

UNIVERSITY COUNCIL
RESEARCH SCHOLARLY AND ARTISTIC WORK COMMITTEE
REQUEST FOR DECISION

PRESENTED BY: Marjorie Delbaere, chair, Research, Scholarly, and Artistic Work Committee

DATE OF MEETING: June 17, 2021

SUBJECT: **Revisions to the Responsible Conduct of Research Policy**

DECISION REQUESTED:

It is recommended:

That Council approve the revisions to the Responsible Conduct of Research Policy and associated procedures, effective July 1, 2021.

DISCUSSION SUMMARY:

To be eligible to receive Tri-Agency funding, the University of Saskatchewan is required to have a Responsible Conduct of Research (RCR) Policy that meets the minimum requirements of the Tri-Agency Responsible Conduct of Research Framework. USask has signed the Agreement on the Administration of Agency Grants and Awards by Research Institutions and is required to apply its RCR Policy to all research conducted under its auspices or jurisdiction.

The existing USask Policy was approved in 2013 and does not meet the minimum requirements of the 2016 [Tri-Agency Framework](#). Section 6.0 Breaches of this revised Policy is revised to match the breaches in the RCR Framework. The revised policy now also meets the requirements for yearly public institutional reporting and a central point of contact at a senior administrative level, the Associate Vice President Research (AVPR) to receive all confidential enquiries, allegations of breaches of policies, and information related to allegations. The revised policy also clarifies that student breaches are handled under the RCR Policy as required by the Tri-Agencies.

In addition, after eight years of implementing the 2013 Policy, experience has shown the need to address a number of issues. Consultation on a revised policy began in August 2019 with discussion with University administrators who had experience with implementing the 2013 Policy, former hearing board chairs and the University of Saskatchewan Faculty Association (USFA). These consultations brought out the following issues that were raised multiple times:

- **the need to address potential conflicts of interest** – In the 2013 policy, a Senior Administrator could be responsible for submitting an allegation, managing an inquiry, managing a hearing and also determining discipline. In the revised policy, the potential for conflicts of interest is reduced for all University Members who are not members of the USFA whereby the AVPR is responsible for the inquiry and investigation and the Senior Administrator is responsible for discipline for employee groups as determined by collective agreements. Student discipline would be determined by the Hearing Board as required by the University of Saskatchewan Act. Senior Administrators remain responsible for the inquiry and investigation as well as discipline for USFA members.

- **the need for an improved process for Students** -The 2013 policy required two hearing boards when investigating a breach by a student. It is extremely difficult for a student to endure two hearing boards, so the revised policy allows the allegation to be heard and if needed, discipline to be decided with one hearing board. **Hearing boards involving students will be revised and include student perspective.** Student supports are also addressed by centralized management of the Policy and Procedures and relationship building with the CGPS, GSA and Student Affairs to ensure supports for students are in place.

CONSULTATION:

Consultation has included the following individuals, groups and committees:

An initial consultation to seek advice on revisions to the 2013 RCR Policy was held with the following:

University Administration

- Anthony Vanelli, Provost and Vice President Academic
- Jim Basinger, Acting Vice Provost Faculty Relations, former AVP Research
- Mary Buhr, Dean, College of Agriculture and BioResources
- Trever Crowe, Acting Dean, College of Graduate and Postdoctoral Studies
- Beth Bilson, University Secretary
- Amanda Storey, Academic Programs/Student Hearings and Appeals Coordinator

- Ana Crespo-Martin, Labour and Faculty Relations Specialist, Human Resources

Previous Hearing Board Chairs

- Brent Cotter, Faculty Member, Law, former Dean of Law.
- Jack Gray, Vice Dean Research, College of Arts and Science.

USask Grievance Committee

- Fran Walley, Vice Dean, College of Agriculture and BioResources

USFA Representatives

- Patricia Farnese, Faculty Member, Law, Senior Grievance Officer, USFA (2 meetings)
- Maureen Fryett, Professional Officer, USFA
- Sina Adl, Faculty Member, College of Agriculture and BioResources, Executive Committee Member, USFA
- Doug Chivers, Chair, USFA.

Following this round of consultations, a revised RCR policy was prepared. Consultations on the revised policy began in January 2020 as follows:

Office / Organization	Date
Governance Office	
Amanda Storey	15 Apr 2020 (email)
Amanda Storey	07 Dec 2020
Chelsea Willness, Jacquie Thomarat	01 Dec 2020
Chelsea Willness, Jacquie Thomarat, Amanda Storey	11 Feb 2021
Access and Privacy Officer (Rayelle Johnson)	10 Mar 2020 (email)
Committees of Council	
Research, Scholarly and Artistic Work	30 Jan 2020

	10 Dec 2020
	29 Apr 2021
Policy Oversight Committee	05 Feb 2020
	18 May 2021
Centres' Subcommittee	07 Dec 2020
Governance Committee	11 May 2020
VP Research Office	
VPR Executive Committee	29 Jan 2020
	17 Feb 2021
	14 Apr 2021
Associate Deans Research Forum	26 Feb 2020
	Dec 16, 2020
	28 Apr 2021
VP Finance and Resources Office	
Controller's Office (Trevor Batters)	13 Mar 2020
IT Security, Risk and Compliance (Jason Hlady & Jon Coller)	06 Apr 2020 (email)
Provosts' Office	
Vice Provost Faculty Relations (Ken Wilson, Ana Crespo-Martin)	18 Feb 2020
Vice Provost Teaching, Learning and Student Experience (Patti McDougall)	01 Dec 2020
Student Affairs and Outreach (Tracy Spencer and Peter Hedley)	10 Feb 2021
Associate Deans Academic	17 Dec 2020
	18 Feb 2021
College of Graduate and Postdoctoral Studies	
Dean Debbie Burshtyn	01 Dec 2020
Vice Dean Ryan Walker	03 Mar 2021 (email)
Grad Chairs Cttee	21 Apr 2021
USSU President (Kiefer Roberts)	22 Jan 2021 (email)
GSA President (Humaira Iman)	01 Feb 2021 (email)
USFA (Chivers, Adl, Fryett)	03 Mar 2020
Others	
David Stack and Robert Affleck, McKercher LLP	May 2020 to present
Secretariate on Responsible Conduct of Research (Susan Zimmerman)	03 May 2021
Scientific Director, CIHR Institute of Indigenous People's Health (Carrie Bourassa)	06 May 2021

RSAW reviewed the policy at its May 13, 2021 meeting and a motion by majority vote to recommend it to Council for approval. Specific concerns that the policy may not reflect the full range of Research, Scholarly and Artistic work undertaken by researchers at USask, the lack of consideration of EDI, and about the level of consultation with USFA and legal counsel were raised.

Subsequent to the Council meeting the Policy has been revised to address concerns raised by Council Members:

- Section 2.0 Principles - the leading sentence has been revised to acknowledge the University's commitment to equity, diversity, inclusion and Indigenization.
- Section 5.0 Responsibilities - language suggested by a council member has been included to make it clear that the Policy accommodates and respects, different

disciplinary traditions and is inclusive of the broad range of Research, Scholarly and Artistic Work at USask.

