

<b>TYPE:</b>	Academic
<b>TITLE:</b>	Responsible Conduct of Research
<b>NO.:</b>	ACAD-116
<b>RESPONSIBILITY:</b>	Vice President, Academic and Students
<b>APPROVED BY:</b>	Durham College Leadership Team
<b>EFFECTIVE DATE:</b>	November 2024

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## 1. Introduction

- 1.1. Durham College recognizes the benefits of research and scholarly activity to both the College and the community at large, and actively supports an environment that fosters applied research initiatives undertaken according to the highest standards of integrity.
- 1.2. As a condition of eligibility to apply for and administer Tri-Agency funds, this policy complies with the Tri-Agency Framework: Responsible Conduct of Research (RCR Framework). The RCR Framework states that Responsible Conduct of Research is the behavior expected of anyone who conducts or supports research 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 research. These values include honesty, fairness, trust, accountability, and openness.
- 1.3. Individuals in the Durham College community who engage in research, funded or otherwise, accept the responsibility for ensuring the integrity of the research activities. The primary responsibility for adherence to ethical principles, scholarly and scientific rigour, intellectual honesty and accountability lies with individual researchers involved in the research activities.

## 2. Purpose

- 2.1. In keeping with the RCR Framework, this Policy articulates Durham College's commitment to promote and protect the quality, accuracy, and reliability of research and scholarly activity that creates opportunities for inquiry and enhances learning for students. This policy applies to all Durham College-sanctioned research, regardless of location, source of funds, or use of Durham College resources. It also promotes fairness and expectations in the conduct of research and provides the authority for procedures that address allegations of policy breaches and other acts of misconduct.

- 2.2. The purpose of this [procedure](#) is to provide a process for the reporting and thorough investigation of allegations of breaches to the Responsible Conduct of Research Policy consistent with the Tri-Agency definitions of a breach of policy. This policy aims to resolve misunderstandings that do not involve clear violations and establishes a process for confirming and addressing infractions when they occur.

### **3. Definitions**

Refer to [Durham College's Standard Definitions](#).

### **4. Policy statements**

- 4.1. Durham College will create an open and positive environment of [academic freedom](#) that protects the right of the scholar to pursue the truth through research and teaching and upholds the independence of the higher education research community.
- 4.2. Durham College will promote education on the importance of responsible conduct and ensure a clear understanding of the high ethical standards required in research, teaching, and other scholarly activities.
- 4.3. Durham College shall continue to provide support mechanisms for researchers in order to ensure that research is conducted with intellectual competence, honesty and integrity.
- 4.4. All members of the Durham College community have an obligation to report to the VP Academic and Students all circumstances that may constitute research misconduct and a breach of policy.
- 4.5. Durham College will respond promptly to and investigate all allegations of misconduct involving researchers, including faculty, administrators, staff or students. Investigations shall be conducted impartially and adhere to the principles of procedural fairness.
- 4.6. Policy conflict: In the event of a discrepancy between the Tri-Agency (CIHR, NSERC and SSHRC) policies and this policy, the Tri-Agency policies shall take precedence.

### **5. Procedure**

- 5.1. Procedures for responding to allegations

If a person is uncertain whether a breach of policy has occurred, a confidential consultation to seek clarification on activities that constitute research misconduct may be requested with the AVP, Innovation and Research.

## 5.2. Receipt of an allegation

Allegations of scholarly misconduct may come from a variety of sources, but only if the source of the allegation is identified can it be properly evaluated. Therefore, the allegation must be in writing, signed by the complainant and forwarded to the VP, Academic and Students. If Tri-Agency funding is involved, a copy of the allegation will be sent by the VP, Academic and Students to the Secretariat on Responsible Conduct of Research (SRCR) within six months of the allegation being made. After being confirmed free from conflict of interest, the VP, Academic and Students will be the designated point of contact.

