

UNIVERSITY COUNCIL
RESEARCH, SCHOLARLY AND ARTISTIC WORK COMMITTEE
REQUEST FOR INPUT

PRESENTED BY: Stephen Urquhart, Chair

DATE OF MEETING: May 16, 2013

SUBJECT: *Responsible Conduct of Research Policy* and related procedures

COUNCIL ACTION: For input only

PURPOSE

The *Responsible Conduct of Research Policy* articulates the standards for integrity, accountability, and responsibility for all those involved in any capacity in research at the University of Saskatchewan and provides a process to fairly address allegations of misconduct. The policy document is intended to replace the University's *Research Integrity Policy* approved in 2010.

DISCUSSION SUMMARY

The University of Saskatchewan is a signatory to the Tri-Agency *Agreement on the Administration of Agency Grants and Awards by Research Institutions*, effective January 1, 2013, which requires compliance with *The Tri-Agency Framework: Responsible Conduct of Research* (the Framework), and the *Tri-Council Policy Statement on Ethical Conduct for Research Involving Humans*. The new policy brings the University into compliance with these Tri-Agency policies.

Accompanying and supporting the *Responsible Conduct of Research Policy* are the *Procedures for Addressing Allegations of Breaches of the University of Saskatchewan Responsible Conduct of Research Policy* and the *Procedures for Stewardship of Research Records at the University of Saskatchewan*. The *Procedures for Addressing Allegations of Breaches of the U of S Responsible Conduct of Research Policy* outlines the course of action to be followed within the University's administrative structures and in accordance with the principles of natural justice when an allegation of research misconduct is made. The *Procedures for Stewardship of Research Records at the U of S* are written in response to the Tri-Agency requirement for universities to state their responsibilities and expectations for the retention of research data and records.

The revisions resulting in the new *Responsible Conduct of Research Policy* were substantial as outlined below. The policy benefited from legal review. Significantly, the policy now deals only with allegations of breaches, with any disciplinary action

1 **Responsible Conduct of Research Policy (effective July 1, 2013)**

Category: Research and Scholarly Activities
Responsibility: Vice-President Research
Authorization: University Council
Approval Date: (proposed) June 20, 2013, effective date July 1, 2013

2

3 **1.0 Purpose:**

4 To set forth the standards for responsible conduct of research for all those involved in
5 any capacity in all research conducted at the University of Saskatchewan.

6 **2.0 Principles**

7 The research, scholarly and artistic work of members of the University of Saskatchewan
8 must be held in the highest regard and be seen as rigorous and scrupulously honest.
9 Scholarly work is expected to be conducted in an exemplary fashion, be ethically sound,
10 and contribute to the creation, application and refinement of knowledge. Stewardship
11 of resources associated with research must be transparent and comply with all
12 University and funding agency policies and regulatory requirements.

13 Allegations of breaches of the Responsible Conduct of Research Policy at the University
14 of Saskatchewan will be dealt with by prompt, effective procedures that ensure fairness
15 and protect both those whose integrity is brought into question and those who bring
16 forward allegations of breaches or misconduct. The University of Saskatchewan will
17 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
19 dissemination of knowledge"¹ including but not limited to providing ongoing
20 educational opportunities in research integrity.

21 If the allegation is found to have been made in good faith, no disciplinary measures or
22 retaliatory action shall be taken against the complainant. If the allegation is found to
23 have been made in bad faith, the Senior Administrator or designate will investigate the
24 action under the University Policy on Discrimination and Harassment. Any acts of
25 retaliation (including threats, intimidation, reprisals or adverse employment or
26 education action) made against the complainant or any individual who participated in
27 any manner in the investigation or resolution of a report of a breach of the Responsible
28 Conduct of Research Policy are subject to the University Policy on Discrimination and
29 Harassment.

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 www.rcr.ethics.gc.ca/eng/policy-politique/framework-cadre/

30 3.0 Scope of this Policy

31 For the purposes of this document, “research” encompasses the creation and
32 application of new knowledge and understanding through research, scholarly, and
33 artistic work. This policy applies to all members of the University involved in research,
34 in any capacity whatsoever. Members of the University of Saskatchewan include but are
35 not limited to faculty, professors emeriti, sessional lecturers, staff, trainees, clinical
36 faculty, graduate and undergraduate students, adjunct professors, visiting professors,
37 visiting scholars, professional affiliates, associate members, residents, and postdoctoral
38 fellows (PDFs) at the University of Saskatchewan. Nothing in these procedures will limit
39 or amend the provisions of any existing collective agreement at the University of
40 Saskatchewan. Subject to existing collective agreements, the formal resolution
41 procedures in this Policy will not be used if an allegation is, or has been addressed using
42 another University procedure such as a grievance, or non-academic student discipline
43 and appeal.

44 Lack of awareness of the policies, cultural differences, and/or impairment by alcohol or
45 drugs are not a defense for a breach of the Responsible Conduct of Research Policy. If it
46 can be demonstrated that a university member knew or reasonably ought to have
47 known that he or she has violated the University’s Responsible Conduct of Research
48 policy, then the violation may be dealt with under the provisions of this policy.

49 4.0 Policy

50 Research, scholarly, and artistic work at the University of Saskatchewan will be
51 conducted in accordance with the following assigned responsibilities:

52 4.1 Responsibilities of Members of the University

53 **University Members:** University members are responsible for conducting their research,
54 scholarly, and artistic work according to the highest standards of research integrity.

55 University members are also responsible for:

- 56 a. obtaining all the required University of Saskatchewan and respective agency
57 approvals and training for research including, but not limited to, research involving
58 human participants or animal subjects, fieldwork, biohazards, radioisotopes,
59 environmental impact.
- 60 b. ensuring that their research, scholarly, and artistic work is conducted in
61 accordance with approved protocols and that they adhere to all reporting
62 requirements.
- 63 c. ensuring students and research staff are carefully supervised and trained in the
64 conduct of research, scholarly, and artistic work, including experiments,

- 65 processing of acquired data, recording of data and other results, interpretation of
66 results, publication, and the storage of research records and materials.
- 67 d. exercising scholarly and scientific rigour and integrity in obtaining and analyzing
68 data, including being able to verify the authenticity of all data or other factual
69 information generated in their research while ensuring that confidentiality is
70 protected where required.
- 71 e. protecting the privacy of any individuals whose personal information has been
72 obtained as part of any research activities as required under the University's
73 *Freedom of Information and Protection of Privacy Policy*, the *Local Authority*
74 *Freedom of Information and Protection of Privacy Act*, the *Health Information*
75 *Protection Act*, and the *Tri-Council Policy Statement: Ethical Conduct of Research*
76 *Involving Humans (TCPS 2)*.
- 77 f. managing funds acquired for the support of research as required by the terms of
78 Tri-Agency guidelines, research funding agreements and the university policies on
79 the *Administration of Research Funds*² and the *Administration of Research Grants*
80 *and Contracts*³.
- 81 g. ensuring that individuals who have made a substantive intellectual contribution to
82 research being reported in a publication, and only those individuals, are included
83 as authors. Specific requirements for authorship and acknowledgement will be
84 determined by the ethical guidelines or procedures established by a researcher's
85 discipline (i.e. set out by the journal(s) where publication is sought or by the
86 leading journals in the researcher's discipline).
- 87 h. reporting conflicts of interest as per the University's policy on *Conflict of Interest*⁴.
- 88 i. disclosing to the relevant Senior Administrator any breach of the Responsible
89 Conduct of Research Policy of which they have become aware.
- 90

91 **University Officials:** University Officials (Senior Administrators, Department Heads,
92 Directors, and Managers) are responsible for promoting and overseeing research,
93 scholarly, and artistic work at the University of Saskatchewan that is conducted with the
94 highest standards of research integrity. They are also responsible for:

- 95
- 96 a. dealing expeditiously and fairly with any known instances or allegations of a
97 breach of the Responsible Conduct of Research Policy; and
- 98 b. encouraging activities that support research integrity among University Members.
- 99 **Senior Administrators:** Under this policy, Senior Administrators include: Deans (when
100 respondents are faculty members, sessional lecturers or students in a college); Directors
101 or Associate Vice-Presidents in charge of an administrative Unit (when respondents are

² www.usask.ca/university_secretary/policies/research/8_22.php

³ www.usask.ca/university_secretary/policies/research/8_20.php

⁴ www.usask.ca/university_secretary/policies/operations/4_01_01.php

102 employees); the Provost (when respondents are Deans or visiting professors); the Dean
103 of Graduate Studies and Research (when respondents are adjunct professors, post
104 doctoral fellows, graduate students, professional affiliates or visiting
105 scholars/professors); Vice-Presidents (when respondents are Directors of an
106 administrative unit or Associate Vice-Presidents), the President (when respondents are
107 Vice-Presidents); and, the Board of Governors (when the respondent is the President).
108 These individuals (or their designees) are responsible for:
109
110 a. determining whether a formal investigation will occur; and
111 b. directing and overseeing any inquiry, as outlined in the *Procedures for*
112 *Addressing Allegations of Breaches of the Responsible Conduct of Research Policy*.

113

114 5.0 Breaches of the University of Saskatchewan 115 Responsible Conduct of Research Policy

116 Breaches of the Responsible Conduct of Research Policy (as drawn from the Tri-Agency
117 Framework: Responsible Conduct of Research⁵) include, but are not limited to:

- 118 a. Fabrication: making up data, source material, methodologies or findings, including
119 graphs and images.
- 120 b. Falsification: manipulating, changing, or omitting data, source material,
121 methodologies or findings, including graphs and images, without
122 acknowledgement and which results in inaccurate findings or conclusions.
- 123 c. Destruction of research records: the destruction of one's own or another's
124 research data or records to specifically avoid the detection of wrongdoing or in
125 contravention of the applicable funding agreement, institutional policy and/or
126 laws, regulations and professional or disciplinary standards.
- 127 d. Plagiarism: presenting and using another's published or unpublished work,
128 including theories, concepts, data, source material, methodologies or findings,
129 including graphs and images, as one's own, without appropriate referencing and, if
130 required, without permission.
- 131 e. Redundant publications: the re-publication of one's own previously published
132 work or part there of, or data, in the same or another language, without adequate
133 acknowledgment of the source, or justification.
- 134 f. Invalid authorship: inaccurate attribution of authorship, including attribution of
135 authorship to persons other than those who have contributed sufficiently to take
136 responsibility for the intellectual content, or agreeing to be listed as author to a
137 publication for which one made little or no material contribution.
- 138 g. Inadequate acknowledgement: failure to appropriately recognize contributions of
139 others in a manner consistent with their respective contributions and authorship

⁵ Tri-Agency Framework: Responsible Conduct of Research www.rcr.ethics.gc.ca/eng/policy-politique/framework-cadre/

- 140 policies of relevant publications.
- 141 h. Mismanagement of Conflict of Interest: failure to appropriately manage any real,
142 potential or perceived conflict of interest, in accordance with the University's
143 policy on *Conflict of Interest*⁶.
- 144 i. Failure to comply with relevant policies, laws or regulations for the conduct of
145 certain types of research activities, or failure to obtain appropriate approvals,
146 permits or certifications before conducting these activities, including, but not
147 limited to:
- 148 i. Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans
149 (TCPS 2);
- 150 ii. Canadian Council on Animal Care guidelines and policies;
- 151 iii. Canadian Environmental Assessment Act;
- 152 iv. Licenses from appropriate governing bodies for research in the field;
- 153 v. Laboratory Biosafety guidelines;
- 154 vi. Canadian Nuclear Safety Commission (CNSC) regulations, and Radiation Safety
155 guidelines;
- 156 vii. Controlled Goods Program;
- 157 viii. Public Health Agency of Canada guidelines;
- 158 ix. Canada Food Inspection Agency guidelines and Canada's Food and Drugs Act;
159 and
- 160 x. University policies relevant to research and scholarly activities.
- 161 j. Misrepresentation in a Funding Application or Related Document: providing
162 incomplete, inaccurate, or false information in a funding application or related
163 document, such as a letter of support or progress report; listing of co-applicants,
164 collaborators, or partners without their agreement; or applying for or holding an
165 award when deemed ineligible by the funder.
- 166 k. Mismanagement of Funds: failure to use funds for purposes consistent with the
167 policies of the funding agency, misappropriation of funds, contravention of
168 financial policies and agency guidelines, or inaccurate or false documentation for
169 expenditures from grant or award accounts.
- 170
- 171 Breaches of the Responsible Conduct of Research Policy should not be interpreted as
172 including differences of opinion regarding research methodologies, analyses of data,
173 and theoretical frameworks.

174

175 6.0 Confidentiality

176 University Officials, Senior Administrators, Department Heads, Directors, and Managers
177 will protect the confidentiality of information regarding a potential violation of this
178 Policy to the fullest extent possible. If the allegation is substantiated, the University

⁶ www.usask.ca/university_secretary/policies/operations/4_01_01.php

179 reserves the right to use or disclose information in accordance with the *Local Authority*
180 *Freedom of Information and Protection of Privacy Act*, which may include disclosing the
181 discipline, if any, imposed on members of the University.

182 7.0 Education

183 To promote a greater understanding of research ethics and integrity issues, the
184 University will offer workshops, seminars, web-based materials, courses, and research
185 ethics training for University members along with orientation for those members who
186 are new to the university. When examples of investigations at the University of
187 Saskatchewan are used for the purpose of educating University members on acceptable
188 practices for scholarly integrity and research ethics, personal identifiers will be removed
189 from these cases in an effort to maintain confidentiality.

190 8.0 Procedures

191 This policy document is supported by two procedural documents entitled *Procedures for*
192 *Addressing Allegations of Breaches of the Responsible Conduct of Research Policy at the*
193 *University of Saskatchewan* and *Procedures for Stewardship of Research Records and*
194 *Materials at the University of Saskatchewan*.

195 Responsibility for the policy and the implementation and maintenance of the associated
196 procedures is delegated to the Office of the Vice-President Research. Revisions to the
197 procedures will be reported to Council. An annual report will be provided to Council
198 documenting the numbers of allegations received, the numbers of those proceeding to
199 a hearing, and the numbers and nature of findings of breach of this policy.

200 9.0 Contact

201 For further information please contact the Director, Research Ethics at 966-8585 or the
202 Director, Research Services at 966-8575.

203 *Effective date July 1, 2013*

204 Procedures for Addressing Allegations of 205 Breaches of the University of Saskatchewan 206 Responsible Conduct of Research Policy

207

208 1.0 Application

209 These procedures accompany the Responsible Conduct of Research Policy and apply to
210 all allegations of breaches of the Responsible Conduct of Research Policy by members of
211 the University of Saskatchewan. Responsibility for the development, maintenance and
212 oversight of the procedures is delegated to the Office of the Vice-President Research.

213 For the purposes of this document, “research” encompasses the creation and
214 application of new knowledge and understanding through research, scholarly, and
215 artistic work conducted by members of the University of Saskatchewan. Members of
216 the University of Saskatchewan include but are not limited to faculty, professors emeriti,
217 sessional lecturers, staff, trainees, clinical faculty, graduate and undergraduate students,
218 adjunct professors, visiting professors, visiting scholars, professional affiliates, associate
219 members, residents, and postdoctoral fellows (PDFs) at the University of Saskatchewan.