- Section 5.0 Responsibilities - a council member pointed to the need to acknowledge OCAP principles in the Policy. We have added in Section 5.0 (e) an additional responsibility for University Members to recognize rights to data sovereignty for Indigenous peoples.
- Section 5.0 Responsibilities – to address concerns raised by a member of the USFA Executive at Council that the policy may not respect the collective bargaining agreement, and following a subsequent meeting with the USFA, the AVPR will be responsible for initiating, directing and overseeing an Inquiry, determining whether an Investigation will occur and overseeing that Investigation when a Respondent is not a USFA member. The relevant Senior Administrator will be responsible for initiating, directing and overseeing an Inquiry, determining whether an Investigation will occur and overseeing that Investigation when a Respondent is a USFA member. Throughout the Policy and Procedures, we have carried forward the responsibilities of Senior Administrators for USFA members and the responsibilities of the AVPR for all other University members into the Inquiry and Investigation.

The revised policy and procedures documents have been re-reviewed by the Office of Legal Counsel and the Office of the Vice Provost Faculty Relations.

ATTACHMENTS:

- **Responsible Conduct of Research Policy**
- **Responsible Conduct of Research Procedures**
- **Responsible Conduct of Research Policy and its application to students**
- **RCR Policy and Procedures Changes**

1 **Responsible Conduct of Research Policy (effective TBD)**

Category: Research and Scholarly Activities

Responsibility: Vice-President Research

Authorization: University Council

Approval Date: TBD, effective date TBD Complaints received on or after the effective date will be considered under this Policy and Procedures.

2

DRAFT

3 1.0 Purpose:

4 To set forth the standards for responsible conduct of research and the procedures to assess
5 allegations of a breach of those standards for all those involved in any capacity in all research
6 conducted at the University of Saskatchewan.

7 2.0 Principles

8 The research, scholarly and artistic work of university members must take place in a supportive
9 and inclusive environment that embraces manacihitowin (respect one another). Research,
10 scholarly and artistic work is expected to be rigorous and scrupulously honest, be held in the
11 highest regard, be ethically sound, and contribute to the creation, application and refinement
12 of knowledge. Stewardship of resources associated with research must be transparent and
13 comply with all university and funding agency policies and regulatory requirements.

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

21 3.0 Definitions for the purpose of the Policy and associated 22 Procedures.

23 "**Advocate**" means an advocate or advisor selected by a bargaining unit, or a friend, advisor or
24 legal counsel. Where the person is a member of a bargaining unit, the Advocate may be
25 selected by the appropriate bargaining unit; where the person is not a member of a bargaining
26 unit, this may be a friend, advisor or legal counsel.

27
28 "**Agencies**" and "**Tri-Agency**" means Canada's three federal granting Agencies: the Canadian
29 Institutes of Health Research (CIHR), the Natural Sciences and Engineering Research Council
30 (NSERC), and the Social Sciences and Humanities Research Council (SSHRC).

31
32 "**Allegation**" means a declaration, statement, or assertion communicated in writing to the
33 University or one of the Agencies to the effect that there has been, or continues to be, a breach
34 of one or more University or Agency policies, the validity of which has not been established.

35

¹ From the CCA (2010). Honesty, Accountability and Trust: Fostering Research Integrity in Canada. Ottawa: Council of Canadian Academies as cited in The Tri-Agency Framework: Responsible Conduct of Research, section 4.2. www.rcr.ethics.gc.ca/eng/policy-politique/framework-cadre/

36 **“Appeal Board”** means a committee established by the University Council pursuant to section
37 61 of *The University of Saskatchewan Act, 1995* to hear appeals of decisions made pursuant to
38 this Policy and/or the related Procedures.
39

40 **“Associate Vice-President Research” and “AVPR”** mean the Associate Vice President Research
41 identified as the University’s central point of contact to the Tri-Agency on matters related to
42 Responsible Conduct of Research or their designate.
43

44 **“Complainant”** means the individual who has notified the University or one of the Agencies
45 with an Allegation of a breach of this Policy.
46

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

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

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

57 **“Policy”** means the Responsible Conduct of Research Policy.
58

59 **“Procedures”** mean the Procedures for Addressing Allegations of Breaches of the Responsible
60 Conduct of Research Policy.
61

62 **“Regulations”** mean the Regulations on Student Academic Misconduct.
63

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

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

74 **“Respondent”** means an individual who is identified in an Allegation as having possibly
75 breached this Policy and/or Agency policy.
76

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

79 **“Secretariat on Responsible Conduct of Research”** and **“SRCR”** means the Canadian
80 government agency which provides substantive and administrative support for the Panel on
81 Responsible Conduct of Research (PRCR), and the Agencies (CIHR, NSERC and SSHRC) with
82 respect to the *Tri-Agency Framework: Responsible Conduct of Research* (the Framework).
83

84 **“Senior Administrator”** means deans or executive directors (when Respondents are faculty
85 members, sessional lecturers, staff or undergraduate students in a college); directors, executive
86 directors or associate vice-presidents in charge of an administrative Unit (when Respondents
87 are employees); the provost (when Respondents are Deans or visiting professors); the Dean of
88 Graduate and Postdoctoral Studies (when Respondents are adjunct professors, postdoctoral
89 fellows, graduate students, or professional affiliates); vice-presidents (when Respondents are
90 directors of an administrative unit or associate vice-presidents), the president (when
91 Respondents are vice-presidents); and the Board of Governors (when the Respondent is the
92 President). The Senior Administrator may choose a designate.
93

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

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

101 **“University Members”** means those participating in Research at or under the auspices of the
102 University. This includes, but is not limited to faculty, librarians, professors emeriti, sessional
103 lecturers, staff, trainees, clinical faculty, graduate and undergraduate students, adjunct
104 professors, visiting professors, visiting scholars, professional affiliates, associate members,
105 residents, and postdoctoral fellows (PDFs).
106

107 **“University Officials”** include Senior Administrators, department heads, directors, and
108 managers.
109

