

# QUEEN'S UNIVERSITY

## SENATE POLICY ON INTEGRITY IN RESEARCH

Approved by the Senate January 29, 2009  
Revised September 23, 2010  
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[Supersedes "A Code of Research Ethics] approved by Senate in October 1987]

*Note: With respect to academic staff who are members of the Queen's University Faculty Association bargaining unit, nothing in this Policy shall derogate from, or abrogate, or supersede the provisions of Articles 17 and 20 of the Collective Agreement between QUFA and Queen's University.*

### 1. INTRODUCTION

Academic integrity is a responsibility fundamental to the mission of the University, whether it be in teaching or in research. The Senate Academic Integrity Statement<sup>1</sup>, adopted in 2006, recognizes the University's commitment to upholding integrity in all scholarly work. Queen's University Senate Policy on Integrity in Research is respectful of the six core fundamental values defined in the Senate Academic Integrity Statement: honesty, trust, fairness, respect, responsibility and courage. These are adopted from the International Centre for Academic Integrity ([www.academicintegrity.org](http://www.academicintegrity.org)).

This Policy outlines the requirements and responsibilities of members of the Queen's community with respect to the conduct of research and scholarly activities in a manner consistent with the highest standards of ethical and scientific practice. This Policy documents the University's requirements and researchers' responsibilities in this regard, defines misconduct in research or scholarly activities and outlines procedures to be followed when it is suspected. This Policy is updated on an ongoing basis to reflect changes in community standards or practices and in response to external agencies with an authority over the conduct of research. Researchers are responsible for both actively promoting research integrity and actively avoiding research misconduct.

The responsibilities of all members of the Queen's community include not only fulfilling the integrity requirements set out in this Policy, but also reporting suspected misconduct according to the procedures defined in this Policy. The responsibilities of the University include promoting integrity in research and scholarship, investigating allegations of misconduct, imposing appropriate sanctions if misconduct has occurred and reporting cases of misconduct appropriately.

### 2. SCOPE

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<sup>1</sup> Academic Integrity Policy Statement; Approved by Senate January 26, 2006;  
<http://www.queensu.ca/secretariat/policies/senateandtrustees/academicintegrity.html>

The Policy applies to those participating in research or scholarly activities at or under the aegis of Queen's University. This includes faculty (including term adjuncts, emeriti and emeritae professors, and visiting professors), administrators, postdoctoral fellows, staff and students (including undergraduate, graduate and professional students).

A student involved in an integrity issue relating to research and associated with a course in which they are enrolled shall be subject to the procedures followed by the Faculty or School offering the course. However, if a student is involved in an integrity issue relating to research funded by a Tri-Agency, the Tri-Agency will be informed according to Section 8 below.

Having a policy consistent with the latest Tri-Agency Framework is a requirement of all institutions in Canada that have signed the Agreement on the Administration of Agency Grants and Awards by Research Institutions. In addition, researchers who apply for or hold agency funding are required by the agencies to adhere to the Tri-Agency Framework. The Policy has been written to be consistent with, and complementary to, existing University policies and agreements addressing related research ethics and integrity issues. It is meant to be used in conjunction with, not as a replacement for, existing University procedures or agreements. If there is a conflict between this Policy and provisions of a collective agreement, the collective agreement will prevail.

If an allegation of misconduct involves research supported by the Public Health Service (PHS) of the United States Department of Health and Human Services, the PHS policies on research misconduct as outlined in the US Federal Code of Regulations (42 CFR Part 93) will be consulted and followed to the extent possible. This Policy will prevail when its requirements are more stringent than the US Code. Existing agreements at Queen's (e.g., collective agreements) or applicable legislation (e.g., Freedom of Information and Protection of Privacy Act) will prevail when there is a conflict with the US Code or other external policies or regulations of funding agencies or other jurisdictions, which are relevant to integrity issues at Queen's University.

### **3. RESPONSIBILITIES**

Members of the Queen's University community are responsible for pursuing research and scholarship activities in a manner that is consistent with the highest standards of ethical and scientific practice.