Support will be provided for a legitimate allegation against acts of retribution while simultaneously protecting the scholarly reputation of the researcher from false allegations and litigation. Anonymous allegations will be considered on a case-by-case basis, provided they include enough information to assess the credibility of the facts and evidence without requiring additional details from the complainant.

If the allegation is related to conduct that occurred at another institution, the VP, Academic and Students will contact their respective counterpart at the other institution and determine which is best placed to conduct the inquiry and investigation, if warranted.

## 5.3. Addressing the Allegation

5.3.1. The VP, Academic and Students or designate shall fully disclose, within 10 business days, the allegation to the researcher who is the subject of the allegation. The researcher will be given 10 business days to respond to the allegation and the evidence supporting the allegation. The information that comes forward will be kept confidential and the privacy of individuals protected as much as possible while allowing due process.

5.3.2. The VP, Academic and Students may accept an admission of a breach in policy or misconduct, provided that it is in writing and reflects the facts as revealed in the allegation. In such case, the VP, Academic and Students may immediately proceed to take appropriate action to respond to the allegation.

## 5.4. Initial Inquiry

An impartial internal or external investigator will be designated by the VP, Academic and Students, depending on the type of expertise required, to conduct an initial inquiry whereby the facts related to the allegation are collected and independently reviewed. The investigator will meet with the complainant, respondent and others as required and review documents or materials. A report of the findings and possible recommendation shall be

submitted within 30 calendar days to the VP, Academic and Students for action. Within 10 business days of receipt of the report, the VP, Academic and Students will notify the respondent whether the allegation will be dismissed (deemed unsubstantiated) or forwarded to an Investigation Committee.

#### 5.5. Notification to Funders

5.5.1. If the research is supported by the Canadian Institutes of Health Research (CIHR), the Natural Sciences and Engineering Research Council (NSERC) or the Social Sciences and Humanities Research Council (SSHRC), (the Tri-Agency), the Tri-Agency or SRCR will be notified immediately, subject to any applicable laws, of any allegations that involve significant financial, health and safety, or other risks. An inquiry letter/report will be sent within two months of receipt of an allegation to the SRCR.

5.5.2. Other funding agencies or sponsors will be notified as appropriate of the initiation of an investigation and informed that further funds will not be released until the investigation is concluded.

#### 5.6. Appointment of an Investigation Committee

5.6.1. The VP, Academic and Students may establish an ad hoc Investigation Committee within 30 calendar days of notification to the respondent to ensure the principles of fairness are upheld with the disposition of the allegation. It will be comprised of three members, nominated by the VP, Academic and Students with its composition informed by Academic Council. Committee members will have no conflicts of interest, whether real or apparent, with the respondent under investigation and will be knowledgeable in research matters and possess the necessary expertise. At least one external member who has no affiliation with the College will be included. This committee will be chaired by a member of the committee.

5.6.2. The committee will act with discretion and meet as necessary with the respondent, who may choose to be accompanied by advisors, such as peers, Student Association, or union representatives, at any required meetings. The committee may meet with others, seek expert advice and review documents or materials as required. All interviews will be documented. All evidence will be stored securely with the Office of the VP, Academic and Students. The respondent may request access to all available information bearing on the case. As necessary, the format of the information may be altered from the original to maintain privacy of the provider.

5.6.3. The report of the committee will include the following elements:

- A description of the allegation.
- A list of committee members and rationale for their selection.
- Methods, timelines and materials used in the investigation.
- Researcher's response to the allegation and any measures taken to rectify the breach.
- Persons interviewed or who provided information in the matter being investigated.
- Any other relevant details.
- Findings of misconduct based on clear, cogent and convincing evidence of a breach of research integrity, decisions and recommendations.

5.6.4. The Investigation Committee shall submit its report to the VP, Academic and Students within three months of the initial notification to the respondent that a committee will be formed.

5.6.5. If the allegation involves research activities funded by the Tri-Agency then the report and any actions taken will be submitted to the SRCR within seven months of receipt of the allegation. These timelines may be extended in consultation with the SRCR and with periodic updates as agreed upon provided.

