



## Research Integrity Policy

**Category:** Research;

**Jurisdiction:** Vice President, Research and Innovation; Senate Research Committee;

**Approval Authority:** Senate;

**Established on:** May 14, 2018;

**Amendments:** None.

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### Purpose:

To promote the highest standards of quality, thoroughness and integrity in research and scholarly activity for all those involved in any capacity in research and scholarly activity at Lakehead University (hereinafter referred to as the “University”).

### Preamble:

Research, scholarly activity and innovation are central to the purpose and mission of the University and directly contribute to the advancement of health, culture, economic development and social development. The University, researchers, sponsors of research and our community partners recognize that research can best flourish in a climate of academic freedom. This climate relies on the integrity of university researchers and their compliance with the policies, practices and ethical standards governing research in Canada and abroad. The University is committed to maintaining the highest ethical standards in the conduct of research and to the ongoing education of its research community in matters of research integrity. Granting agencies in Canada and elsewhere require that such policies be established.

The individual researcher has the responsibility to abide by the Research Integrity Policy. The University has the responsibility to deal with breaches of the policy promptly should they occur within the institution, as well as to foster an environment that encourages the ethical conduct of

research. Allegations of breaches of the Research Integrity Policy at the University will be effectively dealt with through formal procedures that ensure fairness and protection for both those whose integrity is brought into question and those who bring forward any allegations of a breach of the Research Integrity Policy.

**Scope:**

This policy applies to all members of Lakehead University (herein after referred to as “University Members”) engaged in research and scholarly activity in any capacity. In the event of any inconsistency between this Policy and the LUFA Collective Agreement the terms of the Collective Agreement govern and shall prevail. Procedures for addressing allegations that a University Member who is also a LUFA member has breached this policy shall be handled using the process set out in Article 39 of the LUFA Collective Agreement. Allegations that any other University Member has breached this policy shall be handled utilizing procedures established by the Executive Team Working Group (ETWG) that are consistent with the Framework, this Policy and the principles of natural justice including procedural fairness.

The Northern Ontario School of Medicine (NOSM) will have in place a research integrity policy and procedures that are compliant with the Tri-Agency Framework: Responsible Conduct of Research.

Subject to applicable law and in particular the Ontario Human Rights Code, a breach of the Research Integrity Policy cannot be defended by excuses such as a lack of awareness of the policies, impairment by alcohol or drugs, etc.

This Policy has been developed to ensure compliance with the Tri-Agency Framework: Responsible Conduct of Research, as amended from time to time (hereinafter referred to as the “Framework”) and is available at <http://www.rcr.ethics.gc.ca/eng/policy-politique/framework-cadre/>). It applies equally to all research, funded or unfunded. Please note that the Policy does include specific reporting requirements to Tri-Agencies that only apply to funded research.

In the event of an inconsistency between this Policy, the Framework or any other provisions executed in connection herewith, the Framework shall prevail.

**Definitions:**

**“Agency”** means the funding agency, foundation, organization, sponsor or other entity, public or private, international, national, provincial or foreign, which supports the research in whole or in part, or which has oversight of any research activities, in respect of which the breach is alleged to have occurred.

**“Breach”** means a breach of the Framework (i.e., the failure to comply with any Agency policy throughout the life cycle of a research project) from application for funding, to the conduct of the research, to the dissemination of research results. It includes all activities related to the research, including the management of Agency funds. In determining whether an individual has breached an Agency policy, it is not relevant to consider whether a breach was intentional or a result of honest error. However, intent may be a consideration in deciding on the severity of the recourse that may be imposed.<sup>1</sup>

**“Complainant(s)”** means an individual or representative from an organization who has notified the University or Agency of a potential breach of an Agency policy.<sup>1</sup>

**“Inquiry”** is the process of reviewing an allegation to determine whether the allegation is responsible, the particular policy or policies that may have been breached, and whether an investigation is warranted based on the information provided in the allegation.<sup>1</sup>

**“Investigation”** is a systematic process conducted by an Investigative Committee that involves the examination of an allegation, collection and examination of the evidence related to an allegation, and the making of a decision as to whether a breach of the Research Integrity Policy has occurred.<sup>1</sup>

**“Research”** is an undertaking intended to extend knowledge through a disciplined inquiry or systematic investigation. The conduct of research in the context of this policy includes applying for and managing Agency funds, performing research, and disseminating results.<sup>1</sup>

**“Researcher”** is anyone who conducts research activities.<sup>1</sup>

**“Research Data”** can include measurements, observations, survey results, recordings (audio or video), or any other primary products of research activity. These provide a factual basis for inference, conclusions, and publication. If data are defined in this way as research products necessary to validate the integrity of published or reported work, then 'data' consist of more than just measurements written in a lab notebook.<sup>1</sup>