All members of the Queen's University community who are involved in the conduct of research are responsible for:

- a. Adhering to all University ethics policies and meeting the recognized ethical standards of the national granting agencies, including ethical guidelines for working with animal or human subjects.
- b. Dealing fairly with colleagues and students.
- c. Carrying out research in an honest search for knowledge.
- d. Using a high level of rigour in proposing and performing research; in recording, analyzing, and interpreting data; and in reporting and publishing data and findings.
- e. Basing findings upon a critical appraisal and interpretation according to scientific, scholarly and/or creative principles appropriate to the particular discipline or area.

- f. Making results of work accessible to the scholarly community and general public through the submission for publication, conferences, lectures, public performance and/or other appropriate means.
- g. Indicating affiliation with Queen's or other institutions, as appropriate, and properly attributing contributions of others in alignment with the significance of one's contributions, the discipline and the authorship policies of the relevant journal or publication venue.
- h. Retaining complete and accurate research records, in a manner that will allow verification or replication of the work by others, within their personal control for a minimum of five years from the date of publication or other form of presentation (if appropriate for the data format), or longer if mandated by a legal requirement or an applicable funding or oversight agency. An exception to this would be when, for anonymity purposes, destruction of data has been approved by a Research Ethics Board at Queen's University.
- i. Providing true, complete and accurate information in funding applications and related documents and representing research and other accomplishments in a manner consistent with the norms of the relevant field. Principal applicants must ensure that others listed on an application have agreed in writing to be included.
- j. Using grant or award funds in accordance with the policies of applicable funding agencies and providing true, complete and accurate information on documentation for expenditures from grant or award accounts.
- k. Complying with all applicable funding agency requirements and legislation for the conduct of research.
- l. Being proactive in rectifying any breaches of research integrity by, for example, correcting the research record, providing a letter of apology to those impacted or repaying funds.
- m. Appropriately identifying and addressing any real, potential or perceived conflict of interest in accordance with Queen's, Conflict of Interest and Conflict of Commitment Policy, and/or collective agreement requirements, as applicable.
- n. Accurately 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.
- o. Appropriately acknowledging all those who have contributed to the research, including sponsors and funders

Original data are normally stored in the laboratory or department of the principal investigator. In the case of collaborative research all those involved in the conduct of the research (including supervisors and students) will have access to the data. Such access may be restricted only when a request to do so is made in writing to and approved by the Vice-Principal (Research). As expectations for managing, archiving and sharing data evolve, researchers are responsible for adhering to the recommended policies and protocols, especially those articulated by the Tri-Agencies.

#### **4. MISCONDUCT IN RESEARCH OR SCHOLARLY ACTIVITY**

Misconduct in research or scholarly activity may include, but is not limited to, one or more of the following:

- a. Fabrication<sup>2</sup> of research data or source material (making up data, source material, methodologies or findings, including graphs and images).
- b. Falsification<sup>3</sup> of research data or source material (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. Plagiarism<sup>4</sup> (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 without required permission).
- d. Failure to appropriately recognize contributions of others in a manner consistent with their respective contributions, the discipline and authorship policies of relevant publications; using unpublished material of others without permission; using archival materials in violation of the rules of the archival source.
- e. Failure to obtain permission of the author before using information gained through access to manuscripts or grant applications during a peer-review process.
- f. Attribution of authorship to persons other than those who have contributed sufficiently to take responsibility for intellectual content; agreeing to be listed as author to a publication when inappropriate in terms of respective contributions, the discipline or authorship policies of relevant publications.
- g. Self-plagiarism and redundant publication whereby one's own previously published work or part thereof, including data, and in any language, is re-published without adequate acknowledgement of the source or justification. Failure to meet relevant legal requirements for protecting researchers, human subjects, the health and safety of the public, or the welfare of lab animals.
- h. Failure to meet relevant agency policies, regulatory or legal requirements, or failure to meet the requirements of agreements that relate to the agency's application process, conduct or reporting of research and scholarly activity.
- i. Failure to obtain appropriate approvals, permits, certifications or informed consents before conducting research activities.
- j. Failure to appropriately manage or disclose any conflict of interest or appearance of conflict of interest. This includes, but is not limited to, failure to reveal conflicts of interest to the University, sponsors, commissioners of work, or when reviewing research grant applications or manuscripts for publication or when testing products for sale or for distribution to the public.
- k. Financial misconduct involving research funds including the misuse or misappropriation of research funds, or providing incomplete, inaccurate or false information on documentation for expenditures from grant or award accounts.
- l. Destroying 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.
- m. 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.
- n. Applying for or holding a research award when deemed ineligible to do so by the applicable agency.