220 Procedures shall be consistent with appropriate clauses in Collective Agreements
221 including University of Saskatchewan Faculty Association (USFA), Canadian Union of
222 Public Employees (CUPE) Local 1975, the Administrative and Supervisory Personnel
223 Association (ASPA), Canadian Union of Public Employees (CUPE) Local 3287, the
224 Professional Association of Interns and Residents (PAIRS).

225 2.0 Reporting Breaches of the Responsible Conduct of 226 Research Policy

227 Any person including a representative of a funding agency who believes that he or she
228 has knowledge of a breach of this policy should immediately report their allegation in
229 writing to a Senior Administrator or a University Official. Anonymous allegations will be
230 considered only if all relevant facts are publicly available or otherwise independently
231 verifiable. If all relevant facts are verifiable, the Senior Administrator may pursue the
232 complaint on his or her own initiative, and the University will endeavour to maintain
233 confidentiality of the complainant, subject to applicable law. Allegations that students
234 may be in breach of this policy will be referred by the Senior Administrator or University
235 Official to the Dean of the College or School that is responsible for the activity to which
236 the allegation relates, or in the case of an allegation not relating to a College or School,

237 to the Vice-President (Academic) to determine whether the allegation relates to a
238 breach of the Responsible Conduct of Research Policy or is a matter under Council's
239 Student Academic Misconduct Regulations.

240 **Reporting to a University Official:** Incidents may be reported to a University Official
241 (Department Heads, Directors, and Managers). When these individuals receive an
242 allegation of a breach of the Responsible Conduct of Research Policy or become aware
243 of an incident, it is their responsibility to refer the allegation to the relevant Senior
244 Administrator to determine an appropriate course of action.

245 **Reporting to a Senior Administrator:** Incidents may be reported directly to a Senior
246 Administrator. When an allegation is reported to a Senior Administrator or relayed by a
247 University Official, it is their responsibility to inform the Associate Vice-President
248 Research (AVPR), who is the central point of contact for the University concerning
249 confidential enquiries, allegations of breaches of this policy, and information related to
250 allegations.

251 **Reporting to the Associate Vice-President Research:** Incidents may be reported directly
252 to the Associate Vice-President Research. The AVPR is responsible for determination of
253 the seriousness of alleged breaches of the Responsible Conduct of Research Policy in
254 accordance with best practice, and for determination of the requirement to report to
255 the Tri-Agencies as outlined in section 8.0 of these Procedures and/or consideration of
256 whether any immediate action may be required.

257 3.0 Inquiry into Allegations

258 Subject to the provisions in section 3.0 of the Responsible Conduct of Research Policy,
259 the Senior Administrator will conduct a confidential consultation to aid in the
260 assessment of the allegations of breaches of the Responsible Conduct of Research
261 Policy, to determine whether they fall under this policy, and to outline options for
262 resolution. Individuals who consult with the Senior Administrator may choose:

- 263 a. to ask the Senior Administrator to facilitate a resolution or resolve the matter
264 informally;
- 265 b. to request a hearing under this Policy; or,
- 266 c. to take action to resolve the issue directly or address it using another University
267 procedure.

268 The Senior Administrator will inform the AVPR of the outcome of their inquiry into the
269 allegations, and the recommended course of action.

270 Reports and allegations of breaches of the Responsible Conduct of Research Policy can
271 be resolved using informal and/or formal procedures. Informal approaches focus on

272 resolving the problem as opposed to determining right or wrong or taking disciplinary
273 action. This type of resolution may include consultation, raising the matter directly with
274 the offending party, or mediation.

275 In the case of request to proceed to a formal hearing, the AVPR will authorize the Senior
276 Administrator to determine the merits of proceeding with a hearing and if warranted to
277 proceed with the hearing.

278 Hearings may be requested by complainants, respondents, or University Officials. A
279 request for a hearing is initiated by filing a written allegation of a breach of the
280 Responsible Conduct of Research Policy and submitting it to the relevant Senior
281 Administrator, who will report the allegation to the Associate Vice-President Research
282 and undertake an initial Inquiry in order to determine whether a hearing is
283 warranted. The decision will be made after the Senior Administrator has reviewed the
284 written allegation, shared it with the respondent(s), provided an opportunity for the
285 respondent(s) to respond to the allegation, and consulted with the Associate Vice-
286 President Research.

287 The Senior Administrator will assess whether the allegation:

- 288 a. is outside the jurisdiction of these procedures as outlined in section 3.0 of the
289 Responsible Conduct of Research Policy;
- 290 b. involves allegations that, even if proven, would not constitute a breach as defined
291 in section 5.0 of the Responsible Conduct of Research Policy;
- 292 c. is frivolous, vexatious, or in bad faith;
- 293 d. warrants a hearing; or
- 294 e. may involve significant financial, health and safety or other risks and is related to
295 activities funded by the Tri-Agencies. This finding will require the Senior
296 Administrator to inform the Associate Vice-President Research, who shall advise
297 the relevant Tri-Agency or the Secretariat on the Responsible Conduct of Research
298 (SRCR) as outlined in section 8.0 of the Procedures of this Policy.

299 The Senior Administrator will inform the complainant, the respondent, and the
300 Associate Vice-President Research of his or her decision in writing within a reasonable
301 period of time of having received the written allegation. If deemed necessary, the
302 Senior Administrator may restrict research and/or related activities until the allegation
303 is resolved.

304 4.0 The Rights and Responsibilities of Parties to a Hearing

305 Hearings provide an opportunity for a balanced airing of the facts before an impartial
306 board of decision-makers. All hearings of alleged breaches of the Responsible Conduct
307 of Research Policy will respect the rights of members of the university community to fair

308 treatment in accordance with the principles of natural justice. In particular,

- 309 a. A university member against whom an allegation is made is to be treated as being
310 innocent until it has been established, on the balance of probabilities and before a
311 board of impartial and unbiased decision-makers, that he/she has committed a
312 breach of the Responsible Conduct of Research Policy.
- 313 b. The parties have a right to a fair hearing before an impartial and unbiased
314 decision-maker. This right includes the right for either party to challenge the
315 suitability of any member of the hearing board based on a reasonable
316 apprehension of bias against the complainant's or respondent's case. The Senior
317 Administrator or designate will determine whether a reasonable apprehension of
318 bias exists. Reasonable written notice will be provided for hearings, and hearings
319 will be held and decisions rendered within a reasonable period of time. It is the
320 responsibility of all parties to ensure that the University has current contact
321 information for them. If a notice is not received because of a failure to meet this
322 requirement, the hearing will proceed.
- 323 c. Hearing board procedures and protocols will be communicated to all parties prior
324 to the hearing.
- 325 d. All information provided to a hearing board in advance of a hearing by either party
326 will be shared with both parties prior to the hearing.
- 327 e. Neither party will communicate with the hearing board without the knowledge
328 and presence of the other party. This right is deemed to have been waived by a
329 party who fails to appear at a scheduled hearing or to send an advocate in her/his
330 place.
- 331 f. The complainant and the respondent have a right to bring an advocate (where the
332 person is a member of a bargaining unit, the advocate will be selected by the
333 appropriate bargaining unit) to a hearing, and to call witnesses, subject to the
334 provisions below in keeping with the rights of the hearing board to establish its
335 own procedures. This right is subject to the provision that the names of any
336 witnesses and/or advocates are provided to the Senior Administrator or designate
337 at least two (2) days prior to the hearing.
- 338 g. Parties to these proceedings have a right to a reasonable level of privacy and
339 confidentiality, subject to provincial legislation on protection of privacy and
340 freedom of information.
- 341 h. The hearing board has a right to determine its own procedures subject to the
342 provisions of these Procedures, and to rule on all matters of process including the
343 acceptability of the evidence before it and the acceptability of witnesses called by
344 either party. Hearing boards may at their discretion request further evidence or
345 ask for additional witnesses to be called.