**“Respondent(s)”** means a University Member who is identified in an allegation as having possibly breached Agency or institutional policy.<sup>1</sup>

**“Responsible Allegation”** is an allegation made in good faith, confidentially and without malice, that is based on facts which have not been the subject of a previous allegation, and which falls within one or more breaches set out in Section 3 of the Framework.<sup>1</sup>

**“Responsible Senior Administrators”** refers to the President, Provost and Vice-President (Academic), the Vice-President Research and Innovation or their designees. Where the matter involves a LUFA member, there shall be no assignment of designees except as permitted by the terms of Article 39 of the LUFA Collective Agreement. In other cases the assignment of designees shall be consistent with collective agreements or other university policies and practices.

**“Serious Breach”** is a violation of the Research Integrity Policy that jeopardizes the safety of the public or brings the conduct of research into disrepute. This determination will be based on an assessment of the nature of the breach, the level of experience of the researcher, whether there is a pattern of breaches by the researcher, and other factors as appropriate. Examples of serious breaches may include: recruiting human participants into a study with significant

risks or harms without Research Ethics Board approval, or not following approved protocols; using animals in a study with significant risks or harms without Animal Care Committee approval, or not following approved protocols; deliberate misuse of research grant funds for personal benefit not related to research; knowingly publishing research results based on fabricated data; obtaining grant/award funds from an Agency by misrepresenting one's credentials, qualifications and/or research contributions in an application.<sup>1</sup>

**“Tri-Agency(ies)”** refers to Canada's three federal granting agencies: the Canadian Institutes of Health Research (CIHR); the Natural Sciences and Engineering Research Council of Canada (NSERC); and the Social Sciences and Humanities Research Council of Canada (SSHRC).<sup>1</sup>

**“University”** means Lakehead University.

**“University Member”** includes but is not limited to any person paid by, under the control of, or contributing in any manner to a research project at the University and includes but is not limited to faculty members, adjunct professors, postdoctoral fellows, graduate students and undergraduate students taking part in research, directly or indirectly, and other research personnel, involved directly or indirectly in research, including, but not limited to, research associates, technical staff, librarians, visiting professors, volunteers, observers and institutional administrators and officials representing the University.

<sup>1</sup>Based on the Tri-Agency Framework: Responsible Conduct of Research <http://www.rcr.ethics.gc.ca/eng/policy-politique/framework-cadre/>

## **Policy Statement:**

Research and scholarly activity at the University will be conducted in a manner that is consistent with the highest standards of ethical and scientific practice. University Members are responsible for conducting their research and scholarly activity in accordance with the highest standards of research integrity as set out in the Framework, and, where applicable, the LUFA Collective Agreement. University Members shall strive to follow the best research practices

honestly, accountably, and fairly in the search for, and in the dissemination of new knowledge. In addition, researchers shall follow the requirements of applicable institutional policies and professional or disciplinary standards and shall comply with applicable laws and regulations. Nothing in this Policy shall be construed to restrict the academic and artistic freedom of creative artists.

## Responsibilities:

**University Members** are responsible for the following, but are not limited to:

- **Rigour:** Scholarly and scientific rigour in proposing and performing research; in recording, analyzing, and interpreting data; and in reporting and publishing data and findings.
- **Record Keeping:** Keeping complete and accurate records of data, methodologies and findings, including graphs and images, in accordance with the applicable funding agreement, policies at the University and/or laws, regulations, and professional or disciplinary standards in a manner that will allow verification or replication of the work by others.
- **Accurate Referencing:** Referencing and, where applicable, obtaining permission for the use of all published and unpublished work, including theories, concepts, data, source material, methodologies, findings, graphs and images.
- **Authorship:** Including as authors, with their consent, all those and only those who have made a substantial contribution and who accept responsibility for, the contents of the publication or document. The substantial contribution may be conceptual or material.
- **Applying for and Holding Research Funding:** 1) Providing true, complete and accurate information in their funding applications and related documents and represent themselves, their research and their accomplishments in a manner consistent with the norms of the relevant field. 2) Certifying in grant applications that they are not currently ineligible to apply for, and/or hold funds from Agency funding sources or any other research funding organization world-wide for reasons of breach of responsible conduct of research policies such as ethics, integrity or financial management policies. 3)

Ensuring that other researchers participating in the application have explicitly agreed to be included.