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<sup>2</sup>(Source: Tri-Agency Framework: Responsible Conduct of Research)

<sup>3</sup> (Source: Tri-Agency Framework: Responsible Conduct of Research)

<sup>4</sup> (Source: Tri-Agency Framework: Responsible Conduct of Research)

- o. Listing the names of co-applicants, collaborators, or partners on grants, papers, conference abstracts or in similar venues without their explicit written agreement.<sup>5</sup>

Honest error, conflicting data or differences in interpretation of data, or differences in assessment of experimental design or practice do not constitute misconduct. However, intent should not be used as a determination to assess whether misconduct in research occurred, but intent may inform the severity of sanctions imposed if misconduct has been confirmed.

## **5. REPORTING ALLEGATIONS OF MISCONDUCT IN RESEARCH OR SCHOLARLY ACTIVITY**

If a member of the Queen's community has reasonable grounds to suspect misconduct in research or scholarly activity it is the member's responsibility to bring forward an allegation promptly. Allegations may also come from sources external to the Queen's University community. In cases where a potential complainant is unclear whether an activity or activities may constitute misconduct under this Policy, the potential complainant may contact the Office of the Vice-Principal (Research) to request a referral to an advisor who will provide confidential advice regarding the matter, prior to the individual deciding whether to submit a formal written complaint. The advisor will be appointed by the Vice-Principal (Research) and will normally be the Dean or his/her delegate in the relevant Faculty who will have significant understanding of Queen's integrity policies and procedures.

Complaints of misconduct must be brought forward in good faith and confidentially, must be reported to the Vice-Principal (Research) in writing, with all supporting documentation, and must be signed and dated by the individual bringing the allegations forward (hereinafter, the "complainant"). If an allegation of misconduct concerns the breach of a Tri-Agency policy, the written complaint and all supporting documentation must be copied to the Secretariat for Responsible Conduct of Research. The complainant must also declare in the written complaint that he/she has no conflict of interest in making the complaint or else, describe the nature of any such conflict of interest. Each complainant will be required to sign a confidentiality agreement, which if breached may result in sanctions against the complainant. Anonymous allegations will be considered only if sufficient information is included in a complaint with which to assess the credibility of the facts and evidence, without further detail needed from the anonymous complainant.

Any administrator or other member of the Queen's community who receives a written complaint of research misconduct must refer it to the Vice-Principal (Research). A complaint of research misconduct made against the Vice-Principal (Research) should be submitted to the Provost, who will be responsible in such circumstances for conducting the process set out in this Policy. Complaints of research misconduct received by the Vice-Principal (Research) and related to undergraduate or graduate students will be reported to the appropriate Dean to determine if the alleged misconduct is related to course work and therefore is to be addressed by different processes, such as those under the jurisdiction of the Senate Policy on Academic Integrity Procedures – Requirements of Faculties and Schools.

If an allegation of research misconduct involves alleged breaches at another institution, Queen's University will contact the other institution to determine which institution is best positioned to undertake an inquiry and subsequent investigation, if it is warranted.

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<sup>5</sup> Researchers must maintain a record of such written consent in the event a dispute arises in the future about whether consent was given and what the nature of the consent was.

