

# STETSON UNIVERSITY

## POLICY ON RESPONSIBLE CONDUCT OF RESEARCH

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### **I. Statement of Policy**

Stetson University is committed to the integrity required of academic discovery and the dissemination of knowledge. All members of the Stetson University community are expected to adhere to the highest scholarly and ethical standards as they relate to research, instruction, and evaluation. Stetson University takes allegations of research misconduct seriously and actively works to address such reports. The impact of research misconduct can be harmful to the greater community, the University, those involved with the research, and the integrity of research as a whole. Therefore, the following procedures shall be followed in responding to all allegations of research misconduct in order to foster an environment that discourages misconduct in all research endeavors.

### **II. Applicability of Policy**

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This statement of policy and procedures has two purposes. First, it is intended to carry out Stetson University's federally mandated responsibilities under the Public Health Service (PHS) Policies on Research Misconduct, 42 CFR Part 93, as well as Stetson University's responsibilities under regulations issued by other funding sources, for example, the NSF at 45 CFR 689. In such cases, the requirements of this policy as well as any additional regulatory requirements must be followed.

Second, this policy will be used, at the discretion of the Provost, to respond to any allegation of research misconduct in the form of falsification or fabrication committed by any individuals at Stetson University, regardless of funding source. It also may be used to respond to allegations of research misconduct in the form of plagiarism. In all such cases, Stetson University may modify the requirements of this policy as it deems appropriate, given the facts and circumstances of the particular case. Nothing in this policy limits Stetson University's ability to investigate all matters of concern in the conduct of research, even if the matter is not within the definition of research misconduct set forth in this policy.

This policy shall apply to all persons who, at the time of the alleged research misconduct, were employed by, were an agent of, or were affiliated by contract, agreement, application or proposal with Stetson University.

### III. Definitions<sup>1</sup>

**Research misconduct** means fabrication, falsification, or plagiarism, in proposing, performing, or reviewing research, or in reporting research results.

**Fabrication** is making up data or results and recording or reporting them.

**Falsification** is manipulating research materials, equipment, or processes, or changing or omitting data or results such that the research is not accurately represented in the research record.

**Plagiarism** is the appropriation of another person's ideas, processes, results, or words without giving appropriate credit.

**Misconduct** does not include honest error or differences of opinion.

**Requirements for findings of research misconduct.** A finding of research misconduct requires that:

- (a) There be a significant departure from accepted practices of the relevant research community;
- (b) The misconduct be committed intentionally, knowingly, or recklessly; and
- (c) The allegation be proven by a preponderance of the evidence.

**Complainant** is a person who reports an allegation of misconduct.

**Office of Research Integrity (ORI)** oversees and directs Public Health Service (PHS) research integrity activities on behalf of the Secretary of Health and Human Services (HHS) with the exception of the regulatory research integrity activities of the Food and Drug Administration.

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<sup>1</sup> As provided at 42 CFR 93

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**Respondent** is the subject of the allegation.

**Research Integrity Officer (RIO)** is the institutional official responsible for: (1) assessing allegations of research misconduct to determine if they fall within the definition of research misconduct, are covered by 42 CFR 93, and warrant an inquiry on the basis that the allegation is sufficiently credible and specific so that potential evidence in research misconduct may be identified; (2) overseeing inquiries and investigations; and (3) the other responsibilities described in this policy.

**Preponderance of the Evidence** means proof by information that, compared with that opposing it, leads to the conclusion that the fact at issue is more probably true than not.

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### IV. Responsible Office

Stetson University's Research Integrity Officer (RIO), who is appointed by the Provost, will ensure procedural compliance, in consultation with Stetson University's general counsel, with applicable law, regulations, and the process set out in this policy. The RIO, or his/her designee, shall be the point of contact with all government agencies or other outside parties, and maintain documentation of such correspondence.