- **Acknowledgement:** Acknowledging appropriately all those and only those who have contributed to the research, including funders and sponsors.
- **Conflict of Interest Management:** Appropriately identifying and addressing any real, potential or perceived conflict of interest, in accordance with Lakehead University's Policy on Conflict of Interest, in order to ensure that the objectives of the Framework (Article 1.3) are met.
- **Legal and Regulatory Requirements:** Ascertaining and complying with all applicable legal and regulatory requirements with respect to their research and ensuring that research and scholarly work is conducted in accordance with Article 2.4: Agency Requirements for Certain Types of Research as outlined in the Tri-Agency Framework: Responsible Conduct of Research, in accordance with approved protocols and reporting requirements.
- **Privacy:** Protecting the privacy of any individuals whose personal information has been obtained as part of any research activity as required under the law and the Tri-Council Policy Statement: Ethical Conduct of Research Involving Humans (TCPS2).
- **Record Retention Periods:** Retaining complete and accurate records of data, methodologies and findings, including graphs and images, in accordance with the applicable funding agreement, collective agreements, institutional policies and or laws, regulations and professional or disciplinary standards in a manner that will allow verification or replication of the work by others. **In the case of a LUFA member, the member shall retain records as required by Article 39 of the LUFA Collective Agreement and the Framework.**
- **Management of Research Funds:** Managing funds acquired for the support of research as required by the terms of research funding agreements, relevant university research policies, including the Tri-Agency Financial Administration Guide and Agency grants and awards guides; and providing true, complete and accurate information on documentation for expenditures from grant or award accounts.
- **Reporting Breaches of the Research Integrity Policy:** To report in good faith and confidentially any information pertaining to possible breaches of Agency policies in

writing to the Vice-President Research and Innovation (with an exact copy to the Secretariat on Responsible Conduct of Research (the “SRCR”) if the allegation pertains to a Tri-Agency funded project) where the researcher involved is currently employed, enrolled as a student or has a formal association. Researchers in breach of an Agency policy are expected to be proactive in rectifying a breach, for example, by correcting the research record, providing a letter of apology to those impacted by the breach, or repaying funds.

- **Compliance when participating in Tri-Agency review processes:** Participants in Tri-Agency review processes must comply with the Conflict of Interest and Confidentiality Policy of the Tri-Agencies. Participants in Tri-Agency review processes confirm that they are not currently under investigation for an alleged breach of the Framework or any other responsible conduct of research policies such as ethics, integrity or financial management policies. If participants find themselves under investigation, they must temporarily withdraw themselves from participation in any Tri-Agency review process until the investigation is complete and a determination is made by the Tri-Agency whether they can resume their participation.

In addition to the above responsibilities, **Responsible Senior Administrators** are responsible for:

- a. Fulfilling their obligations under this Policy expeditiously and fairly with any known instance or allegation of a breach of the Research Integrity Policy;
- b. Protecting the confidentiality of information regarding a potential violation of this policy to the fullest extent possible;
- c. Encouraging activities that support research integrity among University Members;
- d. Supporting educational activities to facilitate and encourage a culture of research integrity at the University;
- e. Directing and overseeing processes and procedures for carrying out an Inquiry and Investigations and addressing allegations of a breach of this Policy by University Members from time to time, provided such processes are consistent with the Framework, this Policy, applicable collective agreements and the principles of natural justice including procedural fairness.



Any processes and procedures determined as set out above and in effect from time to time shall be posted on the University's website and included as a schedule to this Policy.

The **Vice-President Research and Innovation** has been designated by the University to be the first point of contact to receive allegations. If the allegation involves a “Serious Breach” to the Research Integrity Policy, the Vice-President Research and Innovation (at the request of an Agency or independently) has the authority to take immediate action to protect Agency funds or public health and safety by halting the research, pending the outcome of the inquiry/investigation. In cases involving a potential breach to research ethics policies, the Vice-President Research and Innovation will notify the responsible institutional ethics committee (for example, but not limited to, the Research Ethics Board(s), the Animal Care Committee, the Biosafety Committee) of anything that might potentially impact the ethics certification of a project. If an ethics committee, during the course of its continuing ethics review and monitoring activities discovers a potential breach of the Research Integrity Policy, non-compliance with regulatory requirements or approved protocols, it will report the breach to the Vice-President Research and Innovation so that he/she can commence a responsible conduct of research inquiry/investigation. Where the allegation is related to conduct that occurred at another institution (whether as an employee, a student or in some other capacity), the Vice-President Research and Innovation who received the allegation will contact the other institution and determine with that institution’s designated point of contact which institution is best placed to conduct the inquiry and investigation, if warranted. The institution that received the allegation must communicate to the complainant which institution will be the point of contact for the allegation.

