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1 PURPOSE

1.1 Island Health is committed to ensuring the highest standards of practice and behavior in *research* integrity. Questionable research practices including but not limited to *misconduct*, dishonesty, fabrication, falsification, plagiarism and conflicts of interest fundamentally undermine the worth and usefulness of research and society's trust in the research enterprise.

1.2 Island Health is committed to supporting an environment that promotes the responsible conduct of research by embracing standards of excellence, trustworthiness and compliance with applicable regulatory and legal requirements.

1.3 Island Health complies with the Tri-Agency Framework: Responsible Conduct of Research; and, where applicable, the regulations and guidelines of other funding and regulatory agencies.

2 POLICY

2.1 Island Health is dedicated to promoting the highest standards of research integrity and accepts its responsibility to investigate all *allegations* of misconduct in research and to impose discipline where warranted. This policy and any adjunct policies cover all those involved in the Island Health research enterprise in any research capacity whatsoever.

2.2 Researcher obligations include:

a) To apply standards of honesty and of scholarly and scientific practice in the collection, recording and analysis of data, whether quantitative or qualitative, and other information and in the dissemination of information, findings, and discoveries.

b) To observe ethical standards for the treatment of human research participants, to obtain approval from the appropriate ethics review committee before research commences and adhere to all research ethics reporting requirements during the conduct of a study.

c) To follow applicable Island Health policies and standard operating procedures for the conduct of research, including obtaining *institutional approval* to conduct research before the research commences.

d) To include as authors all persons and only those persons who made substantive scholarly or scientific contributions and who share responsibility for the final work intended for publication.

e) To ensure that all co-authors of a work are aware of their responsibilities as co-authors, and to obtain the approval of all co-authors of the final content of the work intended for publication.

f) To recognize and acknowledge the contribution of all other collaborators.

g) To acknowledge the intellectual property of others (including copyrights and patents); to cite appropriately the work of others; to use their writings, discoveries, findings, conceptual developments, unique methods and data with proper attribution.

h) To obtain the permission of others to use their unpublished findings and works, and to acknowledge such sources in an appropriate manner.

i) To obtain the permission of others before using information, concepts or data originally obtained through confidential exchanges or through access to confidential manuscripts or funding applications.

j) To comply with the regulations' governing source when gaining access to use private or confidential materials and information.

k) To avoid conflicts of interest and the real or perceived bias that may arise from such conflicts; and to reveal to sponsors, Research Ethics Boards (REB), universities, journals and funding agencies, any material conflicts of interest and commitment that might influence decisions on whether the individual should be asked to review manuscripts or applications, to test products, or to be permitted to undertake work sponsored from outside sources.

l) To manage appropriately all funds in accordance with Island Health policy and within the context of accurate accounting and administrative systems developed by Island Health for the administration of research funds.

3 PROCEDURE

3.1 The Deputy Chief Medical Officer and Executive Medical Director, Medical Affairs and Research (Deputy CMO & EMD) or delegate will be the central point of contact for receiving allegations. Any allegations received by other staff must be immediately redirected in confidence to the Deputy CMO & EMD to ensure consistency in the *investigation* and policy implementation process.

3.2 On receipt of an allegation of possible misconduct in research against an individual (to be termed "*respondent*" in this document) the Deputy CMO & EMD or delegate (eg. Director of Research and Capacity Building Department) shall request the allegation in writing. Such an allegation may be formulated by any person who has reviewed the relevant documentation. If for any reason an allegation in writing cannot be formulated, no further steps shall be taken against the respondent under this Policy.

3.3 An allegation in writing shall contain sufficient detail to enable the respondent, Deputy CMO & EMD to understand the matter that is to be inquired into.

3.4 Allegations sent from anonymous sources or via a third party will only be considered if relevant facts are publicly available or otherwise independently verifiable.

3.5 As soon as possible after the allegation has been received by the Deputy CMO & EMD, and in any event within ten days of receipt, a copy will be sent to the respondent and any person identified in the allegation.