110 4.0 Scope of this Policy

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

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

117 5.0 Responsibilities

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

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

- 125 a. Obtaining all required University and respective agency approvals for Research including,
126 but not limited to Research involving human participants or animal subjects, fieldwork,
127 biohazards, radioisotopes, or environmental impact.
- 128 b. Ensuring that their Research is conducted in accordance with approved protocols and that
129 they adhere to all reporting requirements.
- 130 c. Ensuring students and research staff are carefully supervised and trained in the conduct
131 of Research, including experiments, processing of acquired data, recording of data and
132 other results, interpretation of results, publication, and the storage and protection of
133 Research records and materials.
- 134 d. Exercising scholarly and scientific rigour and integrity in recording, analyzing and
135 interpreting data, and in reporting and publishing data and findings. This includes
136 keeping complete and accurate records of data, methodologies and findings, including
137 graphs and images, in accordance with the applicable funding agreements, institutional
138 policies, laws, regulations and professional or disciplinary standards in a manner that will
139 allow verification or replication of the work by others.
- 140 e. Respecting the inherent and collective sovereign rights of First Nations, Métis and Inuit
141 people to ownership and governance of their data.
- 142 f. Ensuring institutional expert resources and supports are accessed to secure data and to
143 protect the privacy of any individuals whose personal information has been obtained as
144 part of any Research activities as required under the University's *Freedom of Information*
145 *and Protection of Privacy Policy*, *The Local Authority Freedom of Information and*
146 *Protection of Privacy Act*, *The Health Information Protection Act*, and the *Tri-Council Policy*
147 *Statement: Ethical Conduct of Research Involving Humans (TCPS 2, 2018)*.
- 148 g. Managing funds acquired for the support of Research as required by the Tri-Agency Guide
149 on Financial Administration, research funding agreements and University policies on
150 Research Administration. Grant fund expenditures must contribute to the direct costs of
151 the research/activities for which the funds were awarded, with benefits directly
152 attributable to the grant; not be provided by the administering institution to their
153 research personnel; be effective and economical and not result in personal gain for

- 154 members of the research team.
- 155 h. Including as authors, with their consent, all those and only those who have materially or
156 conceptually contributed to, and share responsibility for, the contents of the publication
157 or document, in a manner consistent with their respective contributions and authorship
158 policies of relevant publications.
- 159 i. Acknowledging, in addition to authors, all contributors and contributions to research,
160 including writers, funders and sponsors.
- 161 j. Reporting conflicts of interest as per the University's policy on Conflict of Interest.
- 162 k. Disclosing to the Associate Vice-President Research any breach of this Policy of which
163 they have become aware.

164
165 **University Officials** are responsible for:

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

170
171 **The Associate Vice-President Research** is responsible when a Respondent is not a USFA
172 member for:

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

177
178 **Senior Administrators** are responsible when a Respondent is a USFA member for:

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

183 184 **6.0 Breaches of this Policy**

185 Breaches of this Policy (as defined by the Tri-Agency Framework: Responsible Conduct of
186 Research) include, but are not limited to:

- 187 a. *Fabrication*: making up data, source material, methodologies or findings, including graphs
188 and images.
- 189 b. *Falsification*: manipulating, changing, or omitting data, source material, methodologies
190 or findings, including graphs and images, without acknowledgement and which results in
191 inaccurate findings or conclusions.
- 192 c. *Destruction of research records*: the destruction of one's own or another's research data
193 or records to specifically avoid the detection of wrongdoing or in contravention of the
194 applicable funding agreement, institutional policy and/or laws, regulations and

- 195 professional or disciplinary standards.
- 196 d. *Plagiarism*: presenting and using another's published or unpublished work, including
197 theories, concepts, data, source material, methodologies or findings, including graphs and
198 images, as one's own, without appropriate referencing and, if required, without
199 permission.
- 200 e. *Redundant publications*: the re-publication of one's own previously published work or
201 part thereof, or data, in any language, without adequate acknowledgment of the source,
202 or justification.
- 203 f. *Invalid authorship*: inaccurate attribution of authorship, including failing to include as an
204 author someone who has materially or conceptually contributed to and shares
205 responsibility for, the contents of the publication or document and/or attribution of
206 authorship to persons other than those who have made a substantial contribution to and
207 who accept responsibility for, the contents of a publication or document in a manner
208 consistent with the authorship policies of relevant publications.
- 209 g. *Inadequate acknowledgement*: failure to appropriately recognize contributors in a
210 manner consistent with the authorship policies of relevant publications.
- 211 h. *Mismanagement of Conflict of Interest*: failure to appropriately identify and address any
212 real, potential or perceived conflict of interest, in accordance with the University's policy
213 on *Conflict of Interest*.
- 214 i. Failure to comply with applicable policies, laws or regulations for the conduct of Research
215 including, but not limited to:
- 216 i. Tri-Agency policies or requirements;
- 217 ii. Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS
218 2, 2018);
- 219 iii. Canadian Council on Animal Care guidelines and policies;
- 220 iv. Applicable environmental protection legislation;
- 221 v. Licenses from appropriate governing bodies for research in the field;
- 222 vi. Laboratory biosafety guidelines;
- 223 vii. Canadian Nuclear Safety Commission (CNSC) regulations, and Radiation Safety
224 guidelines;
- 225 viii. Controlled Goods Program;
- 226 ix. Public Health Agency of Canada guidelines;
- 227 x. Canada Food Inspection Agency guidelines and Canada's Food and Drugs Act; and
228 xi. All applicable University Policies.
- 229 j. *Misrepresentation in a Funding Application or Related Document*:
- 230 i. providing incomplete, inaccurate, or false information in a funding application or
231 related document, such as a letter of support or progress report;
- 232 ii. Applying for and/or holding a Tri-Agency award when deemed ineligible by NSERC,
233 SSHRC, CIHR or any other research funding organization world-wide for reasons of breach
234 of responsible conduct of research policies such as ethics, integrity or financial
235 management policies.
- 236 iii. listing of co-applicants, collaborators, or partners without their agreement.
- 237 k. *Mismanagement of Funds*: using grant and award funds for purposes inconsistent with
238 the policies of the funding agency or University policies, misappropriating grant and

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

243 I. *Breach of Tri-Agency Review Processes*

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

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

251

252 7.0 Privacy

253 University Members will protect the privacy of individuals involved in an Inquiry or Investigation
254 under this Policy as far as is possible. However, if an Allegation is substantiated, the University
255 reserves the right to use or disclose information in accordance with *The Local Authority*
256 *Freedom of Information and Protection of Privacy Act*, as noted in Section 10.0 of this Policy.
257

258 8.0 Education

259 To promote a greater understanding of responsible conduct of research and research ethics,
260 the University will offer workshops, seminars, web-based materials, courses, and research
261 ethics training for University Members along with orientation for those members who are new
262 to the university. When examples of Investigations at the University are used for the purpose
263 of educating University Members on acceptable practices for scholarly integrity and research
264 ethics, personal identifiers will be removed from these cases in order to maintain
265 confidentiality.

266 9.0 Procedures

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

271 Responsibility for the implementation and maintenance of these Procedures is delegated to the
272 Office of the Vice-President Research. Revisions to the Procedures will be approved by Council.

273 10.0 Reporting

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

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

279
280 Subject to any applicable laws, including privacy laws, the OVPR shall comply with the
281 requirements of funding agencies regarding reporting of breaches of this Policy in accordance
282 with the procedures identified by the specific agency. The University and the researcher may
283 not enter into confidentiality agreements or other agreements related to an Allegation, Inquiry
284 Investigation or Appeal that prevent the University from reporting to funding agencies.