346

347 5.0 Procedures for Formal Hearings

348 When it has been determined that a formal hearing should proceed, the following steps

349 will be taken.

- 350 a. The Senior Administrator or designate shall convene a hearing board within a
351 reasonable time frame composed of at least four members, one of whom will be
352 designated as Chair, at least two of whom will be senior members of the
353 University¹, and at least one of whom will be external and with no current
354 affiliation to the University². The Chair will be appointed by the Senior
355 Administrator. The members of the hearing board will have no actual, apparent,
356 reasonable, perceived, or potential conflicts of interest or bias and will jointly have
357 appropriate subject matter expertise and administrative background to evaluate
358 the allegation and the response to it. If the complainant or respondent have any
359 objection to the composition of the hearing board, an objection must be made to
360 the Senior Administrator well before the hearing date, and the Senior
361 Administrator will make the final decision as to the objection.
- 362 b. The role of the hearing board is to receive the evidence, decide whether a breach
363 of the Responsible Conduct of Research Policy has been committed and if so,
364 recommend proportionate disciplinary action. The Senior Administrator or
365 designate shall co-ordinate suitable administrative support to the hearing board.
- 366 c. The Chair will consult with the parties regarding scheduling the hearing date and
367 will provide reasonable notice in writing of the hearing date. Whenever
368 reasonably possible the hearing will be held within thirty (30) days from the time
369 the hearing board is constituted. If the respondent does not respond to the
370 written notification of the hearing, or chooses not to appear before the hearing
371 board, the hearing board has the right to proceed with the hearing. An absent
372 respondent may be represented by an advocate who may present his or her case
373 at the hearing.
- 374 d. Generally, hearings will be held with all parties present. If any of the parties to the
375 hearing, or any advocate, witness, or observer is unable to attend in person, the
376 hearing board may at its discretion and where circumstances demand proceed on
377 the basis of written submissions. The hearing board may allow evidence to be
378 provided by telephone or video conference provided that this does not
379 significantly prejudice any of the parties or the hearing board from hearing and
380 responding to the evidence. Provision must be made for all parties to the
381 proceedings to know when a party participating by telephone is signing on and
382 signing off.
- 383 e. The hearing board is not bound to observe strict legal procedures or the rules of
384 evidence, but shall establish its own procedures subject to the following:
- 385 i. Hearing boards under these regulations have an adjudicative role. It is the

¹ Senior members of the university include senior administrators, full professors, associate professors and adjunct professors of equivalent seniority.

² Tri-Agency Framework: Responsible Conduct of Research www.rcr.ethics.gc.ca/eng/policy-politique/framework-cadre/

386 responsibility of the complainant(s) to provide a rationale for the allegation
387 and to present the evidence in support of it, and it is the responsibility of the
388 respondent(s) to answer the charge.

389 ii. Both complainant and respondent shall be given full opportunity to
390 participate in the proceedings other than the deliberations of the hearing
391 board.

392 iii. The hearing shall be restricted to persons who have a direct role in the
393 hearing as complainant or respondent or their advocates, members of the
394 hearing board, persons who are acting as witnesses. At the discretion of the
395 chair, other persons may be admitted to the hearing for training purposes,
396 or other reasonable considerations.

397 iv. When the hearing board meets, the complainant and the respondent or
398 their advocates shall have the opportunity to be present before the hearing
399 board at the same time. Either side may call witnesses, who would normally
400 be present only to provide their evidence. Exceptions may be made at the
401 discretion of the chair. Hearing boards may at their discretion request
402 further evidence or ask for additional witnesses to be called.

403 v. The allegation and the evidence allegedly supporting it, along with
404 supporting documentation and/or witnesses, shall be presented by the
405 person who made the allegation, or that person's advocate.

406 vi. The chair may at his or her discretion grant an opportunity for the
407 respondent or the respondent's advocate and members of the hearing
408 board to ask questions of the person presenting the allegation and any
409 person giving evidence allegedly supporting it.

410 vii. The respondent or the respondent's advocate shall then be allowed to
411 respond to the allegation and to present supporting documentation and/or
412 witnesses.

413 viii. The chair may at his or her discretion grant an opportunity for the person
414 presenting the allegation and members of the hearing board to ask
415 questions of the respondent and any witness for the respondent.

416 ix. Both the complainant and the respondent will have the opportunity to
417 explain their respective interpretations of the evidence presented in a
418 closing statement.

419 f. If, during the course of the investigation, the evidence discloses a new related
420 instance of a breach of the Responsible Conduct of Research Policy that was not
421 part of the original allegation or which suggests additional respondents, the
422 hearing board may expand the investigation, provided that the complainant and
423 respondent are notified and the respondent is allowed to respond. If the
424 expanded investigation involves new respondents, they will be provided with
425 reasonable notice and shall for the purpose of this framework, be treated as
426 respondents.

427 g. Once a hearing concludes, the hearing board may not consider any additional
428 evidence without re-opening the hearing to ensure that the parties have an
429 opportunity to review and respond to the new evidence.

430 h. The Chair shall notify both the Senior Administrator (or Designate) and the
431 Associate Vice-President Research of interim findings, if any, that he/she believes
432 should be reported because of the University's obligations to students, staff, and
433 faculty members, funding agencies and sponsors or, where there are compelling
434 issues of public safety. Any interim report shall be in writing and copied to all
435 members of the hearing board, to the complainant and respondent, the Senior
436 Administrator and the Associate Vice-President Research. The report shall set out
437 the findings, the reason for the interim report, and a recommendation regarding
438 appropriate administrative action.
439

440 5.1 Decision of the Hearing Board and Determination of 441 Consequences

442 After all questions have been answered and all points made, the hearing board will
443 meet *in camera* to decide whether a breach of the Responsible Conduct of Research
444 Policy has been committed. These deliberations are confidential³. The hearing board
445 has the sole authority to determine whether or not the respondent has committed a
446 breach of the Responsible Conduct of Research Policy.

- 447 a. The standard of proof shall be whether the balance of probabilities is for or
448 against the respondent having committed the offense.
- 449 b. Within sixty (60) calendar days of being appointed, the hearing board shall
450 complete its hearing and shall submit a report on its reasoned decision in writing
451 to the complainant, the respondent, the relevant Senior Administrator, and the
452 Associate Vice-President Research. Under exceptional circumstances, the board
453 may extend this period. If there is more than one respondent or complainant,
454 reasonable efforts will be made to provide each with parts of the report that are
455 pertinent to him/her. It is recommended that the format of the hearing board
456 report contain the following:
- 457 i. the full allegation of a breach of the Responsible Conduct of Research Policy;
 - 458 ii. a list of hearing board members and their credentials;
 - 459 iii. a list of the people who contributed evidentiary material to the investigation
460 or were heard as witnesses;
 - 461 iv. a summary of relevant evidence;
 - 462 v. a determination of whether a breach of the Responsible Conduct of
463 Research Policy occurred;
 - 464 vi. if a breach has occurred, its extent and seriousness;
 - 465 vii. recommendations on any remedial action to be taken in the matter in
466 question; and,

