for funding, to the conduct of the research and the dissemination of research results. In determining breaches of Research Integrity, it is not relevant to consider whether a breach was intentional or a result of honest error. However, intent is a consideration in deciding on the severity of the recourse that may be imposed.

Breaches include the following:

- 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 publication or self-plagiarism:** The re-publication of one's own previously published work or part thereof, data, in any language, without adequate acknowledgment of the source, or justification.
- f. **Invalid authorship:** Inaccurate attribution of authorship, including attribution of authorship to persons other than those who have made a substantial contribution to, and who accept responsibility for the contents, of a publication or document.
- g. **Inadequate acknowledgement:** Failure to appropriately recognize contributors.
- h. **Mismanagement of Conflict of Interest:** Failure to appropriately identify and address any real, potential or perceived conflict of interest, in accordance with Trent University's Conflict of Interest Policy, preventing one or more of the objectives of the RCR Framework (Article 1.3 ) from being met.
- i. **Misrepresentation in an Agency Application or Related Document which includes:**
  - 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.
  - Applying for and/or holding an Agency award when deemed ineligible by NSERC, SSHRC, CIHR or any other research or research funding organization world-wide for reasons of breach of responsible conduct of research policies such as ethics, integrity or financial management policies
  - Listing of co-applicants, collaborators or partners without their agreement.
- j. **Mismanagement of Grants or Award Funds:**
  - Using grant or award funds for purposes inconsistent with the policies of the Agencies;
  - Misappropriating grants and award funds;
  - Contravening Agency financial policies, namely the Tri-Agency Financial Administration Guide, Agency grants and awards guides; or
  - Providing incomplete, inaccurate or false information on documentation for expenditures from grant or award accounts.
- k. **Breaches of Agency Policies or Requirements for Certain Types of Research:**
  - Failing to meet Agency policy requirements or, to comply with relevant policies, laws or regulations, for the conduct of research activities;
  - Failing to obtain the appropriate approvals, permits or certifications before conducting research.
- l. **Breaches of review process:** including non-compliance with the Conflict of Interest and Confidentiality Policy of the Federal Research Funding Organizations or participating in an Agency review process while under investigation.

## V. Procedures

The following procedures are intended to address non-compliance on the part of anyone involved in research within the University. They apply to all faculty, professional librarians, visiting scholars, postdoctoral fellows, research chairs, emeritus, adjuncts and staff. This policy also applies to undergraduate and graduate students insofar as they are involved in research. Individuals are expected to report in good faith and confidentially any information pertaining to possible breaches of research integrity where the researcher involved is currently employed, enrolled as a student or has a formal association. They do not limit the rights of persons whose terms and conditions of employment are governed by a collective agreement.

1. Members of the University community are encouraged to resolve misunderstandings or disputes among themselves or with informal assistance of Vice President Research and Innovation or designate.
2. A formal allegation of non-compliance must be written, dated and signed, and directed to the Vice President Research and Innovation within one month of the evidence on which it is based becoming known. An exact copy of the written allegation must be sent to the Secretariat for the Responsible Conduct of Research. The written allegation must include pertinent details and supporting evidence. When the Provost or Vice President Research and Innovation is named in an allegation, the President shall replace the Provost or Vice President Research and Innovation wherever they have a role in these procedures. When the President is named in an allegation, a designate from the Board of Governors shall replace the President wherever they have a role in these procedures. Anonymous allegations will be considered if accompanied by sufficient information to enable the assessment of the allegation and the credibility of the facts and evidence on which the allegation is based, without the need for further information from the complainant.
3. Where an allegation related to conduct has occurred at another institution (whether as an employee, a student or in some other capacity), Trent University will contact the other institution and, with that institution's designated point of contact, determine which institution is best placed to conduct the inquiry and investigation, if warranted. Trent University, having received the allegation, must communicate to the complainant which institution will be the point of contact for the allegation. In the case of anonymous allegations, the duty to communicate is waived.
4. Trent University, may independently, or at the Agency's request in exceptional circumstances, take immediate action to protect the administration of 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. Upon receiving or making a formal allegation, the Vice President Research and Innovation or designate shall notify the person named in the allegation. The Vice President of Research and Innovation shall endeavor to clear up misunderstandings and to mediate disputes where possible, maintaining the highest degree of confidentiality so as to protect the reputations and careers of all involved. The Vice President Research and Innovation shall form a judgment as to whether the allegation should proceed to a formal investigation.
6. If the Vice President Research and Innovation judges that the allegation should not proceed to a formal investigation, the person named in the allegation, as well as the person making it, shall be advised that the matter is at an end. The file is destroyed.
7. If the Vice President Research and Innovation judges that the allegation is responsible and should proceed to a formal investigation, the person named shall be so informed, promptly and in writing.
8. The formal investigation of the allegation begins upon receipt of written notice by the person named. The written notice shall include a copy of the signed allegation and shall invite the person named to respond to the allegation. Where the person named is a member of a bargaining unit, a copy of the signed allegation shall be sent at the same time to the appropriate bargaining agent, and the person named shall be informed that they may elect to be accompanied by the bargaining agent or any other willing person of their choosing in any of these procedures.