### V. Policy Details

#### A. Rights and Responsibilities

The **Research Integrity Officer (RIO)** has primary responsibility for implementation of this policy and the following procedures regarding allegations of research misconduct. The RIO is responsible for:

- Working with other university officials to take all reasonable and practical steps to protect or restore the positions and reputations of good faith complainants, witnesses, and committee members and counter potential or actual retaliation against them by respondents or other institutional members;
- Assessing each allegation of research misconduct in accordance with this policy to determine whether it falls within the definition of research misconduct and warrants an inquiry;
- Taking interim action when necessary and, if the project is/was supported by PHS or the respondent has a pending grant application that has been submitted to PHS, notifying the Office of Research Integrity (ORI) of special circumstances;
- Informing respondents, complainants, and witnesses of the procedural steps in the research misconduct proceedings;
- Ensuring that administrative actions taken by the institution, and if applicable the ORI, are enforced and take appropriate action to notify other involved parties, such as sponsors, law enforcement agencies, professional societies, and licensing boards of those actions; and
- Maintaining records of the research misconduct proceedings, and if applicable, making them available to ORI upon request.

**Complainants** are responsible for making allegations in good faith, maintaining confidentiality, and cooperating with the procedures of this policy.

**Respondents** are responsible for maintaining confidentiality and cooperating with the procedures of this policy. Respondents are entitled to:

- An opportunity to comment on the inquiry report and have his/her comments attached to the report;
- Be notified of the outcome of the inquiry, and receive a copy of the inquiry report that includes a copy of this policy;
- Be notified in writing of the allegations to be investigated within a reasonable time after the determination that an investigation is warranted;

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- Be interviewed during the investigation, have the opportunity to correct the recording or transcript, and have the corrected recording or transcript included in the record of the investigation;
- Provide witnesses who have been reasonably identified as having information relevant to the investigation;
- An opportunity to comment on the investigation report and have his/her comments attached to the report;
- Be notified in writing of the final decision regarding the allegation of research misconduct.
- An opportunity to appeal the decision in accordance with the appeal process outlined herein.

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### B. Reporting

#### *Obligation to Report*

All members of the academic community share in the serious responsibility of reporting research misconduct. All institutional members will report observed, suspected, or apparent research misconduct to the RIO. Allegations of misconduct shall be communicated confidentially and in writing (preferred, but not required) to the RIO. Time is of the essence in reporting research misconduct in order to allow for prompt evidence collection and preservation. There is no timeframe limitation for reporting research misconduct; however, the University may be limited in its ability to investigate effectively based on the time in which reports are received.

#### *Privacy*

The RIO shall limit disclosure and take great care to preserve the privacy of complainants by providing information to only those with a need to know. The RIO will work to preserve the privacy of the complainant, respondent, and all participants in an inquiry or investigation.

#### *Retaliation*

Stetson University strictly prohibits retaliation by, for or against any participant (complainant, respondent, or witness) for making a good faith report of any conduct, act or practice believed to violate this policy, or any other Stetson University policy or standard of conduct, or participating in good faith in Stetson University's investigation of any reported violation. Retaliation is conduct that creates an intimidating, hostile, or offensive working, residential, or education environment. Stetson University community members should immediately report any alleged or apparent retaliation to the RIO, who shall review the matter and, as necessary, make all reasonable and practical efforts to counter any potential or actual retaliation and protect and restore the position and reputation of the person against whom the retaliation is directed.

#### *Interim Administrative Actions and Notifying ORI of Special Circumstances*

Upon a report of research misconduct, and throughout the research misconduct proceedings, the RIO will review the situation to determine if there is any threat of harm to the public health, federal funds and equipment, or the integrity of the PHS supported research process. If the project is/was supported by PHS or the respondent has a pending grant application that has been submitted to PHS, the RIO shall notify the Office of Research Integrity (ORI) immediately if he/she has reason to believe that any of the following conditions exist:

- Health or safety of the public is at risk, including an immediate need to protect human or animal subjects;
- Health and Human Services (HHS) resources or interests are threatened;
- Research activities should be suspended;
- There is a reasonable indication of possible violations of civil or criminal law;
- Federal action is required to protect the interests of those involved in the research misconduct proceeding;

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- The research misconduct proceeding may be made public prematurely and HHS action may be necessary to safeguard evidence and protect the rights of those involved; or
- The research community or public should be informed.