285
286 In the case of a breach of this Policy, and subject to applicable privacy laws, the President may
287 disclose any information relevant to the breach that is in the public interest including the name
288 of the researcher subject to the decision, the nature of the breach, and the recourse imposed.
289 To inform disclosure of this information, the extent to which the breach jeopardizes the safety
290 of the public, potentially damages the integrity of or brings the conduct of research and/or the
291 University into disrepute will be considered.

292 11.0 Contact

293 For further information please contact the Associate Vice-President Research at +1 (306) 844-
294 1148.

Effective date TBD

295
296

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.¹ 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.

¹ These Procedures adopt and incorporate the Definitions from the Policy.

- 33 d. Allegations should be in writing, with sufficient detail about the nature of the alleged
34 breach, the location and time of its occurrence. It should be supported by all available
35 documentation and contain enough information to permit a determination of whether the
36 alleged conduct, if substantiated, would constitute a breach of the Policy and to permit
37 further information gathering about the alleged breach.
- 38 e. If an Allegation is received related to conduct that occurred at another institution (whether
39 as an employee, a student or in some other capacity), the AVPR will contact the other
40 institution and consult to determine which institution is best placed to conduct the Inquiry
41 and Investigation if warranted. The AVPR will communicate to the Complainant which
42 institution will be responsible for responding to the Allegation.
43

44 3.0 Procedures for Inquiry

45 As outlined in section 5.0 of the Policy, the Inquiry will be conducted by the AVPR, with the
46 exception of allegations against faculty in-scope of USFA, where the Inquiry will be conducted
47 by the relevant Senior Administrator
48

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

- 51 a. The AVPR or Senior Administrator will assess whether the Allegation:
- 52 i. is outside the jurisdiction of these Procedures as outlined in section 4.0 of the Policy;
 - 53 ii. involves Allegations that, if proven, would constitute a breach as defined in section
54 6.0 of the Policy and/or in the Tri-Agency Framework on Responsible Conduct of
55 Research;
 - 56 iii. is frivolous, vexatious, or in bad faith;
 - 57 iv. has been previously determined under the Policy and these Procedures, under
58 another University policy, or other comparable proceeding;
 - 59 v. warrants an Investigation; or
 - 60 vi. may involve significant financial, health and safety or other risks. If the allegation
61 involves significant financial, health and safety or other risks and is related to activities
62 funded by the Tri-Agencies, the AVPR is required to advise the relevant Tri-Agency or
63 the SRCR as outlined in section 7.0 of these Procedures.
- 64 b. The AVPR or Senior Administrator may discuss the Allegation with the Complainant and
65 request additional information.
- 66 c. The AVPR or Senior Administrator will provide a copy of the Allegation and supporting
67 information in writing to the Respondent and inform the Respondent of their right to
68 submit a written response to the Allegation and/or request a meeting with the AVPR or
69 Senior Administrator within ten (10) working days of receipt of the Allegation. The
70 Respondent and Complainant will be advised they are entitled to consult with an Advocate.
71 The Respondent and Complainant will be instructed in writing to preserve all evidence and
72 not to communicate with each other about the Allegation until further notice.

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

91

92 3.1 Acknowledgement of Misconduct

93

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

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

110

111 4.0 Procedures for Investigations

112 As outlined in section 5.0 of the Policy, the AVPR is responsible for the direction and oversight
113 of the Investigation, with the exception of allegations against faculty in-scope of USFA, where
114 the relevant Senior Administrator retains the direction and oversight of the Investigation.
115

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

- 118 a. The AVPR or Senior Administrator shall appoint a Hearing Board within a reasonable time
119 frame composed of three to five members, one of whom will be designated as chair, at
120 least two of whom will be senior members of the University², and at least one of whom
121 will be external and with no current student, employment, contractual or academic
122 affiliation to the University³. If the Respondent is a student, the Hearing Board shall
123 include a student member in addition to the above-mentioned members. The chair will
124 be appointed by the AVPR or Senior Administrator.
- 125 b. The members of the Hearing Board will have no actual or perceived conflicts of interest or
126 bias and will jointly have appropriate subject matter expertise and administrative
127 background to evaluate the Allegation and the response to it. Each member of the
128 Hearing Board must sign a declaration denying any conflicts of interest and must sign a
129 confidential non-disclosure agreement.
- 130 c. The AVPR or Senior Administrator will provide the Respondent and the Complainant with
131 the names and positions of the chair and members of the Hearing Board. If the
132 Complainant or Respondent have any objection to the composition of the Hearing Board,
133 an objection must be made in writing to the AVPR or Senior Administrator within five (5)
134 working days of receiving that information. The AVPR or Senior Administrator will make
135 the final decision as to whether a reasonable apprehension of bias or conflict of interest
136 exists.
- 137 d. The AVPR or Senior Administrator will provide the Hearing Board with a copy of the
138 Allegation, the Respondent's written response from the Inquiry (section 3.0) and any
139 other information gathered at the Inquiry that is pertinent to the Investigation.
- 140 e. The AVPR will provide guidance and suitable administrative support for the Investigation.
- 141 f. Once appointed, the chair will, within ten (10) working days, send a letter to the
142 Respondent and the Complainant. This letter will convey the following information and
143 documentation:
 - 144 i. the right of both the Respondent and the Complainant to jointly appear at a hearing to
145 make submissions to the Hearing Board within thirty (30) working days of receipt of
146 this letter, or such other time as determined by the chair;
 - 147 ii. a copy of the Allegation, the Respondent's written response from the Inquiry, and any

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

³ Tri-Agency Framework: Responsible Conduct of Research www.rcr.ethics.gc.ca/eng/policy-politique/framework-cadre/