## 5.7. Determination of the Allegation

5.7.1. Upon receipt of the report, the VP, Academic and Students will advise the complainant and respondent that the allegation is unfounded and dismissed or alternately, that it has been substantiated as a breach of policy or misconduct. The intent of the researcher will be considered in determining the appropriate sanction, if any, however a sanction will be issued whether the breach is deemed intentional or not. The VP, Academic and Students has the authority and discretion to impose sanctions or take actions recommended by the committee or as deemed to be appropriate for the situation and severity of the offense.

5.7.2. Sanctions could include:

- Issuing a letter of concern to the researcher;
- Requesting the researcher correct the research record and provide proof of the correction;
- Advising the researcher that the College will not support any applications for future research for a defined period or indefinitely;
- Advising researcher that the College will not consider them to serve on committees (peer review, advisory boards, other);
- Terminating remaining installments of the grant or award;
- Restitution of funds within a defined time frame for all or part of the funds already paid; and/or

- Any other recourse available by law.

- 5.7.3. The VP, Academic and Students will notify the complainant, the respondent, and other stakeholders of the decision in writing and provide a copy of the Investigation Committee's report within 10 business days of receiving the report.
- 5.7.4. If the investigation was initiated internally within the College, and breach of policy or misconduct was found to have occurred in research funded by one or more of the Tri-Agencies, the College will provide the Agency with a copy of the report.
- 5.7.5. Where the findings show the allegation to be unfounded or unsubstantiated, the Investigation Committee will make recommendations for reasonable steps to address damage to the respondent's reputation that may have occurred by virtue of the allegation.
- 5.7.6. If an allegation of misconduct was made in good faith, then every effort will be made to protect the complainant from any recourse. If, however, the allegation was found to be irresponsible or malicious, then the VP, Academic and Students may take disciplinary action.

## 5.8. Appeal

The respondent or complainant of an allegation may appeal the decision of the VP, Academic and Students or sanction imposed in writing to the Durham College president within ten business days of the decision being communicated, stating the grounds for the appeal. The VP, Academic and Students will be informed of the appeal and the president will review the report and decide on an appeals mechanism for the case, considering the grounds, consistent with this policy. Upon completion of the appeal proceedings, the decision rendered will be final.

## 5.9. Accountability and Communication

Information on allegations and confirmed findings of breaches of policy, including actions taken shall be posted annually on the DC website and publicized in the Office of Research Services, Innovation and Entrepreneurship annual report, subject to applicable laws, as a means to educate researchers on the types of actions, behaviours and activities that constitute misconduct.

The appropriate authorities will be notified if the College becomes aware of possible fraud or other unlawful activity.

The total number of allegations received involving Agency funds, the number of confirmed breaches and the nature of those breaches, subject to applicable laws will be reported annually to the SRCR.

In exceptional circumstances, the Agency may require the Institution to take immediate action. 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. The Agency may conduct its own review or compliance audit, or require the Institution to conduct an independent review/audit. The Agency will consult with the Institution and will consider the investigation already planned, underway or completed by the Institution, and its findings.

## **6. Accessibility for Ontarians with Disabilities Act considerations**

Accessibility for Ontarians with Disabilities Act (AODA) standards have been considered in the development of this policy and procedure and it adheres to the principles outlined in the College's commitment to accessibility as demonstrated by the Multi-Year Accessibility Plan.

## **7. Non-compliance implications**

Failure to comply with this policy may result in damage to internal and external relationships, financial loss, property damage, reputational harm, legal action and/or a diminished ability to achieve the mission of Durham College. As well, failure to comply with this policy may also affect the College's status as an institution eligible to receive funding from the Natural Sciences and Engineering Research Council of Canada and the Social Sciences and Humanities Research

## **8. Related forms, legislation or external resources**

- Tri-Agency Framework: Responsible Conduct of Research
- Tri-Council Policy Statement on Ethical Conduct for Research Involving Humans, 2022
- Tri-Agency Research Data Management Policy