Additionally, upon a report of research misconduct, the RIO may take appropriate interim action to protect the integrity of the research and the safety of those involved. Interim action might include additional monitoring of the research process and the handling of federal funds and equipment, reassignment of personnel or of the responsibility of the handling of federal funds and equipment, additional review of research data and results or delaying publication.

### *Optional Jurisdiction*

The RIO may refer an allegation to another institution for relevant proceedings if the research in question was conducted primarily at that institution, or to an appropriate federal agency, if the research in question was conducted by several institutions or if some other special circumstances make it impractical for Stetson University to conduct the inquiry or investigation.

### C. Conducting the Assessment

Once an allegation of research misconduct is received, the RIO will immediately assess the allegation to determine whether it falls within the definition of research misconduct. If the allegation meets the definition, an inquiry will commence.

The assessment period should be brief. The RIO will determine whether the allegation is sufficiently credible and specific so that potential evidence of research misconduct may be identified.

### D. The Inquiry Report

The purpose of the inquiry is to conduct an initial review of the available evidence to determine whether to conduct an investigation.

### *Notices*

At the time of the inquiry, the RIO will notify the respondent in writing of the specific allegations and of the initiation of the inquiry. The RIO will also provide both the respondent and the complainant with a copy of this policy. If the respondent at this time, or any other interim stage, admits the allegations to be true, the matter shall be considered for appropriate action under this policy, if permitted by procedural requirements of the sponsoring agency.

At this time, the RIO will take all reasonable and practical steps to obtain custody of all the research records and evidence needed to conduct the research misconduct proceedings, inventory the records and evidence and sequester them in a secure manner. The RIO may consult with ORI for advice and assistance in this regard. The RIO will also appoint the Inquiry Committee members.

### *The Inquiry Committee*

The Inquiry Committee will consist of three faculty/staff members who do not have a conflict of interest with those involved with the inquiry and should include individuals with the appropriate scientific expertise to evaluate the evidence and issues related to the allegation. The committee will be appointed

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by the RIO. The RIO will not serve on the Inquiry Committee. The Provost, in consultation with the Inquiry Committee, may add or replace members of the committee as needed to ensure the timely completion of the inquiry and the committee's competence to review the allegations. The RIO will be responsible for making available to the Inquiry Committee appropriate administrative and clerical assistance to facilitate a prompt and thorough inquiry and the preparation of an appropriate report.

The Inquiry Committee, in consultation with the RIO, will conduct interviews with the complainant, respondent, and witnesses, examine research records and other evidence, consult experts in the field, if necessary, and take any other such steps as deemed necessary for determining whether an investigation is warranted. An investigation is warranted if the committee determines the following:

1. There is reasonable basis for concluding that the allegation falls within the definition of research misconduct and is within the scope of the university's jurisdiction; and
2. The allegation may have substance, based on the committee's review during the inquiry.

The Inquiry Committee is responsible for preparing the Inquiry Report that meets the requirements of 42 CFR 93.309(a). The Inquiry Report shall include:

1. The name and position of the respondent;
2. A description of the allegations of research misconduct;
3. A summary of the inquiry process;
4. The financial support for the research in question, including, for example, grant numbers, grant applications, contracts and publications;
5. A list of the research records and evidence reviewed;
6. The basis for recommending or not recommending that the allegations warrant an investigation;
7. Any comments on the draft report by the respondent or complainant.

The Inquiry Report should be reviewed by Stetson University's general counsel for legal sufficiency. Appropriate modifications shall be made in consultation with the RIO and Inquiry Committee.