³ Records of deliberations may be subject to a Freedom of Information request

- 467 viii. recommendations of changes to procedures or practices to avoid similar
468 situations in the future (for example, in the case of a breach of the
469 Responsible Conduct of Research Policy or if a serious scientific error has
470 been made which does not constitute a breach).
- 471 c. Recommendations of the hearing board may also include, without limitation:
472 i. withdrawing all pending relevant publications;
473 ii. notifying publishers of publications in which the involved research was
474 reported;
475 iii. notifying co-investigators, collaborators, students and other project
476 personnel of the decision;
477 iv. ensuring the unit(s) involved is informed of appropriate practices for
478 promoting the proper conduct of research;
479 v. informing any outside funding sponsor(s) of the results of the inquiry and of
480 actions to be taken.
- 481 d. Members of the hearing board must sign a statement indicating that they agree to
482 the release of the report based on majority rule. No minority reports shall be
483 allowed.
- 484 e. The report of the hearing board is final and not subject to revision.
- 485 f. If it is established that the respondent has breached the Responsible Conduct of
486 Research Policy, the Senior Administrator shall, upon receipt of this advice of the
487 hearing board, determine whether or not formal disciplinary action is to be taken
488 or where appropriate recommend formal disciplinary action to the President,
489 taking into consideration contractual and other obligations to external
490 organizations and prior offenses under this policy. The respondent and
491 complainant will have seven (7) calendar days from the receipt of the hearing
492 board report to make submissions to the Senior Administrator regarding the
493 findings, in advance of any disciplinary action recommended by the Senior
494 Administrator. Decisions about disciplinary action shall be made and
495 communicated in writing to the complainant, the respondent, the relevant Senior
496 Administrator, and the Associate Vice-President Research within fourteen (14)
497 calendar days of the date that the Senior Administrator receives the hearing board
498 report.
- 499
- 500 For students: If an undergraduate or graduate student is found to have breached
501 the Responsible Conduct of Research Policy, the discipline decision will be
502 determined by a hearing board under Council's Regulations on Student Academic
503 Misconduct⁴, which will include one or more of the outcomes described in section
504 VII of the regulations.
- 505
- 506 g. If the hearing board advises that the allegation should be dismissed, the Senior
507 Administrator shall so advise any person identified in the allegation, the

⁴ www.usask.ca/university_secretary/honesty/StudentAcademicMisconduct.pdf

- 508 respondent, other appropriate Deans or Directors, and the Associate Vice-
509 President Research. In addition, the notification requirements of the applicable
510 Collective Agreement shall be followed.
- 511 h. Where the allegation is not substantiated, the Senior Administrator, in
512 consultation with the respondent and the hearing board that conducted the
513 investigation, shall take all reasonable steps to repair any damage that the
514 Respondent's reputation for scholarly integrity or research activities may have
515 suffered by virtue of the allegation. The Senior Administrator shall ensure that a
516 letter confirming the finding that no breach of the Responsible Conduct of
517 Research Policy has occurred is sent to the respondent, with a copy to the
518 complainant, and to the Associate Vice-President Research. With the consent of
519 the respondent, a letter confirming the finding of no breach may be sent to other
520 persons with knowledge of the allegation. These persons may include co-authors,
521 co-investigators, collaborators, and others who may have been notified by the
522 Senior Administrator.
- 523 i. The respondent(s) and the complainant who brought the allegation shall be
524 advised of the right to appeal as set out in section 6.0. Any penalties that are the
525 outcome of a hearing board remain in force unless and until they are overturned
526 by an appeal board or through a grievance process.
527

528 6.0 Appeals under this Policy

- 529 a. Either the complainant or the respondent may appeal the decision of the hearing
530 board by delivering to the Associate Vice-President Research a written notice of
531 appeal within thirty (30) days of receipt of a copy of the hearing board report. The
532 notice should include a written statement of appeal that indicates the grounds on
533 which the appellant intends to rely, and any evidence the appellant wishes to
534 present to support those grounds.
- 535 b. An appeal will be considered only on one or more of the following grounds:
- 536 i. That the decision maker(s) had no authority or jurisdiction to reach the
537 decision it did;
- 538 ii. That there was a reasonable apprehension of bias on the part of one or
539 more of the decision makers;
- 540 iii. That the original hearing board made a fundamental procedural error that
541 seriously affected the outcome;
- 542 iv. That new evidence has arisen that could not reasonably have been
543 presented at the initial hearing and that would likely have affected the
544 decision of the original hearing board.
- 545 c. Upon receipt of a notice of appeal, the Associate Vice-President Research or
546 designate will review the record of the original hearing and the written statement
547 of appeal and determine whether or not the grounds for appeal are valid. If the
548 Associate Vice-President Research determines that there are no valid grounds
549 under these Procedures for an appeal, then the appeal will be dismissed without a

550 hearing. If the Associate Vice-President Research determines that there may be
551 valid grounds for an appeal, then the appeal hearing will proceed as provided for
552 below. The decision of the Associate Vice-President Research with respect to
553 allowing an appeal to go forward is final, with no further appeal.

554
555 d. The appeal under this Policy relates only to the original hearing board's
556 determination of whether a breach of this Policy occurred. The subsequent
557 determination of discipline imposed for the breach of this Policy is not appealable
558 under this Policy. For students who breach this Policy the process for determining
559 discipline is under Council's Regulations on Student Academic Misconduct.
560 Employees may access their available employment or grievance remedies in
561 relation to discipline imposed for breaching this Policy.
562

563 6.1 Appeals Board

564 The appeal board will normally be constituted by the Associate Vice-President Research
565 within twenty-one (21) calendar days and will be composed of at least four members,
566 one of whom shall be designated as Chair, at least two of whom will be senior⁵
567 members of the University or of another academic institution, and at least one member
568 who is external and with no current affiliation to the University of Saskatchewan⁶. The
569 Chair will be appointed by the AVPR. Individuals appointed to serve on an appeal board
570 shall exclude anyone who was involved in the original hearing of the case. The
571 members of the appeal board will have no actual, apparent, reasonable, perceived, or
572 potential conflict of interests or bias and will jointly have appropriate subject matter
573 expertise and administrative background to evaluate the allegation and the response to
574 it. The complainant and the respondent will be advised of the composition of the
575 appeal board and will have seven (7) calendar days to advise the Associate Vice-
576 President Research of their intent to challenge the suitability of any member of the
577 appeal board based on a reasonable apprehension of bias against the complainant's or
578 respondent's case.
579

580 6.2 Appeal Procedure

581
582 a. The Chair will consult with the parties regarding scheduling the hearing date and
583 will provide reasonable notice in writing of the hearing date. Whenever
584 reasonably possible the hearing will be held within twenty-one (21) days from the
585 time the appeal board is constituted.

⁵ Senior members of the university include senior administrators, full professors, associate professors and adjunct professors of equivalent seniority.

⁶ Tri-Agency Framework: Responsible Conduct of Research www.rcr.ethics.gc.ca/eng/policy-politique/framework-cadre/

- 586 b. If any party to these proceedings does not attend the hearing, the appeal board
587 has the right to proceed with the hearing, and may accept the written record of
588 the original hearing and the written statement of appeal and/or a written
589 response in lieu of arguments made in person. An appellant who chooses to be
590 absent from a hearing may appoint an advocate to present his/her case at the
591 hearing.
- 592 c. The appeal board is not bound to observe strict legal procedures or rules of
593 evidence but shall establish its own procedures subject to the following principles:
- 594 i. Appeal boards under these regulations will not hear the case again but are
595 limited to considering the grounds of appeal prescribed in 6.0 b.
- 596 ii. The parties to the hearing shall be the appellant (who may be either the
597 original complainant or the original respondent) and the other party to the
598 original hearing as respondent. The chair (or another member designated
599 by the chair) of the original hearing board may be invited to attend and at
600 the discretion of the chair will be permitted to participate in the hearing and
601 to answer questions of either party or of the appeal board. The chair cannot
602 discuss the in camera deliberations but can provide facts regarding the
603 process followed.
- 604 iii. Except as provided for under 6.0 b. iv. above, no new evidence will be
605 considered at the hearing. The record of the original hearing, including a
606 copy of all material filed by both sides at the original hearing, and the
607 written statement of appeal, will form the basis of the appeal board's
608 deliberations.
- 609 iv. It shall be the responsibility of the appellant to demonstrate that the appeal
610 has merit.
- 611 v. Hearings shall be restricted to persons who have a direct role in the
612 hearing. Witnesses will not normally be called, but the appellant and
613 respondent may request the presence of an advocate (where the appellant
614 is a member of a bargaining unit, the advocate will be selected by the
615 appropriate bargaining unit) or observer. At the discretion of the chair,
616 other persons may be admitted to the hearing for training purposes, or
617 other reasonable considerations.
- 618 vi. The appellant and the respondent shall be present before the appeal board
619 at the same time.
- 620 vii. Both the appellant and the respondent will have an opportunity to present
621 their respective cases and to respond to the submissions from the other
622 party and from members of the appeal board.
- 623