- 148 other information gathered during the Inquiry that is pertinent to the Investigation.
- 149 iii. a statement of confidentiality of the proceedings for the protection of privacy and
150 reputation of the Respondent and the Complainant;
- 151 iv. the requirement to preserve evidence;
- 152 v. a proscription against improper acts of retaliation;
- 153 vi. that the Respondent, Complainant and witnesses have a right to be advised during the
154 Investigation and accompanied by an Advocate at the hearing;
- 155 vii. that both the Respondent and the Complainant should, at least ten (10) working days
156 prior to the hearing or such other time as determined by the chair, provide the
157 Hearing Board with any additional written materials, evidence, as well as names and
158 statements of potential witnesses they propose to include as part of the hearing;
- 159 viii. a copy of these Procedures; and
- 160 ix. anything else that the chair deems necessary to facilitate the commencement of the
161 hearing.
- 162 g. The role of the Hearing Board is to examine the Allegation, collect and examine the
163 evidence related to the Allegation, make a decision as to whether a breach of this Policy
164 has occurred including the severity of the breach and if so, make recommendations in
165 accordance with sections 4.1 b and 4.1 c of these Procedures.
- 166 h. The Hearing Board is not bound to observe strict legal procedures or rules of evidence but
167 shall establish its own procedures, including but not limited to determining what evidence
168 it will hear and/or accept. Further, and without limitation, the Hearing Board may:
- 169 i. ask questions of the Complainant and Respondent;
- 170 ii. ask questions of witnesses;
- 171 iii. request and examine any documents, data, records, or equipment they deem relevant
172 to the Allegation;
- 173 iv. arrange for the testing of physical evidence relevant to the Allegation.
- 174 i. The Hearing Board will conduct the hearing in accordance with the principles of
175 procedural fairness, and the following requirements must be followed in the
176 Investigation:
- 177 i. a University Member against whom an Allegation is made is to be treated as being
178 innocent until it has been established, on the balance of probabilities and before a
179 Hearing Board of impartial and unbiased decision-makers, that they have committed a
180 breach of the Policy;
- 181 ii. Respondents must be informed of the details of the alleged breach, including having
182 access to all documentary and other evidence relevant to the alleged breach;
- 183 iii. Respondents who are alleged to have caused or contribute to a breach must be given
184 an opportunity to respond to the Allegations;
- 185 iv. the Respondent, Complainant and witnesses have a right to be advised and /or
186 accompanied by an Advocate at the hearing. The Advocate may speak as an advocate
187 on behalf of the Respondent or Complainant, but the Hearing Board expects that it
188 will hear directly from the Complainant and/or Respondent wherever possible. This
189 right is subject to the provision that the names of any Advocates are provided to the
190 Chair at least five (5) working days prior to the hearing;
- 191 v. while strict rules of evidence do not apply, appropriate weight must be given to

- 192 evidence based on its credibility and reliability;
- 193 vi. if one or both of the parties chooses not to appear at the hearing, the Hearing Board
- 194 may proceed to make its decision based on the material and information already
- 195 gathered;
- 196 vii. while it is generally intended that all of the evidence from the witnesses will be
- 197 gathered and shared with the parties prior to the hearing, the chair has the discretion
- 198 to allow witnesses to present their evidence at the hearing if the fairness of the
- 199 process requires it. The chair may also adjourn proceedings to allow a party an
- 200 appropriate opportunity to respond to new evidence;
- 201 viii. the chair has authority to extend the Investigation timelines when necessary in the
- 202 circumstances to conduct a fair process. The chair may also permit any and all of the
- 203 participants to the hearing to appear by way of telephone or videoconference.
- 204 j. If, during the course of the hearing, the evidence discloses a new related instance of a
- 205 breach of the Policy that was not part of the original Allegation or which implicates
- 206 additional Respondents, the Hearing Board may expand the hearing, provided that the
- 207 Complainant and Respondent are notified and are given an opportunity to respond to the
- 208 new Allegations. If the expanded hearing involves new Respondents, they will be
- 209 provided with reasonable notice and shall for the purpose of these Procedures, be
- 210 entitled to all rights as Respondents.
- 211 k. The chair shall notify the AVPR or Senior Administrator of interim findings, if any, that
- 212 they believe should be reported because of the University's obligations to students, staff,
- 213 and faculty members, funding agencies and sponsors or, where there are compelling
- 214 issues of public safety. Any interim report shall be in writing and copied to all members of
- 215 the Hearing Board, to the Complainant and Respondent, the Senior Administrator and the
- 216 AVPR. The interim report shall set out the findings, the reason for the interim report, and
- 217 a recommendation regarding appropriate administrative action.
- 218

219 4.1 Decision of the Hearing Board

220 The Investigation will normally be completed within sixty (60) working days of the Hearing

221 Board being appointed. In exceptional circumstances, the chair may apply to the AVPR or Senior

222 Administrator for an extension of twenty (20) working days. Further extensions may be granted

223 for twenty (20) working days at a time. If an Investigation is anticipated to take longer than one

224 hundred (100) working days from the time the board is appointed, if required by the Tri-

225 Agencies, the AVPR will consult with the relevant Tri-Agency and/or SRCR. The AVPR or Senior

226 Administrator will inform the Respondent and Complainant in writing of any extensions

227 granted. Where required, the AVPR will also provide periodic updates to the relevant Tri-

228 Agency and/or SRCR until the Investigation is complete. The frequency of the periodic updates

229 will be determined jointly by the SRCR and the AVPR.

- 230 a. The Hearing Board shall complete its Investigation and shall report its decision in writing
- 231 to the AVPR or Senior Administrator. The AVPR or Senior Administrator shall advise the
- 232 Respondent, the Complainant, and the relevant Senior Administrator(s) of the decision.
- 233 b. If there is more than one Respondent or Complainant, reasonable efforts will be made to

- 234 provide each with parts of the report that are pertinent to them. It is recommended that
235 the format of the Hearing Board report contain the following:
- 236 i. the full Allegation of a breach of the Policy;
 - 237 ii. a list of Hearing Board members and their credentials;
 - 238 iii. a summary of the Complainant's position including reference to relevant witnesses
239 and/or evidence put forward;
 - 240 iv. a summary of the Respondent's position including reference to relevant witnesses
241 and/or evidence put forward;
 - 242 v. a determination of whether a breach of the Policy occurred;
 - 243 vi. if a breach has occurred, its extent and seriousness; and
 - 244 vii. recommendations of changes to procedures or practices, if any, to avoid similar
245 situations in the future.
- 246 c. Recommendations of the Hearing Board may also include, without limitation:
- 247 i. withdrawing all pending relevant publications;
 - 248 ii. notifying publishers of publications in which the involved research was reported;
 - 249 iii. notifying co-investigators, collaborators, students and other project personnel of the
250 decision;
 - 251 iv. ensuring the unit(s) involved is informed of appropriate practices for promoting the
252 proper conduct of research;
 - 253 v. informing any outside funding sponsor(s) of the results of the Inquiry and of actions to
254 be taken.
- 255 d. The Hearing Board's decision is based on majority vote. No minority reports shall be
256 allowed.
- 257 e. The Hearing Board report is final and not subject to revision.
258

259 4.2 Dismissal of the Allegation

- 260
- 261 a. If the Hearing Board advises that the Allegation should be dismissed, the AVPR or Senior
262 Administrator shall so advise any person identified in the Allegation, the Respondent, the
263 Complainant and other appropriate University Officials. In addition, the notification
264 requirements of the applicable collective agreement shall be followed.
 - 265 b. Where the Allegation is dismissed, the AVPR and appropriate Senior Administrator, shall
266 take all reasonable steps to repair any damage that the Respondent's reputation for
267 scholarly integrity or research activities may have suffered by virtue of the Allegation. The
268 AVPR or Senior Administrator shall ensure that a letter confirming the finding that no
269 breach of the Policy was substantiated is sent to the Respondent, with a copy to the
270 Complainant, relevant Senior Administrator(s) and the AVPR. With the consent of the
271 Respondent, a letter confirming the finding that no breach was substantiated may be sent
272 to other persons with knowledge of the Allegation. These persons may include, but are not
273 limited to, co-authors, co-investigators, collaborators, and others who may have been
274 notified by the AVPR or Senior Administrator.