Disciplinary or other action may be necessary in instances where research activities are in contravention of, or not in accordance with, this Policy. The rights and obligations established by collective agreements and university policy will be honoured.

**The University** will be responsible for fulfilling its obligations under this Policy in a timely, impartial and fair manner, maintaining appropriate confidentiality during the inquiry and investigation stages.

## Breaches of the Research Integrity Policy

Breaches of the Research Integrity Policy include, but are not limited to, the following<sup>1</sup>:

- A. Fabrication:** Making up data, source material, methodologies or findings, including graphs and images.
- B. Falsification:** Manipulating, changing, or omitting data, source material, methodologies or findings, including graphs and images, without acknowledgement and which results in inaccurate findings or conclusions.
- C. Destruction of research records:** The destruction of one's own or another's research data or records to specifically avoid the detection of wrongdoing or in contravention of the applicable funding agreement, institutional policy and/or laws, regulations and professional or disciplinary standards.
- D. Plagiarism:** Presenting and using another's published or unpublished work, including theories, concepts, data, source material, methodologies or findings, including graphs and images, as one's own, without appropriate referencing and, if required, without permission.
- E. Redundant publication or self-plagiarism:** The re-publication of one's own previously published work or part thereof, including data, in any language, without adequate acknowledgement of the source, or justification.
- F. Invalid authorship:** Inaccurate attribution of authorship, including attribution of authorship to persons other than those who have made a substantial contribution to, and who accept responsibility for, the contents of a publication or document.
- G. Inadequate acknowledgement:** Failure to appropriately recognize contributors.
- H. Mismanagement of Conflict of Interest:** Failure to appropriately identify and address any real, potential or perceived conflict of interest, in accordance with the University's Policy on Conflict of Interest in research, preventing one or more of the objectives of the Framework from being met.
- I. Misrepresenting Information:** Providing incomplete, inaccurate or false information in a grant or award application or related document, such as a letter of support or a progress report; applying for and/or holding a Tri-Agency award when deemed ineligible by the Tri-Agencies or any other research funding organization world-wide for reasons of breach of responsible conduct of research policies such as ethics, integrity or

financial management policies; and listing of co-applicants, collaborators or partners without their agreement.

**J. Mismanagement of Grants or Award Funds:** Using grant or award funds for purposes inconsistent with the policies of the Agencies; misappropriating grants and award funds; contravening Agency financial policies, namely the Tri-Agency Financial Administration Guide, Agency grants and awards guides; or providing incomplete, inaccurate or false information on documentation for expenditures from grant or award accounts.

**K. Breaches of Agency Policies or Ethical Requirements for Certain Types of Research:** Failure to comply with research funding agreements, all applicable Agency policy requirements, or to comply with relevant policies, laws or regulations, for the conduct of certain types of research activities, including, but not limited to, the following:

- a. Tri-Council Policy Statement: Ethical Conduct of Research Involving Humans (TCPS 2);
- b. Canadian Council on Animal Care Policies and Guidelines;
- c. Agency policies related to the Canadian Environment Assessment Act;
- d. Licenses for research in the field;
- e. Canadian Biosafety Standards and Guidelines;
- f. Controlled Goods Program;
- g. Canadian Nuclear Safety Commission Regulations;
- h. Canada's Food and Drugs Act;
- i. Research funding agreements, Tri-Agency Financial Administration Guide and Agency grants and awards guides; relevant Provincial, Federal and International statutes or regulations for the conduct of research; and
- j. Failure to obtain appropriate approvals, permits or certifications before conducting research and scholarly activities.

**L. Breach of Agency review processes:** Non-compliance with the Conflict of Interest and Confidentiality Policy of the Tri-Agencies when participating in Tri-Agency review processes or, participating in Tri-Agency review processes while under investigation for a breach of research integrity.

**Anonymous Allegations:**

As allowed by the Framework, anonymous allegations will be considered if accompanied by sufficient information to enable the assessment of the allegation and the credibility of the facts and evidence on which the allegation is based, without the need for further information from the complainant.

**Privacy and Confidentiality:**

The highest possible degree of confidentiality shall be maintained regarding all allegations, inquiries and investigations, subject to any public disclosure that might be required by the Agency or by law. All formal records concerning allegations and investigations shall be centrally and securely stored by the Office of the Provost and Vice-President (Academic). If an allegation of a breach of the Research Integrity Policy is not supported, the University will remove and destroy all documentation concerning the allegation from the respondent's official personnel or student file. Record of the allegation will remain centrally and securely stored in the Provost and Vice-President Academic Office.