624 6.3 Disposition by the Appeal Board

- 625 a. After all questions have been answered and all points made, the appeal board will
626 meet in camera to decide whether to uphold, overturn or modify the decision of
627 the original hearing board. The deliberations of the appeal board are confidential.

- 628 b. The appeal board may, by majority,
629 i. Conclude that the appellant received a fair hearing from the original hearing
630 board, and uphold the original decision; or
631 ii. Conclude that the appellant did not receive a fair hearing, but that the
632 outcome determined remains appropriate and the original decision is
633 upheld; or
634 iii. Conclude that the appellant did not receive a fair hearing, and dismiss or
635 modify the original decision; or
636 iv. Order that a new hearing board be struck to re-hear the case. This provision
637 shall be used only in rare cases such as when new evidence has been
638 introduced that could not reasonably have been available to the original
639 hearing board and is in the view of the appeal board significant enough to
640 warrant a new hearing.
- 641 c. The chair of the appeal board shall prepare a report of the board's deliberations
642 that shall recite the evidence on which the board based its conclusions. The
643 report shall be delivered to the Associate Vice-President Research and distributed
644 as provided for in section 6.5.
- 645 d. If the decision of a hearing board is successfully appealed, the chair of the appeal
646 board shall ask the relevant Senior Administrator to take all reasonable steps to
647 repair any damage that the appellant's or respondent's reputation for academic
648 integrity may have suffered by virtue of the earlier finding of the hearing board.

649

650 6.4 No Further Appeal

651

652 The findings and ruling of the appeal board shall be final with no further appeal.

653

654 6.5 Reports

655 Not later than fifteen (15) days after a hearing board or an appeal board has completed
656 its deliberations, the chair shall deliver a copy of the report to the appellant, the
657 respondent, the relevant Senior Administrator, and the Associate Vice-President
658 Research. If there is more than one appellant or respondent, reasonable efforts will be
659 made to provide each with parts of the report that are pertinent to him/her.

660

661 7.0 Records

662 Records pertaining to allegations that result in disciplinary action will be retained in the
663 respondent's official file in accordance with existing University policies, procedures and
664 collective agreements.

665

666 No record of an allegation of a breach of the Responsible Conduct of Research Policy will
667 be kept in the complainant's official file except the record of disciplinary action resulting

668 from a complaint that is made in bad faith.

669

670 Subject to the provisions of the Responsible Conduct of Research Policy and Procedures
671 and the requirements of law, any and all records pertaining to charges and/or hearings
672 and/or sanctions under these Procedures are confidential and should be kept in a file
673 accessible only to the Associate Vice-President Research and their confidential assistants
674 for a period of fifty (50) years or while any legal or official proceedings are pending.
675 After this time, the records may be destroyed. These records are strictly confidential
676 and will be disclosed only when disclosure is required by law or by a legal or official
677 proceeding.

678

679

680 8.0 Reporting to Funding Agencies

681 a. Tri-Agency Funded Research⁷

682 i. Reporting allegations of a breach of the Responsible Conduct of Research
683 Policy to the Tri-Agencies:

684 Subject to any applicable laws, including privacy laws, the Associate Vice-
685 President Research shall advise the relevant Tri-Agency or the Secretariat on
686 the Responsible Conduct of Research (SRCR) immediately of any allegations
687 related to activities funded by the Agency that may involve significant
688 financial, health and safety, or other risks.

689

690 ii. Reporting of a Hearing to the Tri-Agencies:

691 If the Secretariat on the Responsible Conduct of Research (SRCR) was copied
692 on the allegation or advised of an allegation related to activities funded by
693 the Agencies, the Institution shall write a letter to the SRCR confirming
694 whether or not the Institution is proceeding with an investigation within two
695 (2) months of the receipt of the allegation.

696

697 iii. Reporting Results of a Hearing to the Tri-Agencies:

698 The Institution shall prepare a report for the SRCR on each investigation it
699 conducts in response to an allegation of policy breaches related to a funding
700 application submitted to an Agency or to an activity funded by an Agency. A
701 report will be submitted to the appropriate Agency within seven (7) months
702 of the receipt of the allegation by the institution.

703

704 Subject to any applicable laws, including privacy laws, each report shall
705 include the following information:

⁷ Tri-Agency Framework: Responsible Conduct of Research www.rcr.ethics.gc.ca/eng/policy-politique/framework-cadre/

- 706 ○ the specific allegation(s), a summary of the finding(s) and reasons for
707 the finding(s);
708 ○ the process and time lines followed for the inquiry and/or
709 investigation;
710 ○ the researcher's response to the allegation, investigation and findings,
711 and any measures the researcher has taken to rectify the breach; and
712 ○ the institutional investigation committee's decisions and
713 recommendations and actions taken by the Institution.

714 The Institution's report should not include:

- 715 ○ information that is not related specifically to Agency funding and
716 policies; or
717 ○ personal information about the researcher, or any other person, that is
718 not material to the Institution's findings and its report to the SRCR.

719 The Institution and the researcher may not enter into confidentiality
720 agreements or other agreements related to an inquiry or investigation that
721 prevent the Institution from reporting to the Agencies through the SRCR⁸.

722 b. Other Sponsors and Funding Agencies

723
724 Other sponsors or funding agencies that require similar notification will be notified in
725 accordance with the procedures identified by the specific agency.

726
727 In instances involving researchers and research collaborators associated with other
728 institutions, the Senior Administrator or the Associate Vice-President Research shall
729 inform the Senior Administration of the collaborator's institution of the substantiated
730 allegation of a breach of the Responsible Conduct of Research Policy.

731

732

Effective date July 1, 2013

⁸ Tri-Agency Framework: Responsible Conduct of Research www.rcr.ethics.gc.ca/eng/policy-politique/framework-cadre/

733 Procedures for Stewardship of Research Records at the 734 University of Saskatchewan

735 Members of the University [defined below] involved in research at the University of
736 Saskatchewan must create and retain records in accordance with these procedures. The
737 purpose of these procedures is to ensure that the authenticity of all data and other
738 factual information generated in research can be verified and to ensure that any
739 research records containing personal and personal health information about identifiable
740 individuals are stored in a manner which protects the privacy of such personal and
741 personal health information in accordance with the University's *Freedom of Information
742 and Protection of Privacy Policy*¹ and the appropriate freedom of information and
743 protection of privacy acts. Research records must be recorded appropriately, archived
744 for defined time periods or for reasonable longer periods [described below], and made
745 available for review if required in the following situations:

- 746 a. to ensure the appropriate use of human and animal participants in research and
747 compliance with biosafety, radiation safety, environmental and other regulations or
748 requirements;
- 749 b. to ascertain compliance with research sponsorship terms;
- 750 c. to protect the rights of students (undergraduate and graduate), postdoctoral
751 fellows, staff, and other research team members, including rights to access records
752 from research in which they participated as a researcher;
- 753 d. to assist in proving and/or securing intellectual property rights;
- 754 e. to enable investigations of allegations of breaches of the Responsible Conduct of
755 Research Policy or conflict of interest; and,
- 756 f. to assist and enable other administrative or legal proceedings involving the
757 University and/or researchers, or its/their interests, related to their research.