275

276 4.3 Determination of Consequences

277 If the Allegation is found to have been made in good faith, no disciplinary measures or
278 retaliatory action shall be taken against the Complainant. If the Allegation is found to have been
279 made in bad faith, the AVPR or Senior Administrator will refer the matter to Discrimination and
280 Harassment Prevention Services for resolution under the University Discrimination and
281 Harassment Prevention Policy⁴. Any acts of retaliation (including threats, intimidation, reprisals
282 or adverse employment or education action) made against the Complainant, Respondent or any
283 individual who participated in any manner in the Investigation or resolution of a report of a
284 breach of the Policy are subject to the University Discrimination and Harassment Prevention
285 Policy.

286 4.3.1 For Students

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

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

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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 Respondent⁵ 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

⁵ 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).

352 without a hearing. If the University Secretary determines that there may be valid grounds
353 for an appeal, then the appeal will proceed as provided for in section 5.1. The decision of
354 the University Secretary with respect to allowing an appeal to go forward is final, with no
355 further appeal.

356 d. The appeal under this Policy relates only to the original Hearing Board's determination of
357 whether a breach of this Policy occurred. The subsequent determination of discipline
358 imposed for the breach of this Policy is not appealable under this Policy.
359

360 5.1 Procedures for Appeals

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

- 362 a. The University Secretary shall appoint an Appeal Board within a reasonable time frame
363 composed of three to five members, one of whom shall be designated as chair, at least
364 two of whom will be senior⁶ members of the University or of another academic
365 institution, and at least one member who is external and with no current student,
366 employment, contractual or academic affiliation to the University. If the Respondent or
367 appellant is a student, the Appeal Board shall include a student member in addition to the
368 above-mentioned members. The chair will be appointed by the University Secretary.
369 Individuals appointed to serve on an Appeal Board shall exclude anyone who was involved
370 in the original Investigation of the case.
- 371 b. The members of the Appeal Board will have no actual or perceived conflicts of interest or
372 bias and will jointly have appropriate subject matter expertise and administrative
373 background to evaluate the appeal and the response to it. Each member of the Appeal
374 Board must sign a declaration denying any conflicts of interest and must sign a
375 confidential non-disclosure agreement.
- 376 c. The University Secretary will provide the respondent and the appellant with the names
377 and positions of the chair and members of the Appeal Board. If the appellant or
378 respondent have any objection to the composition of the Appeal Board, an objection
379 must be made to the University Secretary within five (5) working days of receiving that
380 information. The University Secretary will make the final decision as to whether a
381 reasonable apprehension of bias or conflict of interest exists.
- 382 d. Once appointed, the chair will, within ten (10) working days, send a letter to the
383 respondent and the appellant. This letter will convey the following information and
384 documentation:
- 385 i. the right of both the respondent and the appellant to jointly appear before the Appeal
386 Board to make submissions within thirty (30) working days of receipt of this letter, or
387 such other time as determined by the chair;
 - 388 ii. a copy of the statement of appeal, and any other information gathered in the
389 Investigation pertinent to the appeal;

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

- 390 iii. a statement of confidentiality of the proceedings for the protection of privacy and
391 reputation of the respondent and the appellant;
- 392 iv. a proscription against improper acts of retaliation;
- 393 v. that the respondent and appellant have a right to be advised and /or accompanied by
394 an Advocate at the appeal hearing;
- 395 vi. if the respondent wishes to provide a written argument to the Appeal Board, the
396 respondent should submit the argument to the Appeal Board at least (10) working
397 days prior to the appeal hearing, and a copy of this written argument will be provided
398 to the appellant;
- 399 vii. a copy of these Procedures; and
- 400 viii. anything else that the chair deems necessary to facilitate the commencement of the
401 hearing.
- 402 e. The chair may modify timelines for parties providing submissions where, in their
403 discretion, it is reasonable and appropriate.
- 404 f. If any party to these proceedings does not attend the hearing, the Appeal Board has the
405 right to proceed, and may decide the appeal based on the written record of the original
406 Hearing Board and the statement of appeal, and any written arguments submitted by the
407 respondent. An appellant who chooses to be absent from the hearing may appoint an
408 Advocate to present their case at a hearing.
- 409 g. The Appeal Board is not bound to observe strict legal procedures or rules of evidence but
410 shall establish its own procedures subject to the following principles:
- 411 i. the Appeal Board under these regulations will not hear the case again but is limited to
412 considering the grounds of appeal prescribed in section 5.0 b;
- 413 ii. the parties to the appeal shall be the appellant (who may be either the original
414 Complainant or the original Respondent) and the other party to the original
415 Investigation as respondent;
- 416 iii. the original Hearing Board chair (or another member designated by the chair) may be
417 invited to attend to answer questions of either party or of the Appeal Board. The
418 original Hearing Board chair cannot discuss the *in-camera* deliberations but can
419 provide facts regarding the process followed;
- 420 iv. except as provided for under section 5.0 b. iv. above, no new evidence will be
421 considered by the Appeal Board. The record of the original hearing, including a copy
422 of all material filed by both sides at the Hearing Board, and the written statement of
423 appeal, will form the basis of the Appeal Board's deliberations;
- 424 v. it shall be the responsibility of the appellant to demonstrate that the appeal has
425 merit;
- 426 vi. the chair of the Appeal Board has authority to extend the appeal procedure timelines
427 when necessary in the circumstances to conduct a fair appeal process;
- 428 vii. the chair may also permit any and all of the participants to the appeal hearing to
429 appear by way of telephone or videoconference.

430

431 5.2 Decision by the Appeal Board

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

- 442
- 443 a. After the hearing is completed, the Appeal Board will meet to decide whether to uphold,
444 overturn or modify the decision of the original Hearing Board. The deliberations of the
445 Appeal Board are confidential.
 - 446 b. The Appeal Board may, by majority,
 - 447 i. conclude that the appellant received a fair hearing from the original Hearing Board,
448 and uphold the original decision; or
 - 449 ii. conclude that the appellant did not receive a fair hearing, but that the decision
450 remains appropriate and the original decision is upheld; or
 - 451 iii. conclude that the appellant did not receive a fair hearing, and dismiss or modify the
452 original decision; or
 - 453 iv. order that a new Hearing Board be struck to re-investigate the case. This provision
454 should be limited to cases that in the view of the Appeal Board are significant enough
455 to warrant a new hearing, including but not limited to cases when new evidence has
456 been introduced that could not reasonably have been available to the original Hearing
457 Board.
 - 458 c. The chair of the Appeal Board shall prepare a report of the board's deliberations that shall
459 recite the evidence on which the board based its conclusions. The report shall be
460 delivered to the University Secretary and distributed to the appellant, the respondent, the
461 Associate Vice President Research and the relevant Senior Administrator(s).
 - 462 d. If the decision of a Hearing Board is successfully appealed, the AVPR and the appropriate
463 Senior Administrator shall take all reasonable steps to repair any damage that the
464 appellant's or respondent's reputation for academic integrity may have suffered by virtue
465 of the earlier finding of the Hearing Board.