The University will take reasonable steps to protect complainants who make allegations in good faith or who it calls as witnesses. It is expected by the University that no member of the University's community will retaliate against a person making allegations in good faith. If retaliation is suspected, it should be reported to the Provost and Vice-President (Academic). The University will take action against those who make unfounded allegations that are reckless, malicious, vexatious, or in bad faith.

**Education:**

In accordance with the Framework, the University will offer research ethics, integrity workshops, and on-line tutorials offered by the Secretariat for the Responsible Conduct of Research (SRCR) for all University Members.

**Contact:**

For further information regarding this Policy, please contact the Vice-President Research and Innovation by e-mail: [vpresearch@lakeheadu.ca](mailto:vpresearch@lakeheadu.ca) or by telephone at 807-343-8201.

**Acknowledgements:**

The research integrity policies of McGill University, the University of Saskatchewan, McMaster University, the University of Toronto, the University of Alaska Fairbanks, and Queen's University were referenced in the development of this Policy.

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**Review Period:** 7 years;

**Date for Next Review:** 2024-2025;

**Related Policies and Procedures:** Research Integrity Policy Addressing Allegations of Breach Procedures - attached;

**Policy Superseded by this Policy:** Guidelines and Policy for Ethical Conduct of Research for Investigating Misconduct.

The University Secretariat manages the development of policies through an impartial, fair governance process, and in accordance with the Policy Governance Framework. Please contact the University Secretariat for additional information on University policies and procedures and/or if you require this information in another format:

Open: Monday through Friday from 8:30am to 4:30pm;

Location: University Centre, Thunder Bay Campus, Room UC2002;

Phone: 807-346-7929 or Email: [univsec@lakeheadu.ca](mailto:univsec@lakeheadu.ca).



## Procedures for Addressing Allegations of a Breach of the Research Integrity Policy

**Category:** Research;

**Jurisdiction:** Vice President, Research & Innovation;

**Approval Authority:** Executive Team;

**Established on:** May 22, 2018;

**Amendments:** November 6, 2021 (editorial).

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These procedures are established pursuant to the University's Research Integrity Policy. Certain terms in these procedures are defined in the Research Integrity Policy.

These procedures apply to all University Members, save and except members of the Lakehead University Faculty Association (LUFA) bargaining Unit. For greater certainty:

- Allegations that a University Member who is also a LUFA member has breached this policy shall be handled using the process set out in Article 39 of the LUFA Collective Agreement, and
- If an allegation is made against an Agency funded researcher affiliated with the Northern Ontario School of Medicine (NOSM) and is received by Lakehead University (the "University"), the Provost and Vice-President (Academic) will notify the Dean of NOSM who will be responsible for undertaking the Inquiry and the Investigation (if required) in accordance with the NOSM's Research Integrity Policy. If an allegation made against a Lakehead Agency funded NOSM researcher is reported directly to NOSM, the Dean or his/her designate at NOSM will inform the University Provost and Vice-President (Academic) immediately. Information collected by NOSM shall be shared with Lakehead University's Provost and Vice-President (Academic) and Vice-President Research and Innovation, who will be

responsible for reporting to the Agencies in accordance with the timelines as outlined in Appendix A.

Allegations that any other University Member (i.e., adjunct professors, postdoctoral fellows, graduate students and undergraduate students, research associates, staff, visiting professors, visiting students, etc.) has breached this policy shall be handled as set out below. In the event of any inconsistency between these procedures and any applicable Lakehead University collective agreement, the terms of the applicable collective agreement govern and shall prevail.

Allegations of a breach of the Research Integrity Policy made against a University Member shall be dealt with promptly and through effective procedures that ensure fairness and protect both those whose integrity is brought into question, and those who bring forward allegations of a breach. The following procedures are intended to ensure that due process, natural justice and the rules of procedural fairness are achieved.

Lakehead University and University Members are subject to the application of the Tri-Agency Framework: Responsible Conduct of Research, as amended from time to time (hereinafter referred to as the “Framework”), and the Lakehead University Research Integrity Policy. In the event of an inconsistency between the Framework, the Research Integrity Policy and the following procedures, the Framework will govern.

### **Formal Process and Timelines**

Please refer to Appendix A for specific requirements and timelines for reporting breaches to the Research Integrity Policy to Agencies (if applicable).

### **Consultation**

- (A) Before making a written allegation of a breach of research integrity, the Complainant(s) shall consult with the Vice-President (Research and Innovation), it being understood that this consultation will remain confidential. The Vice-President (Research and

Innovation) shall exercise discretion and respect confidentiality in dealing with the allegation so as to protect the reputation and careers of all involved, as well as the reputation of the University.