4 INVESTIGATIONS

4.1 The Deputy CMO & EMD will determine whether an allegation warrants an investigation. As soon as possible after an allegation has been submitted in writing, and in any event within 20 days of receipt, the Deputy CMO & EMD or delegate shall advise the respondent, and any person identified in the complaint, that **either**

- there is insufficient information to warrant an investigation and the allegation is dismissed, **or**
- there is sufficient information to proceed with an investigation. If an investigation is to proceed, the composition and mandate of the investigation team will be described.

Island Health Executive will be kept apprised of the investigation by the Deputy CMO & EMD.

4.2 A Research Integrity Committee will be assembled to review information related to an investigation as required. It will consist of 4 persons, including:

- Two people with research experience
- One person qualified in the relevant law or ethics

From these members, one member will be an Island Health REB Chair or past-Chair and will function as the Research Integrity Committee Chair and one member will be the Executive Director, Medical Director or Director from the department involved..

4.3 Every effort will be made to prevent a conflict of interest, real or apparent, as it relates to Committee membership.

4.4 Any objection to the composition of this Committee to conduct an investigation shall be made to the Deputy CMO & EMD within seven days. The disposition of any such objection shall be made by the Deputy CMO & EMD and is final.

4.5 In cases of collaborative research involving other institutions, it may be desirable to conduct either parallel investigations, or a joint investigation, with appropriate changes to the procedures outlined below. Whichever method is chosen, Island Health will cooperate fully with other institutions and any investigations that may be instigated by funding or regulatory agencies.

4.6 The Committee may seek impartial expert opinions, as necessary and appropriate, to ensure the investigation is thorough and authoritative. It shall advise the respondent and any person identified in the allegation when this occurs.

4.7 The Committee has the right to see any necessary documents and question any Island Health employee or staff member (including members of the medical staff) during its investigation.

4.8 The Committee may review all scholarly activity with which the respondent has been involved during the period of time considered pertinent in relation to the allegation, including any abstracts, papers or other methods of scholarly communication. A special audit of accounts may also be performed on the sponsored research accounts of the respondent.

4.9 The Committee shall ensure that it is cognizant of all real or apparent conflicts of interest on the part of those involved in the investigation, including both the respondent and those making the allegations.

4.10 The Committee shall provide the opportunity for a person who made an allegation, accompanied by an *advisor*, if desired, to address the Committee in person or in writing.

4.11 The Committee shall advise the respondent in sufficient detail of the evidence being considered by the Committee and shall invite the respondent, accompanied by an advisor if the respondent so desires, to meet with the Committee and respond fully to that evidence in person and/or in writing.

4.12 Within ninety days of being appointed, the Committee shall complete its investigation and shall submit its written report to the Deputy CMO & EMD. The report shall detail the full allegation(s), the process and timelines followed for the Investigation, the investigative steps taken by the Committee, including the individuals with whom it communicated and what their evidence was, its finding of whether or not research misconduct occurred, and, if so, its extent and seriousness, and any remedial action it is recommending. Examples of remedial action could include, but is not limited to:

a) Withdrawing all pending relevant publications;

b) Notifying editors of publications in which the involved research was reported;

c) Ensuring that any university faculty(ies) involved is informed about appropriate practices for promoting the proper conduct of research.

4.13 The Deputy CMO & EMD shall, upon receipt of the report, as appropriate and within 10 days communicate to all parties its decision regarding research misconduct:

a) Advise the Island Health Executive of the results of the report.

b) Advise the respondent and any person identified by the respondent that the allegation is dismissed or

c) Advise the respondent and any person identified by the respondent that the allegation is substantiated as misconduct;

d) Advise the respondent, any person identified to the respondent, and the Island Health Executive if the allegation was substantiated as *gross misconduct* in research and refer the matter to the Island Health Executive for further proceedings

e) Island Health Executive may take appropriate further action that, depending on the nature and severity of the misconduct, could include notification of relevant Colleges or personnel action.