466

467 5.3 No Further Appeal

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

469

470 6.0 Records

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

- 472 to the AVPR for retention in accordance with this section 6.0. Complainants, Respondents,
473 Hearing and Appeal Board members will securely destroy all copies of evidence or materials
474 they have received related to the hearing or provide them to the AVPR for secure
475 destruction.
- 476 b. Records pertaining to Allegations that result in disciplinary action will be retained in the
477 Respondent's official file in accordance with existing University policies, procedures and
478 collective bargaining agreements.
 - 479 c. No record of an Allegation of a breach of the Policy will be kept in the Complainant's official
480 file except the record of disciplinary action resulting from a complaint that is made in bad
481 faith.
 - 482 d. Subject to the provisions of the Policy, these Procedures and the requirements of law, any
483 and all records pertaining to charges and/or hearings and/or sanctions under these
484 Procedures are confidential and should be kept in a file accessible only to the AVPR and
485 their confidential assistants for a period of ten (10) years or while any legal or official
486 proceedings are pending. After this time, the records may be destroyed. With the
487 exception of records supporting disciplinary action that are placed in the Respondent's
488 official file, these records are strictly confidential and will be disclosed only when disclosure
489 is required by law or by a legal or official proceeding.
- 490
491

492 7.0 Reporting to the Tri-Agencies

- 493 a. Reporting Allegations of a breach of the Policy to the Tri-Agencies: Subject to any applicable
494 laws, including privacy laws, the AVPR shall advise the relevant Tri-Agency or the SRCR
495 immediately of any Allegations related to activities funded by the Tri-Agency that may
496 involve significant financial, health and safety, or other risks.
 - 497 b. Reporting results of an Inquiry to the Tri-Agencies: If the SRCR was copied on the Allegation
498 or advised of an Allegation related to activities funded by the Agencies, the AVPR shall write
499 a letter to the SRCR confirming whether or not the Institution is proceeding with an
500 Investigation within two (2) months of the receipt of the Allegation.
 - 501 c. Reporting an Acknowledgement of Misconduct to the Tri-Agencies: If the Allegation
502 resulted in an Acknowledgement of Misconduct, a report will be submitted to the SRCR
503 within seven (7) months of the receipt of the Allegation.
 - 504 d. Reporting Results of an Investigation to the Tri-Agencies: The AVPR shall prepare a report
505 for the SRCR on each Investigation it conducts in response to an Allegation of a breach of
506 the Policy related to a funding application submitted to an Agency or to an activity funded
507 by an Agency. A report will be submitted to the SRCR within seven (7) months of the receipt
508 of the Allegation by the institution. Subject to any applicable laws, including privacy laws,
509 each report shall include content as specified by the current Tri-Agency Framework:
510 Responsible Conduct of Research.
- 511

512 7.1 Reporting to Other Funding Agencies and Institutions

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

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

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Effective date TBD

DRAFT

Revised Responsible Conduct of Research Policy (2021) and its Application to Students

Tri-Agency Definition of Research

The Tri-Agency Framework Responsible Conduct of Research defines research as “an undertaking to extend knowledge through a disciplined inquiry or systematic investigation”.

Proposed Tri-Agency Definition of Responsible Conduct of Research

The behavior expected of anyone who conducts research activities throughout the life cycle of a research project (i.e. from the formulation of the research question, through the design, conduct and analysis of the research, to its reporting, publication and dissemination). 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 scholarly research. These values include honesty, fairness, trust, accountability and openness.

Making a decision on consideration of an Allegation under the RCR Policy or the Regulations on Student Academic Misconduct

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* (the “*Regulations*”).

Activities categorized as research activity for the purposes of determining whether an allegation naming a student respondent is investigated under the RCR Policy include but are not limited to:

1. Funding applications, research and projects supported by the Tri-Agencies or other research funding organizations;
2. Contract, consulting or industrial research;
3. Research that requires review by a Human or Animal REB;
4. Course based activity defined as research requiring Human REB review;
5. Undergraduate Theses, Masters Theses or PhD Dissertations;
6. Original investigations to apply existing knowledge in a novel way; to produce new products, devices, systems and services, offer improvements over those already produced or installed;

[Adapted from the University of Waterloo]

Investigations and Appeals when a Student is the Respondent

If the Respondent is a student, the Hearing Board and/or the Appeal Board shall include a student member.

Student Discipline when an RCR Hearing Board finds the Policy has been breached

- 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 academic 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

Student Discipline when a Student Acknowledges a Breach.

If the Respondent Acknowledging a Breach is a student, the AVPR will empanel a Hearing Board to determine what discipline or other consequences are warranted as outlined in Section 5g of the Procedures after receiving submissions regarding potential consequences and/or sanctions from each of the parties.

Student Support

Students will be encouraged to contact Student Affairs and Outreach for support and the GSA for advocacy in the letter sent to Respondents by the AVPR and the Chair of the Hearing or Appeal Board.

Current RCR POLICY (2013) and Students

Research misconduct is one aspect of academic misconduct and a number of the breaches listed in the RCR Policy are also in the Regulations. There is specific guidance in the Regulations on page 9 and 11 that reference the RCR Policy.

In Section IV (7)

Special Procedures Applying Only to Allegations Relating to Responsible Conduct of Research (sp) Policy: Allegations that relate to a breach of the Responsible Conduct of Research Policy must be determined in accordance with special hearing procedures set out in that Policy (<http://policies.usask.ca/policies/research-and-scholarly-activities/responsible-conduct-of-research-policy.php>) before such allegations can be addressed under these Regulations. Upon receipt of an allegation of academic misconduct, the Academic Administrator shall first determine whether the allegation must be heard under the procedures in the Responsible Conduct of Research Policy. The decision of the Academic Administrator in this matter is final and not subject to appeal. The University Secretary will be notified of the decision of the Academic Administrator in this regard.

And Section VII (A) (6)

Special Hearing Procedures for Breaches of Responsible Conduct of Research Policy: If a hearing under the Responsible Conduct of Research Policy determines that a breach of that Policy has occurred, then a hearing under these Regulations will occur with regard solely to sanctions. The hearing board will be provided the report (decision) of the Responsible Conduct of Research Policy hearing board and will hear evidence and submissions only in relation to sanctions. The hearing board will render a decision in accordance with Section VIII of these Regulations. In the event a student appeals the finding of breach (in accordance with the Procedures under the Responsible Conduct of Research Policy), the hearing under these Regulations to determine sanctions is suspended until the resolution of the appeal.