If the allegations are against the Vice-President (Research and Innovation) the Complainant(s) must consult with the Provost and Vice-President (Academic) who shall follow the same process as outlined below for the Vice-President (Research and Innovation).

If the allegations are against the Provost and Vice-President (Academic) the Complainant(s) must consult with the Vice-President (Research and Innovation) who shall follow the process as outlined below.

## **Inquiry**

A responsible allegation is defined as an allegation made in good faith, confidentially and without malice, that is based on facts which have not been the subject of a previous allegation, and which falls within one (1) or more breaches set out in Section 3 of the Framework.

- (A) Upon receiving an allegation, the Vice-President (Research and Innovation) shall determine within ten (10) business days whether the allegation is responsible.
- (B) If it is determined that the allegation is not responsible, the Vice-President (Research and Innovation) shall inform the Complainant(s) and the Respondent(s), as well as individuals consulted by the Vice-President (Research and Innovation) of their determination. No reference to the allegation shall be retained in the official personnel/student file of the Respondent(s). The Complainant(s) may discuss the issue in confidence with the Provost and Vice-President (Academic) if they believe that the consultation has not adequately dealt with the allegation.
- (C) If it is determined that the allegation is responsible, the Vice-President (Research and Innovation) shall forward to the Provost and Vice-President (Academic) a letter



which includes the rationale for their finding that the allegation is responsible and a recommendation for further investigation. These recommendations and potential outcomes from the inquiry may include:

- i) The allegation is determined to be responsible and the breach is not substantiated: the allegation is dismissed and the matter concludes at inquiry;
- ii) A breach is substantiated AND the Respondent accepts responsibility AND further investigation would not uncover any new information pertinent to the matter: the matter concludes at inquiry;
- iii) A breach is substantiated BUT the Respondent does not accept responsibility: an investigation is initiated; or
- iv) If any issues identified through the inquiry warrant an investigation (e.g., other individuals in addition to the Respondent(s) involved in the breach or other possible breaches suspected) an investigation is initiated.
- v) A breach is substantiated AND the Respondent accepts responsibility AND further investigation would not uncover any new information pertinent to the matter: the matter concludes at inquiry;
- vi) A breach is substantiated BUT the Respondent does not accept responsibility: an investigation is initiated; or
- vii) If any issues identified through the inquiry warrant an investigation (e.g., other individuals in addition to the Respondent(s) involved in the breach or other possible breaches suspected) an investigation is initiated.

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<sup>1</sup> Panel on Responsible Conduct of Research website: RCR Framework Interpretations – Inquiry vs. Investigations – retrieved November 3, 2016, [www.rcr.ethics.gc.ca](http://www.rcr.ethics.gc.ca)

- (D) If the Provost and Vice-President (Academic) has determined that a formal investigation should not proceed, they shall inform the Complainant(s) and the Respondent(s), and other individuals consulted by the Vice-President (Research and Innovation) of their determination. No reference to the allegation shall be retained in the official personnel/student file of the Respondent.
- (E) The Provost and Vice-President (Academic) shall take reasonable measures to protect the Complainant(s) from coercion or retribution. Any act of coercion or retribution will be subject to disciplinary action.

### **Formal Investigation**

When the Provost and Vice-President (Academic) has determined that a formal investigation should be initiated, they (or their designate) shall establish an Investigative Committee within fifteen (15) business days. The Investigative Committee shall be appointed by the Provost and Vice-President (Academic), or their designate, and shall have the authority to decide whether a breach to the Research Integrity Policy occurred.

- (A) The Investigative Committee shall be comprised of three (3) members, two (2) of which shall be internal to the University. The Respondent(s) is/are entitled to nominate one (1) internal member of the Investigative Committee. The Provost and Vice-President (Academic) shall make the final decision regarding the appointment of Investigative Committee members, including the second internal member and a third external member who has no current affiliation with the University. The Investigative Committee members shall have the necessary expertise and shall not have any conflict of interest, whether real or apparent. Any objection to the composition of the Investigative Committee shall be made in writing to the Provost and Vice-President (Academic), within five (5) business days of being informed of the composition of the Investigation Committee.
- (B) The Provost and Vice-President (Academic) shall present the Investigative Committee with the written allegation and relevant materials. The Respondent(s) has/have the right to full disclosure of all information or evidence relevant to the case in order to prepare a defence and to submit materials to the Investigative Committee. The Respondent(s)

has/have the right be accompanied by a legal representative or support person throughout all proceedings. The Respondent(s) and Complainant(s) shall have the opportunity to be heard by the Investigative Committee and to hear each other.