The draft Inquiry Report shall be provided to the respondent within 60 business days of the initial inquiry, unless the RIO determines that circumstances clearly warrant a longer period, in which case, the reason for the extension will be documented. The RIO will include a copy of the draft Inquiry Report for comment and a copy of this policy. The respondent has 10 business days to provide comments. Any comments that are submitted will be attached to the final Inquiry Report. Based on the comments submitted, the Inquiry Committee may revise the draft report as appropriate and prepare it in final form. The Inquiry Committee will provide the final report to the RIO.

### *Inquiry Decision*

The RIO will provide the Provost with the final Inquiry Report. The Committee will make the determination in writing to the RIO and Provost whether an investigation is warranted.

Within 30 business days of the Provost's decision that an investigation is warranted, the RIO will provide the ORI with the written decision and a copy of the Inquiry Report if the project is/was supported by PHS or the respondent has a pending grant application that has been submitted to PHS.

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Should an investigation not be warranted, the RIO shall secure and maintain for seven (7) years after the termination of the inquiry all documentation obtained during the inquiry.

### E. The Investigation

The purpose of the investigation is to develop a factual record by inspecting the allegations in detail and examining the evidence in depth, leading to recommended findings on whether research misconduct has been committed, by whom, and to what extent.

#### *Notices*

The RIO, on or before the commencement of the investigation, must notify respondent in writing of the allegations to be investigated, and if the project is/was supported by PHS or the respondent has a pending application that has been submitted to PHS notify the ORI of the decision to begin the investigation and provide the ORI with a copy of the Inquiry Report. In cases of federally sponsored research, the relevant sponsoring agency or agencies shall also be notified by the RIO before the investigation is initiated.

The RIO will also notify the complainant, if known, whether or not a formal investigation is warranted. The complainant may request at least those portions of the Inquiry Report and the determination that addresses the complainant's role and information given in connection with the inquiry.

#### *The Investigation Committee*

The Investigation Committee will consist of five faculty/staff members who do not have a conflict of interest with those involved with the investigation and should include individuals with the appropriate scientific expertise to evaluate the evidence and issues related to the allegation. The committee will be appointed by the RIO. The RIO will not serve on the Investigation Committee. When necessary, the RIO may select committee members from outside the institution with the necessary expertise in the field or to avoid conflicts of interest. The Provost, in consultation with the Investigation Committee, may add or replace members of the committee as needed to ensure the timely completion of the investigation and the committee's competence to review the allegations. The RIO will be responsible for making available to the Investigation Committee appropriate administrative and clerical assistance to facilitate a prompt and thorough investigation and the preparation of an appropriate report.

The Investigation Committee, in consultation with the RIO, will conduct interviews with the complainant, respondent, and witnesses, examine research records and other evidence, consult experts in the field, if necessary, and use diligent efforts to ensure that the investigation is thorough and sufficiently documented.

The ultimate burden of proof for a finding of research misconduct is on the University, and such a finding must be proved by a preponderance of the evidence. However, the respondent has the burden of proving, by a preponderance of the evidence, any and all affirmative defenses raised or any mitigating factors relating to possible sanctions. Note that the destruction, absence of, or respondent's failure to provide research records adequately documenting the questioned research may constitute evidence of

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research misconduct if done intentionally, knowingly, or recklessly and if the respondent's conduct constitutes a significant departure from accepted practices of the research community.

The Investigation Committee, in consultation with the RIO, is responsible for preparing the Investigation Report. The Investigation Report shall include:

1. The name and position of the respondent;
2. A description of the allegations of research misconduct;
3. A summary of the investigation process;
4. The financial support for the research in question, including, for example, grant numbers, grant applications, contracts and publications;
5. A list of the research records and evidence reviewed;
6. A statement of findings for each allegation of research misconduct. Each statement of findings must: (a) identify whether the research misconduct was falsification, fabrication, or plagiarism, and whether it was committed intentionally, knowingly, or recklessly; (b) summarize the facts and the analysis that support the conclusion and consider the merits of any reasonable explanation by the respondent, including any effort by the respondent to establish by a preponderance of the evidence that he or she did not engage in research misconduct because of honest error or a difference of opinion; (c) identify the specific federal support; (d) identify whether any publications need correction or retraction; (e) identify the person(s) responsible for the misconduct; and (f) list any current support or known applications or proposals for support that the respondent has pending with any other agencies.
7. Any comments on the draft report by the respondent or complainant.