9. Within 30 days of the receipt of the formal complaint the Vice President of Research and Innovation shall appoint an investigation committee with the authority to decide whether a breach occurred. The investigation committee shall include at least (2) members who have the necessary expertise in the research discipline involved and who are without conflict of interest, whether real or apparent; and at least one external member who has no current affiliation with Trent University (Framework 4.3.4c) or any party associated with the matter. The requirement for an external member is to provide the respondent, the complainant, and Trent University with an unbiased, objective perspective in the review of the allegation. An external member can also provide the necessary expertise. In order to respect the confidentiality of the process, all members of an investigation committee must sign privacy and confidentiality agreements prior to serving on investigation committees, unless serving on investigation committees is already part of their responsibilities. The Vice President of Research and Innovation will appoint a Chair from among the investigation committee members. The investigation committee will carry out a detailed examination of the facts relevant to the allegation. The investigation committee will have access to all relevant documentation and will conduct interviews with (at a minimum) the complainant and the respondent. The investigation Committee shall ensure that the person named in the allegation is allowed to know any evidence and has ample opportunity to respond to that evidence. The investigation Committee will complete its investigation as quickly as possible, normally within 90 days of being appointed. The proceedings will be confidential. The report will contain a conclusion reached by the investigation committee about whether the allegation had been substantiated.
10. The parties may extend the timelines with mutual consent. A copy of the report shall be sent at the same time to the person named in the allegation and to the appropriate bargaining agent if the person is a member of a bargaining unit.
11. If, after reviewing all appropriate evidence including the report, the Provost holds that clear and convincing evidence of scholarly misconduct (as provided by section II) is not found, the Provost shall so inform, in writing, the person named in the allegation, and the University shall take reasonable steps to protect and/or restore the reputation(s) and credibility of the person named and of any other person(s) wrongfully implicated during the procedures.
12. If after reviewing all appropriate evidence including the report the Provost holds that there is clear and convincing evidence of scholarly misconduct (as provided by section II), the Provost shall initiate the discipline process according to the applicable collective agreement or in the case of individuals not represented by a bargaining agent, the Vice President Research and Innovation shall determine appropriate sanctions.
13. If the University decides after formal investigation not to proceed against the person named in the allegation, or if an arbitration decides in favour of the person, the University shall remove all documentation relating to the allegation from the person's personnel files or other equivalent files and, except for arbitration reports which shall be retained, shall at the discretion of that person destroy the documentation or transfer it to that person. The removal of documentation from a person's personnel file or other equivalent file does not prevent the University from meeting its reporting obligations as described in Section VI. Reporting Requirements.

14. No person who honestly and in good faith makes an allegation or gives evidence in accordance with this policy will be subject to reprisal. An individual making allegations or giving evidence recklessly, maliciously or in bad faith shall be subject to disciplinary action under the relevant collective agreement, where applicable, or to sanctions determined by the Vice President Research and Innovation.
15. This policy, insofar as it affects members of the Trent University Faculty Association bargaining unit, is extended by Article XII.7 Scholarly Misconduct of the Collective Agreement between the Board of Governors on behalf of Trent University and the Trent University Faculty Association.

## VI. Reporting Requirements

- a. Subject to any applicable laws, including privacy laws, the University shall advise the relevant Agency or the Secretariat on Responsible Conduct of Research (SRCR) immediately of any allegations related to activities funded by the Agency that may involve significant financial, health and safety, or other risks.
- b. The University shall advise SRCR confirming whether or not the Institution is proceeding with an investigation where the SRCR was copied on the allegation or advised as per Article 4.4.a. If a breach is confirmed at the inquiry stage, reporting requirements outlined in Article 4.4.ac. apply.
- c. The University shall prepare a report for the SRCR on each investigation it conducts in response to an allegation of policy breaches related to a funding application submitted to an Agency or to an activity funded by an Agency. Subject to any applicable laws, including privacy laws, each report shall include the following information:
  - the specific allegation(s), a summary of the finding(s) and reasons for the finding(s);
  - the process and timelines followed for the inquiry and/or investigation;
  - the researcher's response to the allegation, investigation and findings, and any measures the researcher has taken to rectify the breach; and
  - the investigation committee's decisions and recommendations and actions taken by the University.

The report should not include:

- information that is not related specifically to Agency funding and policies; or
  - personal information about the researcher, or any other person, that is not material to the Institution's findings and its report to the SRCR.
- d. Trent University should submit Inquiry letters to the SRCR within two months of receipt of an allegation by the University. If an investigation was warranted, the institution will have an additional five months following the end of the inquiry to conduct an investigation and submit a report to the SRCR. Trent University has a total of seven months from the date of receipt of an allegation that results in an investigation to report to the SRCR. These timelines may be extended in consultation with the SRCR if circumstances warrant, and with periodic updates provided to the SRCR until the investigation is complete. The frequency of the periodic updates will be determined jointly by the SRCR and Trent University.
  - e. The University and the researcher may not enter into confidentiality agreements or other agreements related to an inquiry or investigation that prevent the Institution from reporting to the Agencies through the SRCR.
  - f. In cases where the source of funding is unclear, the SRCR reserves the right to request information and reports from the Institution.

- g. Trent University is responsible for communicating this policy on responsible conduct of research within the university and posting annually on the web site information on confirmed findings of breaches of the policy (e.g. the number and general nature of the breaches), subject to applicable laws, including the privacy laws.
- h. Trent University will report annually to the SRCR on the total number of allegations received involving Agency funds, the number of confirmed breaches and the nature of those breaches, subject to applicable laws, including privacy laws.

VII. At all times, the University shall take reasonable steps to protect the funds of any external granting/contracting agencies involved.

VIII. Where it is the Agency that initiates an investigation, the University will provide the council with a comprehensive report of the process and findings.

Contact Officer:

- Director, Office of Research and Innovation

Date for Next Review:

- June 2023

Related Policies, Procedures & Guidelines

N/A

Policies Superseded by This Policy:

- a) Policy on Research and Scholarly Misconduct (2017)