- (C) The Investigative Committee shall address the allegation that a breach of research integrity has taken place and determine whether or not the allegation has validity.
- (D) The Investigative Committee shall conduct its investigation in accordance with principles of natural justice and due process.
- (E) The Investigative Committee shall take into account real or apparent conflicts of interest on the part of those involved in the investigation.
- (F) The Investigative Committee may seek impartial expert opinions, as necessary and appropriate, to ensure that the investigation is thorough and authoritative.
- (G) The Investigative Committee shall keep, on file in the Office of the Provost and the Vice-President (Academic), copies of all materials relevant to its deliberation.
- (H) The Investigative Committee shall review, where appropriate, all research with which the Respondent has been involved during the period of time considered pertinent to the allegation. A special audit of research accounts may be performed.
- (I) The Investigative Committee shall provide a draft report on its finding to the Respondent(s) who shall have five (5) business days to review and comment on a draft of the report. Their remarks shall be included as appendices in the final report.
- (J) The Investigative Committee shall provide a final report on its findings to the Vice-Provost Student Affairs in the case of a student, or the President in all other cases, with a copy to the Provost and Vice-President Academic within forty (40) business days of the Committee being established.

### **Subsequent Actions from the Formal Investigation of the Investigative Committee**

- (A) Within ten (10) business days following the receipt of the Investigative Committee's report, upon reviewing all the elements, the President shall inform the Respondent(s), and any other affected party of the finding of the Investigative Committee and any recourse that is to be taken. In all proceedings and subsequent to a final decision, the

University shall undertake to (a) assure that those making an allegation in good faith and without demonstrably malicious intent will be protected from reprisals or harassment, (b) consider disciplinary action against those who make allegations of breaches of research integrity which are reckless, malicious and not in good faith.

(B) The University shall take such steps as may be necessary and reasonable to:

- a) protect the reputation and credibility of persons wrongfully accused of a breach of research integrity, including written notification of the decision to all agencies, publishers, or individuals who were informed by the University of the investigation;
- b) protect the rights, positions and reputations of persons who in good faith and without demonstrably malicious intent make allegations of a breach of research integrity, or who it calls as witnesses in an investigation. Such protection may include legal representation in accordance with the University's Indemnification Policy;
- c) minimize disruption to the research of the person making the allegation and of any third party whose research may be affected by the securing of evidence relevant to the allegation during the course of the investigation; and
- d) ensure that any disruption in research, teaching or community service resulting from allegations of a breach of research integrity does not adversely affect future decisions concerning the careers of those referenced in (a), (b), (c) above.

(C) A statement from the President that a University Member is guilty of a breach of research integrity with or without any formal sanctions constitutes discipline. Any disciplinary action imposed on a University Member for a breach of research integrity shall be subject to the Appeals/Grievance procedures noted below.

### **Retention of Research and Scholarly Activity Materials**

(A) University Members shall only be responsible for providing the Investigative Committee and an arbitration board access to research and scholarly activity materials which are in their possession and not for research materials which may be stored in archives, libraries or other institutions which the University may consult at its expense.

- (B) University Members shall keep complete and accurate records of data, methodologies and findings, including graphs and images, in accordance with the applicable funding agreement, institutional policies and/or laws, regulations and professional or disciplinary standards in a manner that will allow verification or replication of the work by others.
- (C) If there are non-trivial financial costs involved in retention of such materials, these costs shall be borne by the University.

## **Appeal Process**

### **Lakehead University Students**

If the Respondent is a student, appealing a decision shall follow the appeal process outlined in the Lakehead University Code of Student Behaviour and Disciplinary Procedures.

### **Lakehead University Employees subject to the Employee Code of Conduct (excluding LUFA)**

If the Respondent is an employee, appealing a decision shall follow the appeal process outlined in the Lakehead University Employee Code of Conduct.

### **Other University Members**

Within twenty (20) business days of receiving the letter from the President summarizing any actions including disciplinary actions to be taken, the Respondent(s) may appeal the decision to the Provost and Vice-President (Academic).

To be admissible a Respondent's appeal must be made in writing and must adduce, and demonstrate the validity of, one or more of the following substantive grounds for appeal:

- evidence of substantial procedural error made by the Investigation Committee in reaching their decision;
- evidence of bias or other unfairness on the part of the Investigation Committee in reaching their decision;
- significant new information about the case that was not accessible by reasonable effort prior to the Investigation Committee's decision; or

- an excessive penalty/sanction imposed by the University.

Upon receiving the Respondent's appeal, the Provost and Vice-President (Academic) or designate will determine if there are valid grounds under these procedures for an appeal. If not, the appeal will be dismissed.