Major Changes to the USask Responsible Conduct of Research (RCR) Policy and Procedures (2013)

A. Rationale for Changes to the RCR Policy:

- USask has signed the Agreement on the Administration of Agency Grants and Awards by Research Institutions with the Canadian Tri-Agencies. Accordingly, USask is required to develop and administer a policy to address allegations of policy breaches by researchers that meets the minimum requirements set out in the RCR Framework. The institution applies its policy to all research conducted under its auspices or jurisdiction. The existing policy was approved in 2013 and must be updated to align with the 2016 [Tri-Agency Framework](#).
- After eight years of implementing the Policy, experience has shown a need to improve the consistency and effectiveness of the application of the policy and procedures.

B. Activities Informing the Proposed Revisions

- 1) Interviews with 13 USask members with experience working with the RCR Policy.
- 2) Environmental Scan of the RCR Policies and Procedures of 12 of the U15 Universities plus UVic. University RCR Websites were reviewed where available.
- 3) Review of the Tri-Agency Framework on Responsible Conduct of Research, 2016, interpretation bulletins, published cases and statistics.
- 4) Consultation with Policy Oversight Cttee; Governance Committee; RSAW; Associate Deans Research; Associate Dean Academic; Centres Subcommittees; Access and Privacy Officer; University Secretary's Office; Provost and Vice President Academic; Vice Provost, Teaching and Learning; Vice Provost, Faculty Relations; College of Graduate and Postdoctoral Studies; Graduate Chairs Committee; VPR Executive Cttee; Controller's Office; ICT; McKercher and McKercher; GSA; USSU; USFA, Student Affairs and Outreach, USask Legal Office.

C. Major Recommended Policy Changes

- 1) Management of the RCR policy and procedures is moved to a centralized and more senior level of the university by designating the Associate Vice President Research (AVPR) as a single point of contact for enquiries, allegations and information:
 - a) Aligns with the Tri-Agency Framework on Responsible Conduct of Research (RCR) requirement for a single point of contact at a Senior Administrative Level to receive all confidential enquiries, allegations of breaches of policies and information related to allegations of a complaint of a breach of the RCR Policy.
 - a) Transparently simplifies the process of making and handling an allegation.
 - b) Facilitates meeting mandated timelines and reporting to the Tri-Agency and other funders when required.
 - c) Clarifies the roles of the Senior Administrator and AVPR, and removes potential conflicts of interest for those University Members who are not USFA members which may arise from the Senior Administrator being responsible for the Inquiry, Investigation, and discipline, and at times being the role of Complainant making an allegation.

- 2) Revises the section on Breaches of the policy to reflect the current RCR Framework
 - a) The list of breaches is revised to reflect the 2016 revisions to the RCR Framework.
- 3) Revises public reporting to meet the Tri-Agency RCR Framework standard.
 - a) To conform with the requirements of the 2016 RCR Framework, a statement is added that the University of Saskatchewan will post annually on its Web site, information on confirmed findings of breaches of its policy (e.g., the number and general nature of the breaches, without unique identification), subject to applicable laws, including the privacy laws.
- 4) Opens the possibility of public disclosure of a breach of the RCR Policy
 - a) A statement is added indicating the possibility of public disclosure of the identity of researchers involved in a serious breach of the RCR Policy. The University may disclose information relevant to the serious 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. In determining whether a breach is serious, the University will consider the extent to which the breach jeopardizes the safety of the public and/or would potentially damage the integrity of or bring the conduct of research and/or the University into disrepute.
- 5) Includes Librarians in the list of University Members.

D. Major Recommended Procedural Changes

1) Inquiry

- a) The AVPR will handle the Inquiry into an Allegation involving a university member who is not a member of the USFA, the relevant Senior Administrator will handle the Inquiry into an Allegation involving a member of the USFA. The AVPR or Senior Administrator may delegate the Inquiry but will maintain oversight.
- b) Guidelines on the content of an allegation to ensure allegations meet the Framework criteria for a Responsible Allegation.
- c) Increased guidance on the specific activities at the Inquiry stage.
- d) Lengthened timeline for the Inquiry and possibility of extensions if warranted.

2) Investigation

- a) The AVPR will handle the Investigation into an Allegation involving a university member who is not a member of the USFA, the relevant Senior Administrator will handle the Investigation into an Allegation involving a member of the USFA.
- b) Centralized support for hearing boards from the OVPR.
- c) Clarification of the authority of the hearing board.

3) Students

- a) All aspects of a breach of the RCR Policy involving students will be handled under the RCR Policy rather than the Student Academic Misconduct Procedures in order to ensure all complainants and respondents to an RCR allegation are treated consistently and reporting meets all Tri-Agency requirements.

4) Appeals

- a) Appeals will now be made to the University Secretary who will consider on procedural grounds whether or not to grant an appeal.

5) Confidentiality

- a) Declarations of potential conflicts of interest are required from hearing board members and Chairs.

6) Informal Procedures

- a) Option for Acknowledgement of Misconduct when a respondent agrees to the statement of facts alleged in the complaint and guidelines on documenting these. The respondent will have had the opportunity to consult with an advisor prior to signing the Acknowledgement of Misconduct. This option follows guidance from the SRCR issued in January 2015.

E. Practical Implications of the Recommended Changes:

- 1) Centralized management of RCR Policy and Procedures in the OVPR. An AVPR is designated as USask's central point of contact to the Tri-Agencies for RCR and will oversee implementation and conduct of the Policy and Procedures. Senior Administrators will be responsible for Inquiries, Investigations and consequences for USFA members. Senior Administrators will be made aware of RCR inquiries and investigations involving their students and personnel who are not USFA members but will only be formally involved in these cases if a breach is confirmed and consequences or discipline are to be considered.
- 2) Active and ongoing support is required to ensure USask meets its Tri-Agency obligations regarding RCR, improve consistency, timeliness and better serve members of the University.
 - a) Recommendation to appoint a Research Integrity Officer from USask Faculty. The Research Integrity Officer would be a resource for information requests and for hearing boards and could be delegated to undertake the Inquiry under the RCR Procedures.
 - b) Appointment of an RCR Senior Advisor, reporting to the AVPR who would support the AVPR/RIO with investigations of allegations of breaches of the RCR Policy, assist with the activities of hearing boards established to hear allegations, ensure records of the inquiry and hearings and copies of all documents and materials provided to the hearing boards are complete and securely stored, assist the AVPR/RIO with reporting requirements to the Tri-Agencies, maintaining the website content and reporting to University Council.
- 3) Online and ongoing education regarding RCR for university students, faculty and staff. This is a significant need, will require appropriate resourcing and will be coordinated by AVPR, RCR Senior Advisor and Research Integrity Officer.
- 4) Establishment of a standing bench of RCR Hearing Board Chairs and Hearing Board members, who will be trained and supported to fulfill their role and responsibilities.
- 5) Guidance is being developed on what activities are defined as research for the purposes of determining whether the RCR Policy or the Students' Academic Misconduct Regulations will apply to a student facing an allegation.
- 6) Development of a series of guidance documents and templates to facilitate and standardize processes.
- 7) Development of a website that identifies who to contact when an RCR issue arises, houses

guidance documents and templates, USask statistics, and links to online education.