Under Queen's University Policy and Procedures for Safe Disclosure Reporting and Investigation<sup>6</sup> the University will undertake appropriate measures to support individuals who have made allegations in good faith as well as others involved in an inquiry, such as witnesses. The University has the responsibility for putting in place appropriate protections for all complainants and witnesses, and when determining appropriate protections in a given case must be especially mindful of the needs of those complainants and witnesses who may be vulnerable due to an imbalance of power, for example, when a junior researcher, student or staff member makes a complaint against a senior researcher.

In the situation where multiple complaints are submitted to the Vice-Principal (Research), alleging the same or substantially similar kinds of research misconduct against the same individual (hereinafter, the "respondent"), the Vice-Principal (Research) retains the discretion to consolidate all such complaints into a single process and to move forward with the consolidated complaint in accordance with the procedures outlined in this Policy.

The University has the responsibility to protect the reputation and credibility of members of the University community who are wrongfully accused of research misconduct. The University will take action against those who submit a complaint based on unfounded allegations of misconduct that are malicious or not made in good faith. Furthermore, the University will not accept recurring complaints from the same complainant that were the subject of a completed investigation unless new and compelling evidence is brought forward that could not reasonably have been available at the time of the initial complaint. The University will take action against a complainant(s) who continue to submit complaints when a determination under this Policy has been made that the conduct initially complained of did not constitute a breach of research integrity and the subsequent complaint(s) relate to the same or substantially the same kind of conduct.

## **6. INVESTIGATION OF COMPLAINTS**

When it receives a complaint containing allegation(s) of research misconduct, the University a) has the onus of determining if research misconduct has occurred and, b) requires objective evidence to do so. Complaints must be submitted in writing to the Vice-Principal (Research) and must outline the specific facts and circumstances related to the allegation(s) of research misconduct. The Vice-Principal (Research) will act on all complaints received in accordance with the procedures outlined in the Policy.

### **A. Initial Review and Assessment of Complaint:**

The Vice-Principal (Research) or his/her delegate will normally undertake the initial review and assessment of allegations.

The Vice-Principal (Research) or his/her delegate will maintain appropriate confidentiality of the review and assessment process at all phases but may communicate with administrators, witnesses and external agency representatives, as he/she determines is appropriate to the conduct of a full and

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<sup>6</sup> Queen's University Policy and Procedures for Safe Disclosure Reporting and Investigation; Approved by Senate January 20, 2011; [http://www.queensu.ca/secretariat/policies/senateandtrustees/Safe\\_Disclosure\\_Policy.pdf](http://www.queensu.ca/secretariat/policies/senateandtrustees/Safe_Disclosure_Policy.pdf)

fair review and assessment. As in Section 5 of this Policy, the University has the responsibility for putting in place appropriate protections for all complainants and witnesses.

In exceptional circumstances, or at the request of a funding agency, immediate action may be taken by the Vice-Principal (Research) to protect the administration of research funds. Allegations involving significant financial, health and safety, or other risks will be acted upon immediately and reported to the relevant agency.

If the Vice-Principal (Research) reasonably believes a situation may exist that would fall under the scope of this Policy, the procedures outlined in the following sections of the Policy will apply. If the alleged misconduct involves collaborative research conducted at multiple institutions the following procedures may need to be modified to facilitate joint or parallel investigation processes. There may be situations in which the timelines indicated below cannot be followed or may be in conflict with other agreements or policies that are related to the research. In such cases, the Vice-Principal (Research) may exercise his/her judgment to extend timelines as required. The Vice-Principal (Research) must also take into account reasonable requests for accommodation with respect to timelines from the complainant and respondent.