758

759 1.0 Application

760 These procedures apply to all members of the University involved in research, in any
761 capacity whatsoever. Members of the University of Saskatchewan, include but are not
762 limited to, faculty, professors emeriti, sessional lecturers, staff, trainees, clinical faculty,
763 graduate and undergraduate students, adjunct professors, visiting professors, visiting
764 scholars, professional affiliates, associate members, residents, and postdoctoral fellows
765 (PDFs) at the University of Saskatchewan. Nothing in these procedures will limit or
766 amend the provisions of any existing collective agreement at the University of
767 Saskatchewan.

¹ www.usask.ca/university_secretary/policies/operations/Freedom-of-Information.php

768 Research records are those documents and other records and materials recorded by or
769 for a researcher that are necessary to document, reconstruct, evaluate, and validate
770 research results and the events and processes leading to the acquisition of those
771 results. Research records may be in many forms including but not limited to laboratory
772 notebooks, survey documents, questionnaires, interview notes, transcripts, machine-
773 generated data or performance outputs, recruitment materials, consent forms,
774 correspondence, other documents, computer files, audio or video recordings,
775 photographs including negatives, slides, X-ray films, samples of compounds, organisms
776 (including cell lines, microorganisms, viruses, plants, animals) and components of
777 organisms.

778

779 2.0 Collection and Retention

780 The Principal Investigator² (PI) is responsible for the collection, maintenance, privacy,
781 and secure³ retention of research records in accord with these procedures and
782 applicable privacy legislation. The PI should also ensure that all personnel involved with
783 the research understand and adhere to established practices that are consistent with
784 these procedures.

785 Research records must be recorded or preserved in accordance with the highest
786 standard of scientific and academic practice and procedures. Research records must be
787 retained in sufficient detail to enable the University and the involved researchers to
788 respond to questions about research accuracy, authenticity, compliance with pertinent
789 contractual obligations, and University of Saskatchewan and externally imposed
790 requirements and regulations governing the conduct of the research.

791 Human research ethics applications require a statement outlining the procedures
792 researchers will use to securely store research records including the length of time the
793 research records will be stored, the location of storage, the identity of the person
794 responsible for storage of research records, and the procedures that will ensure secure
795 storage. Research participants must be informed of the purpose, use and retention of
796 the records as part of the information provided to them to make an informed decision

² A Principal Investigator (PI) is a person responsible for performing, directing, or supervising research, or who signs a research sponsorship agreement in acknowledgement of the obligations of himself, herself, or the University.

³ Research records must be stored securely and protected with all the precautions appropriate to its sensitivity and privacy. Highly sensitive records may need to be held on computers not connected to networks and located in secured areas with restricted access. Secure storage may mean encryption of research records sent over the internet or kept on a computer connected to the internet; adherence to guidelines on data storage on mobile drives, digital recording devices or laptop computers; the use of computer passwords, firewalls, back-ups, and anti-virus software; off-site backup of electronic and hard-copy records; and other measures that protect research records from unauthorized access, loss or modification.

797 about whether to consent to participate in the study. Research participants must also
798 be informed about any potential for secondary use of research records. Research record
799 retention periods will vary depending on the research discipline, research purpose and
800 type of records involved.

801 Research records must be retained for not less than:

- 802 a. five (5) years after the end of a research project's records collection and recording
803 period;
- 804 b. five (5) years from the submission of a final project report;
- 805 c. five (5) years from the date of publication of a report of the project research; or
- 806 d. five (5) years from the date a degree related to a particular research project is
807 awarded to a student;
- 808 for whichever occurs last.

809 Research records must be retained for longer periods:

- 810 a. if required to protect intellectual property rights;
- 811 b. if such research records are subject to specific federal or provincial regulations⁴
812 requiring longer retention periods;
- 813 c. if required by the terms of a research sponsorship agreement; or,
- 814 d. if any allegations regarding the conduct of the research arise, such as allegations of a
815 breach of the Responsible Conduct of Research Policy or conflicts of interest.

816 Research records may be retained for longer periods if retention is required for the
817 continuity of scientific research or if the research records are potentially useful for
818 future research by the PI or other researchers⁵. The Tri-Agencies place the following
819 responsibilities on grant holders:

- 820 a. The Social Sciences and Humanities Research Council (SSHRC) Policy on Data Sharing
821 states that all research data collected with the use of SSHRC funds must be
822 preserved and made available for use by others within a reasonable period of time⁶.
- 823 b. Canadian Institutes of Health Research (CIHR) grantees must deposit bioinformatics,
824 atomic and molecular coordinate data into the appropriate public database
825 immediately upon publication of research results⁷.
- 826 c. CIHR grantees must retain original data sets arising from CIHR-funded research for a

⁴ For example: *Canada's Food and Drug Regulations* require certain clinical trial records to be stored for twenty-five (25) years and research conducted in provincial hospitals may be subject to *The Hospital Standards Regulations, 1980* (Saskatchewan).

⁵ Future use of research records may be subject to the provisions of applicable privacy legislation and/or the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS) www.pre.ethics.gc.ca/eng/policy-politique/tcps-eptc/readtcps-lireeptc

⁶ www.sshrc.ca/site/apply-demande/policies-politiques/edata-donnees_electroniques-eng.aspx

⁷ www.cihr-irsc.gc.ca/e/34846.html#8

827 minimum of five years after the end of the grant. This applies to all data, whether
828 published or not⁸.
829 d. Collections of animal, culture, plant or geological specimens, or archaeological
830 artifacts (“collections”) collected by a grantee with Tri-Agency grant funds are the
831 property of the University⁹.

832 3.0 Destruction of Research Records and Materials

833 Where appropriate, destruction of research records must be carried out so that
834 personal information cannot practicably be read or reconstructed¹⁰. In some cases it
835 may be advisable to document the manner and time of destruction.

836 4.0 Leaving the University

837 When a researcher (including a student) involved in a research project leaves the
838 University, she or he may take a copy of the research records related to her or his
839 research.

840 If a PI leaves the University of Saskatchewan or a project is to be moved to another
841 institution, the University must be notified of the location of the original research
842 records. In some instances (e.g., where University of Saskatchewan intellectual property
843 or other interests are involved), such transfer may not be permitted. Any agreement to
844 move research records may require diligent retention by the recipient and continued
845 access by the University of Saskatchewan.

846 The obligations of researchers set out in these procedures continue to apply if an
847 individual takes copies of research material to his/her new institution.

848 *Effective date July 1, 2013*
849

⁸ www.nserc-crsng.gc.ca/Professors-Professeurs/FinancialAdminGuide-GuideAdminFinancier/Responsibilities-Responsabilites_eng.asp

⁹ www.nserc-crsng.gc.ca/Professors-Professeurs/FinancialAdminGuide-GuideAdminFinancier/Responsibilities-Responsabilites_eng.asp

¹⁰ Paper documents containing personal information should be burned, pulverized or shredded into very small shreds. Erasing electronic files from a computer will not remove the information in that file from the computer. Applications are available that provide for secure erasure and will remove the records. When a computer is decommissioned, the disks must be erased using a secure disk erasure application or physically destroyed

administered through the administrative offices responsible for the employee within the context of collective agreements that apply. For students, discipline is a matter determined under Council's *Regulations for Academic Misconduct*.