The Investigation Report should be reviewed by institutional counsel for legal sufficiency. Appropriate modifications shall be made in consultation with the RIO and Investigation Committee.

If the project is/was supported by PHS or the respondent has a pending grant application that has been submitted to PHS, the Investigation Report shall be provided to the ORI within 120 days of the beginning of the investigation. This includes conducting the investigation, preparing the report of findings, and providing the draft report to the respondent for comment. Should the RIO determine that circumstances clearly warrant a longer period, the RIO will submit a written request to the ORI for an extension and set forth the reasons for the delay.

The RIO will provide the draft Investigation Report to the respondent for comment. The respondent has 30 business days to provide comments. Any comments that are submitted will be attached to the final Investigation Report. Based on the comments submitted, the Investigation Committee may revise the draft report as appropriate and prepare it in final form. The Investigation Committee will provide the final report to the RIO.

### *Investigation Decision*

The RIO will provide the Provost with the final Investigation Report. The Provost will make the determination in writing regarding the outcome of the investigation. During the decision process, the

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Provost may return the report to the Investigation Committee with a request for further fact-finding or analysis.

Upon the Provost's decision, the RIO will notify both the complainant and the respondent of the decision in writing. If required, the RIO will submit to the appropriate federal agency: (1) a copy of the final Investigation Report with all attachments; (2) a statement of whether the institution accepts the findings of the Investigation Report; (3) a statement of whether the institution found misconduct and, if so, who committed the misconduct; and (4) a description of any pending or completed administrative actions against the respondent.

The RIO, in consultation with Stetson University's legal counsel, will determine whether any other entities such as professional societies, professional licensing boards, editors of journals in which falsified reports may have been published, collaborators of the respondent in the work, or other relevant parties should be notified of the case, with due consideration for confidentiality as well as possible danger to human health and welfare.

### *Appeals*

The complainant or respondent have the right to appeal the investigation findings within 7 business days after the delivery of the written decision. The complainant or respondent may submit a written appeal to the President. Appeals will only be considered on one or both of the following grounds:

1. Procedural Error—such written appeal must specifically identify the procedural error including reference to the specific procedure that was violated;
2. Inappropriate Sanction—such written appeal must specifically state why the sanction does not “fit” the findings.

The President will review the Inquiry Report, Investigation Report, and written Appeal before rendering a final decision. The President may consult with university counsel, the RIO, the Executive Committee of the Board of Trustees, and/or with other members of the Board or field experts in the formulation of the final resolution of the matter. Once the President makes a determination, the decision is final. The complainant and respondent will be notified in writing within 10 business days of the appeal decision.

### *Record Retention*

The RIO must maintain, and if appropriate, provide to ORI upon request “records of research misconduct proceedings.” Records of research misconduct proceedings must be maintained in a secure manner for seven (7) years after completion of the proceeding or the completion of any federal agency proceeding involving the research misconduct allegation.

### F. Administrative Actions

If the Provost determines that the alleged research misconduct is substantiated, the following administrative actions, may include, but are not limited to the following:

- Notification and restitution to any sponsoring agency as appropriate;
- Withdrawal or correction of all pending or published abstracts and papers emanating from the research where research misconduct was found;

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- Removal of the responsible person from the particular project, letter of reprimand, special monitoring of future work, probation, suspension, salary reduction, or initiation of steps leading to possible rank reduction or termination of employment;
- Notification to future or prospective employers or state licensing boards

### **VI. Related Policies**

Allegations of research misconduct will be handled in accordance with this policy. If at any time during the receipt of the report and/or inquiry phase, it is determined that the allegation does not meet the definition of research misconduct, the report may be referred for other institutional procedures, which may include:

- Faculty and Staff Grievance Procedures
- Student Code of Conduct
- College of Law-Faculty and Staff Grievance Procedures