- a. The Vice-Principal (Research) or his/her delegate shall, within 10 working days of receipt of a complaint, invite the complainant to meet or speak with him/her and such meeting/discussion shall occur within 10 working days of such an invitation. The complainant may be accompanied by an advisor of their choosing. The purpose of the meeting/discussion is to inform the complainant of the initial review/assessment and investigative processes under the Policy and to consult with him/her about the allegations in the complaint. During the meeting/discussion and at any point during the initial review and assessment of the complaint, the Vice-Principal (Research) or his/her delegate may request additional information from the complainant.
- b. The Vice-Principal (Research) or his/her delegate shall within 20 working days of a meeting/discussion with the complainant or 20 working days of the last possible date for such a meeting/discussion, advise the respondent in writing of the nature and substance of the allegation(s) set out in the complaint and scope of his/her initial review and assessment of the complaint, inviting the respondent to respond by meeting with the Vice-Principal (Research) or his/her delegate or by submitting materials to him/her, or both. The Vice-Principal (Research) or his/her delegate will instruct the respondent to retain all materials relevant to the allegation(s) until further notice. The respondent will be required to sign a confidentiality agreement, which if breached, may result in sanctions against the respondent. Signing such an agreement will not preclude the respondent's ability to seek legal or union advice.
- c. The respondent must respond within 15 working days of the date of notification of the allegation(s) by the Vice-Principal (Research) or his/her delegate. The Vice-Principal (Research) or his/her delegate may provide suggestions of evidence to be submitted and issues to be addressed, which might expedite, simplify or render an investigation unnecessary. The respondent is responsible for providing the Vice-Principal (Research) or his/her delegate access only to research and scholarly activity materials that are in her or his possession, power or control but not to materials that are publicly available. Where the

respondent does not respond within 15 working days the Vice-Principal (Research) or his/her delegate will proceed in the absence of such response.

- d. Based on all information gathered during the initial assessment process, the Vice-Principal (Research) will decide, either based on his/her own initial review and assessment, or, if the initial review and assessment was delegated, based on the written recommendations of the delegate, that either:
  - i. There is sufficient evidence to indicate a situation may exist that would constitute research misconduct and an investigation is necessary, or
  - ii. There is insufficient evidence to warrant proceeding with an investigation. In this case all documents shall be removed from the official record of the respondent and shall be destroyed.

The Vice-Principal (Research) will inform the respondent and complainant of his/her decision in writing.

## **B. Investigation of Complaint:**

If an investigation is deemed necessary by the Vice-Principal (Research), the responsibility for the investigation will be delegated to an “Investigative Committee.” Members of the Investigative Committee shall be appointed by the Vice-Principal (Research) and shall normally include:

- i. A member of senior administration familiar with research-related policies (Chair)
- ii. A Dean or Associate Dean from the respective Faculty or School of the respondent
- iii. Two faculty members from Departments outside of the Department of the respondent (at least one of which is outside the Faculty of the respondent)
- iv. A member of the Queen’s community with legal expertise
- v. For respondents who are not faculty, a member with the same appointment status as the respondent (e.g., staff member, postdoctoral fellow, student)
- vi. An external member who has no current affiliation with Queen’s University and has the appropriate background and expertise to serve on the Committee

If additional expertise is required on the Investigative Committee, the Chair may appoint up to two additional members from within or outside the University. These members, as all others, must have no conflicting interests with the complainant or respondent.

Members of the Investigative Committee will be expected to sign a declaration that they have no conflict of interest with the complainant or the respondent, and they must sign a confidentiality agreement.

The respondent and the complainant shall have the opportunity to review the membership of the Investigative Committee and to comment on any members who they believe have a conflict of interest, clearly providing the basis for their belief that a conflict of interest exists. Should it be confirmed that a member has a conflict of interest, the Chair will be responsible for finding a replacement member. Should it be confirmed that the Chair of the Investigative Committee has a conflict of interest, the Vice-Principal (Research) will be responsible for finding a replacement Chair.

If required by an external agency, the agency will be informed whether or not Queen's will be proceeding with an investigation.