Substantive changes to the policy include:

- Defining breaches as they are described in the Tri-Agency Framework;
- The inclusion of the requirement to inform the relevant Tri-Agency or Secretariat immediately of any allegations related to activities supported by Tri-Agency funds that may involve significant financial, health or safety risks and to keep the Secretariat informed of the response of the institution to the allegations and of outcomes of investigations and hearings;
- The requirement to include at least one external member who has no current affiliation with the institution on all hearing and appeal boards dealing with research integrity;
- Identification of the Associate Vice-President Research as the central point of contact for the University concerning confidential enquiries, allegations of breaches of the policy and information related to allegations;
- Restructuring of the procedures to reflect the progression from reporting of breaches to an initial inquiry into allegations prior to the initiation of a formal hearing;
- A statement that when the respondent is the President, that the Board of Governors will be responsible for determining whether a formal investigation will occur and directing and overseeing any inquiry;
- The inclusion of a reporting requirement to Council of numbers of allegations received, those proceeding to a hearing and the numbers and findings of policy breaches;
- The removal of the opportunity for the complainant or respondent to appeal to the Associate Vice-President Research the Senior Administrator's decision regarding whether a hearing is warranted. If a hearing is incorrectly called for, this can be remedied by the hearing board.
- For students, that the determination of whether or not an alleged breach is considered under the *Responsible Conduct of Research Policy* or under Council's *Regulations on Student Academic Misconduct* is a decision made by the Dean of the College or School where the activity took place or the Vice-Provost Academic if the activity was outside of a College or School.
- The advocate for the complainant/respondent at the hearing must be from the complainant/respondent's designated bargaining unit, if the complainant/respondent is a member of a bargaining unit. The collective bargaining relationship demands the university and the employee respect the

unions as the exclusive agent for the purposes of workplace disputes. Formerly the procedures indicated the advocate at the hearing could be from the appropriate bargaining unit, a friend, advisor or legal counsel.

- The timelines indicate that an action occur within a reasonable timeframe or provide for the extension of the timeline under exceptional circumstances rather than prescribing a set time period in order to provide flexibility in the event of complicating factors.
- The procedures state the chair of the original hearing board “may be invited” to the appeal hearing to provide discretion in the determination of whether or not the chair should be involved. Formerly, the procedures stated the chair “is invited” to the appeal hearing.
- The decision of the hearing board as to whether or not a breach of the *Responsible Conduct of Research Policy* occurred is final. Any reference to the Senior Administrator having the choice of accepting or not accepting the decision of the hearing board has been removed.
- That the authority of hearing/appeal boards constituted under the *Responsible Conduct of Research Policy* is limited to the determination of whether or not a breach of the policy occurred and not what sanction, if any, should apply. Formerly, hearing/appeal boards determined whether or not misconduct occurred and the penalty applied. This was counter to responsibility of Council for any disciplinary action against students and the authority of the University as the employer to set out disciplinary measures for employees. The avenues for appeal of any disciplinary action are now also clearly set out in the procedures.
- That any disciplinary action against students be determined by a hearing board constituted under Council’s *Regulations on Student Academic Misconduct* which requires that there be a student member of Council on the hearing board as set out in the *University Act*; likewise any appeal by a student of disciplinary action will follow the procedures outlined in Council’s *Regulations on Student Academic Misconduct*;
- The types of penalties associated with a disciplinary action were removed as the sanctions available are dictated by employment law and any collective agreement in place. For students, the types of sanctions available are outlined in Council’s *Regulations on Student Academic Misconduct*.

CONSULTATION:

Consultation took place with the following groups and individuals: Policy Oversight Committee; Associate Deans Research; the Research, Scholarly and Artistic Work Committee of Council; the Associate Dean, College of Graduate Studies and Research; University Archivist; Chief Information Officer and Vice-President Information and Communications Technology; Vice-Provost Faculty Relations; Manager, Contracts and Legal Services, Corporate Administration; Director of Research Services; USSU President; GSA President; Human Resources; University Secretary; McKercher LLP.

The policy was made available to members of the University for comment by distribution of an email request for input sent out to all researchers included in the three institutional list serves for CIHR, NSERC, and SSHRC communities, and was posted on the OVPR website for three weeks beginning in December, 2012.

IMPLICATIONS:

Cases of alleged academic misconduct that are currently in progress will proceed under the existing *Research Integrity Policy* and procedures; any new cases that are brought forward after July 1, 2013, regardless of when the alleged misconduct occurred, will be subject to the *Responsible Conduct of Research Policy* and related procedures.

Oversight of the procedures with respect to future amendments will be the responsibility of the Office of the Vice-President Research, with any subsequent revisions reported to Council for information. Future amendments to the policy document will be submitted to Council for approval. Council will also receive an annual report documenting the numbers of allegations received, the numbers of those proceeding to a hearing, and the numbers and nature of findings of breach of the policy.

FURTHER ACTION REQUIRED:

The policy and procedures will be incorporated into graduate student academic integrity and ethics education. Ongoing educational opportunities will be provided under the direction of the Office of the Vice-President Research to promote the highest standards of research integrity and accountability. The new policy and procedures will be distributed to all members of the University.

The new policy has implications for Council's *Regulations on Student Academic Misconduct* in terms of referring student allegations of breaches to the *Responsible Conduct of Research Policy*. Corresponding revisions to these regulations are intended to be presented to Council in June. Student discipline will remain under the jurisdiction of Council through its *Regulations on Student Academic Misconduct*.

ATTACHMENTS:

1. *Responsible Conduct of Research Policy*
2. *Procedures for Addressing Allegations of Breaches of the University of Saskatchewan Responsible Conduct of Research Policy*
3. *Procedures for Stewardship of Research Records at the University of Saskatchewan*

The University's existing *Research Integrity Policy* can be found at:

http://www.usask.ca/university_secretary/policies/research/8_25.php

Responsible Conduct of Research (RCR) Policy, simplified flow chart

Breach by student	Breach by member other than a student
Allegation is made and first referred to the Dean or VPA to determine whether the allegation is heard under Council's Regulations on Student Academic Misconduct or the RCR Policy	Allegation is made
If referred to the RCR Policy, the Dean or Associate Vice-President Research determines if the allegation warrants a hearing.	Dean or Associate Vice-President Research determines if the allegation warrants a hearing.
Hearing held under RCR Policy	Hearing held under RCR Policy
If the hearing board determines the student is guilty of a breach, the matter is referred to the Student Academic Misconduct Regulations for determination of disciplinary actions	If the hearing board determines the member is guilty of a breach, the matter is referred to the Senior Administrator for determination of penalty/disciplinary action
Student may appeal the decision of the hearing board under the RCR Policy, as the RCR Board does not determine disciplinary action. Any procedure under the Student Academic Misconduct Regulations is suspended until resolution of the Appeal under the RCR Policy.	Member may appeal the decision of the hearing board under the RCR policy. Assignment of penalty/disciplinary action is suspended until resolution of the Appeal.
Appeal held under the RCR policy	Appeal held under the RCR policy
If the appeal upholds the original decision, then the procedure under the Student Academic Misconduct Regulations is resumed for determination of disciplinary action. If the appeal is successful, then the matter is withdrawn from consideration under the Student Academic Misconduct Regulations. Students may appeal any disciplinary action under the Student Academic Misconduct Regulations.	If the appeal upholds the original decision, then the Senior Administrator proceeds with determination of disciplinary action. If the appeal finds that there has been no breach of the RCR Policy, then the matter is considered no further by the Senior Administrator, except to take reasonable steps to repair any reputational damage. Disciplinary action may be grieved by unionized members under the terms of their collective agreements.