If there are grounds for appeal, the Provost will assign a "Reviewer" external to the University to determine the appeal. The Reviewer shall have full access to all evidence considered by the Investigation Committee as well as the Investigation Committee's final report and the President's letter summarizing any disciplinary actions.

In reviewing an appeal the Reviewer shall have full discretion to uphold, overturn, or vary the Investigation Committee's findings.

Within ten (10) business days of receiving and reviewing an appeal, the Reviewer shall inform in writing both the Respondent(s) and the Provost and Vice-President Academic of his or her decision, with reasons for the decision, concerning the appeal.

Subject to applicable rights of grievance in collective agreements, the decision of the Reviewer in response to an appeal shall be final and binding on all concerned.

## Appendix A: Reporting to Agencies and Public Disclosure

### A. Tri-Agency Funded Research

#### i. Reporting Allegations of a Breach of the Research Integrity Policy to the Tri-Agencies:

Subject to any applicable laws, including privacy laws, the Vice-President Research and Innovation shall advise the relevant Tri-Agency or the SRCR immediately of any allegations related to activities funded by the Tri-Agencies that may involve a Serious Breach to the Research Integrity Policy and poses significant financial, health and safety or other risks as defined in the *Tri-Agency Framework: Responsible Conduct of Research*.

#### ii. Reporting an Investigation to the Tri-Agencies:

If an allegation is related to research activities funded by the Tri-Agencies, the Provost and Vice-President (Academic) shall inform the SRCR in writing confirming whether or not the University is proceeding with an investigation within two (2) months of the receipt of the allegation.

#### iii. Reporting Results of an Investigation to the Tri-Agencies:

The Provost and Vice-President (Academic) shall prepare a report for the SRCR on each investigation it conducts in response to an allegation of policy breaches related to a funding application submitted to a Tri-Agency or to an activity funded by a Tri-Agency. A report will be submitted by the Provost and Vice-President (Academic) to the appropriate Agency within seven (7) months of the date of receipt of the allegation that results in an investigation by the University. These timelines may be extended in consultation with the SRCR if circumstances warrant, and with periodic updates provided to the SRCR until the investigation is complete.

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

- The specific allegation(s), a summary of the finding(s) and reasons for the finding(s);
- The process and timelines followed for the inquiry and/or investigation;
- The Respondent's response to the allegation, investigation and findings, and any measures the researcher has taken to rectify the breach; and
- The Investigative Committee's conclusions and actions, including disciplinary actions taken by the University.

The University's report should not include:

- Information that is not related specifically to Tri-Agency funding and policies; or
- Personal information about the Respondent or any other person, that is not material to the University's findings and its report to the SRCR.

The Provost and Vice-President (Academic) will report annually to the SRCR on the total number of allegations received involving Tri-Agency funds, the number of confirmed breaches and the nature of those breaches, subject to applicable laws, including privacy laws.

#### iv. **Tri-Agency Recourse:**

University Members please note the following recourse that the SRCR or Tri-Agency may follow. If the SRCR determines that there has been a breach of ***the Tri-Agency Framework: Responsible Conduct of Research***, it will exercise the recourse it considers appropriate to commensurate with the severity of the breach as outlined in detail in the Framework. In cases of a serious breach of Tri-Agency policy, as determined by the Tri-Agency President, the Tri-Agency may publicly disclose any information relevant to the breach that is in the public interest, including the name of the researcher subject to the decision, the nature of the breach, the Institution where the researcher was employed at the time of the breach, the Institution where the researcher is currently employed and the recourse imposed. In determining



whether a breach is serious, the Tri-Agency will consider the extent to which the breach jeopardizes the safety of the public or would bring the conduct of research into disrepute.

## **B. Institutional Public Disclosure**

Annually, the Office of Research Services will post on its website information on confirmed findings of breaches of this Policy (e.g., the number and general nature of the breaches), subject to applicable laws, including privacy laws.

## **C. Other Sponsors and Funding Agencies**

Other Agencies that require notification will be informed in accordance with the procedures identified by the specific Agency or funding agreement.

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**Review Period:** 7 years;

**Date for Next Review:** 2024-2025;

**Related Policies and Procedures:** Research Integrity Policy;

**Policy Superseded by this Policy:** None.

The University Secretariat manages the development of policies through an impartial, fair governance process, and in accordance with the Policy Governance Framework. Please contact the University Secretariat for additional information on University policies and procedures and/or if you require this information in another format:

Open: Monday through Friday from 8:30am to 4:30pm;

Location: University Centre, Thunder Bay Campus, Room UC2002;

Phone: 807-346-7929 or Email: [univsec@lakeheadu.ca](mailto:univsec@lakeheadu.ca).