- a. The Investigative Committee will review the allegation(s) from the complainant, the response from the respondent and evidence or materials submitted as per Section A of this Policy. Subsequently, the Committee shall identify any additional records that need to be obtained in order to complete the investigation. The respondent will be given access to all materials received from the complainant and otherwise during the investigation of the complaint. The Chair will ensure a record is made of all documentation collected and reviewed by the Committee.
- b. The Committee will invite the respondent and the complainant to appear separately before the Committee to be heard and to provide evidence. The respondent and the complainant may be accompanied by an advisor of their choosing, subject to the Committee determining that there is no conflict between the person acting as advisor and some other form of participation that the person may have in the investigation (e.g., fellow respondent to the complaint or potential witness). The name and position of an advisor must be provided to the Committee Chair at least three working days prior to any meeting. If the advisor is legal counsel, five days' notice must be provided.
- c. The Committee may call witnesses to appear before it. Witnesses will be subject to the confidentiality provisions in Section 9 of this Policy. The Committee will prepare a detailed report of the testimony of the complainant and any witnesses, which will be forwarded to the respondent. The respondent will have 10 working days to submit his/her response to the information in the report either orally or in writing.
- d. Following receipt of the respondent's submission the Investigative Committee will prepare a written report of their investigation and submit it to the Vice-Principal (Research). This should normally occur within five months of receipt of the complaint by the Investigative Committee. The report will list the documents reviewed, summarize content of interviews conducted, including a summary of testimony given by the complainant, respondent and witness(es), and include key considerations and a finding with regard to whether research misconduct has occurred. The report of the Investigative Committee may also contain recommendations for the review of other work of the respondent.
- e. The Investigative Committee will normally decide on a finding by consensus. If consensus cannot be reached, Committee members, with the exception of the Chair, will vote. The finding will be according to the decision of the majority. In the case of a tie, the Chair will make the final decision.
- f. The respondent will be provided with a copy of the report to review for factual errors. Requested revisions must be submitted to the Vice-Principal (Research) within 10 working days from the respondent's receipt of the report and these will be forwarded to the Committee for consideration. If necessary, during its consideration the Committee may consult with witnesses and the complainant before making a decision about the respondent's requested revisions. A final report will be submitted to the Vice-Principal (Research) within 10 working days of completing its consideration of the respondent's requested revisions.

- g. The finding of the Investigative Committee regarding misconduct is binding (unless successfully appealed according to the grounds noted in Section 7 of this Policy). The Vice-Principal (Research) will provide the respondent with a copy of the final report within 10 working days of his/her receipt of the final report.
- h. The Vice-Principal (Research) will provide the complainant with a copy of the final report or a redacted version of the final report if the Vice-Principal (Research) believes it is necessary to so redact the report, within 10 working days of his/her receipt of the final report. Where a redacted version of the report is provided to the complainant, the document should at a minimum describe the investigative process and the Investigative Committee findings with respect to the complaint.
- i. If the respondent is a member of a bargaining unit, decisions concerning sanctions associated with a finding of research misconduct will be made according to the requirements of the applicable collective agreement. If the respondent is a faculty member but not a member of a bargaining unit, disciplinary measures will be determined by the Vice-Principal (Research) in consultation with the Provost. If the respondent is a member of staff but not a member of a bargaining unit, disciplinary measures will be determined by the Vice-Principal (Research) in consultation with the appropriate administrator, normally, the Vice-Principal (Finance and Administration). In the case of students, sanctions will be determined by the Dean responsible for the student.
- j. If any of the timelines defined above cannot be met, the Vice-Principal (Research) must be informed and approve a revised timeline. In cases where significant delay is expected, both the respondent and the complainant will be informed.

## **7. APPEALS/GRIEVANCES**

Acceptable grounds for an appeal or grievance with regard to a finding of misconduct and the disciplinary measures are: (i) procedural deficiencies or (ii) an unreasonable sanction. If the respondent is a member of a bargaining unit, the appeal/grievance procedures of the applicable collective agreement must be followed. If the respondent is a student, the *Queen's University Senate Policy on Student Appeals, Rights and Discipline* should be followed. If the respondent is neither a member of a bargaining unit nor a student, an appeal must be submitted to the Provost normally within 10 working days of notification of the sanctions. Sanctions do not take effect until the outcome of the appeal is determined.

## **8. REPORTING**

- a. If there is a finding of research misconduct, the report and a letter indicating sanctions will be forwarded to the Principal and the Administrative Heads of the respondent's unit (e.g., Department Head and Dean). Where a relevant process (e.g., through a collective agreement) requires that there be some period of time between an initial finding of misconduct and a subsequent determination of sanction each will be reported separately to the Principal and the Administrative Heads of the respondent's unit.
- b. If the research is funded by an outside agency or has been published or submitted for publication, the Vice-Principal (Research) will normally inform the agency or publisher

concerned within 30 calendar days of receiving the Investigative Committee's final report or sooner if required by the agency/publisher. In the case of externally funded research, access to the research funding by the member will be suspended until further instruction from the funding agency is provided.

- c. If an allegation of research misconduct was not supported, the University shall protect the reputation and credibility of the respondent including written notification of findings to all agencies, publishers, or individuals who are known by the University to have been informed of the allegation(s) in the complaint or the investigation.
- d. Annually, in December, a general summary report regarding internal complaints will be forwarded to the appropriate Tri-Agency as required by the *Tri-Council Memorandum of Understanding*. In situations where a complaint was submitted but the Vice-Principal (Research) did not refer the complaint to an Investigative Committee, or, in situations where a referral was made but the Investigative Committee found that the allegations in the complaint were not supported, the report will be general and anonymous in nature. Annually, Queen's will report on its website the confirmed number and types of breaches of this Policy, in accordance with applicable laws, including, privacy laws. Queen's will also report this information on an annual basis to the Secretariat on Responsible Conduct of Research, when Tri-Agency funding is involved. The Secretariat on Responsible Conduct of Research will post annually on its website statistics related to responsible conduct of research involving Tri-Agency funding (e.g., number of allegations, confirmed breaches and the nature of those breaches).

## **9. PRIVACY AND PROTECTIONS**

The University will take reasonable steps to maintain confidentiality of the investigative process, records and findings until sanctions are decided, except where a relevant process (e.g., through a collective agreement) requires that there be some period of time between an initial finding of misconduct prior to sanctions being decided. In such cases, any report on findings should indicate that a sanction has not yet been decided. Records concerning allegations and investigations will be kept by the Office of the Vice-Principal (Research). Personal information will be protected according to the *Freedom of Information and Protection of Privacy Act*.

Confidentiality is required of all persons participating in the investigative process. Complainants, respondents, witnesses, and investigative committee members are each required to sign a confidentiality agreement, which confirms their commitment to maintain confidentiality of all matters related to the fact that a complaint was made, the allegations contained in the complaint and any subsequent review/assessment or investigation process, as applicable. If confidentiality is breached, this may lead to sanctions. Complainants must also maintain the confidentiality of the report that is provided to them at the conclusion of the investigation.

If an allegation of research misconduct is not supported, the University will remove and destroy all documentation concerning the allegation from the respondent's official file. Investigation files will be retained in a secure/protected area and will be kept in accordance with the university's authorized records retention schedule.

The University will take reasonable steps as specified by the Queen's University Policy and Procedures for Safe Disclosure Reporting and Investigation to protect complainants who make allegations in good faith or whom it calls as witnesses during the course of an investigation. No member of the Queen's community will retaliate against any person making allegations in good faith or against any person called as a witness who provides truthful information to the Investigative Committee. If retaliation is suspected it should be reported to the Vice-Principal (Research).

## **10. EDUCATION**

Queen's University is committed to ensuring the Senate Policy on Integrity in Research and the principles contained herein are promoted throughout the research community. This Policy will be introduced at new faculty and graduate student orientation sessions each year and will be referenced in letters of appointment to all new research contract staff. The Policy will be posted on the Research and Senate Policy websites at Queen's. At a minimum, a general education session regarding the Policy, which is in addition to the session at new faculty orientation, will be held annually and will be open to all members of the Queen's community. Faculty Offices will participate in appropriate educational sessions so that the Dean or an Associate Dean/Vice-Dean will have expertise to deliver advice as specified in Section 5.