4.14 Where the allegation is not substantiated, the Deputy CMO & EMD and the Executive, in consultation with the respondent and the Committee that conducted the investigation, shall take all reasonable steps to repair any damage that the respondent's reputation for scholarly integrity may have suffered by virtue of the allegation.

5 MATERIALS FROM THE INVESTIGATION

5.1 The Deputy CMO & EMD shall keep copies of all material, records and notes of interviews with individuals involved in a secure and confidential manner consistent with Island Health policies and procedures. The reports and related material are kept for a period of seven years or as required by

regulations. Access to these materials is limited to the Deputy CMO & EMD or designate and Island Health senior executive.

5.2 No person shall make any use of the reports or any part of the related materials for the purposes of this procedures or for related purposes under Island Health Human Resources policies.

6 APPEALS

Any appeal will be made to the Island Health Executive who will strike an appropriate committee to hear the appeal. Appeals must be submitted within 60 days of notification of Island Health's decision. This Appeals Committee will have a membership that is non-overlapping with the Research Integrity Committee.

7 NOTIFICATION OF FUNDING AGENCIES

7.1 In cases where the granting agency, sponsor, or regulatory authority initiated a request for an inquiry/investigation, the Deputy CMO & EMD shall provide the granting agency or sponsor with a comprehensive report of the process and findings.

7.2 Where the Investigation Committee concludes that the allegation of misconduct or gross misconduct is substantiated, the Deputy CMO & EMD shall within 30 days provide the investigative report and decision regarding discipline/remedies to any granting agency or sponsor known to have provided support for the research in question of that conclusion.

8 INSTITUTIONAL RESPONSIBILITY

8.1 Where misconduct is substantiated Island Health will take action to protect the administration of federal funds, where appropriate.

8.2 Whenever an investigation concludes that gross misconduct is substantiated, appropriate arrangements shall be made to ensure that all other research previously undertaken by the respondent at Island Health is evaluated to determine its integrity.

8.3 Where it is possible to determine that the respondent has performed research in the past, the Deputy CMO & EMD may inform such other persons or agencies as it seems essential to inform in the interests of protecting the integrity of research within the limitations of Privacy legislation and policy.

9.4 Island Health will implement further corrective and preventative actions as applicable, including but not limited to additional training, updates of existing policies or creation and implementation of new procedures, as required to prevent future recurrence of the misconduct.

9 GOOD FAITH

In all proceedings and subsequent to a final decision, Island Health will undertake to assure that those making an allegation in good faith and without demonstrably malicious intent are protected from reprisals or harassment. False allegations made purposefully will be regarded by Island Health as research misconduct.

10 TIME LIMITS

All time limits in these procedures may be extended for good reason of which a formal record is kept. The respondent shall be advised of both the extension of time and the reasons therefore.

11 EDUCATION

Island Health is committed to ongoing education on research integrity through posting of information to the Island Health website, presentations or lectures, and consultations.

12 DEFINITIONS

12.1 **Advisor –** Any person selected by the respondent.

12.2 **Allegation** - The written charge of research misconduct forwarded to the Executive Medical Director of Research, either directly or via the Island Health Research Capacity Building Department (including the Research Ethics Office)

12.3 **Gross Misconduct –** 'Misconduct' judged to be deliberate or reckless, going beyond negligence, and of sufficient gravity to justify initiation of dismissal proceedings.

12.4 **Investigation -** The formal procedure to be followed once the Executive Medical Director, Research has determined that an allegation has sufficient potential foundation to warrant an investigation. The Investigation will examine and evaluate the relevant facts to determine whether or not the allegation is substantiated.

12.5 **Institutional approval** – an approval process resulting in a single Certificate of Approval which requires both research ethics and Island Health operational approval for the conduct of research.

12.6 **Misconduct** - may include, but is not limited to:

- Plagiarism: the attempt to claim credit in written scholarly works for ideas, writing, research results, or methods taken from someone else;
- Fabrication or falsification of research data;
- Material failure to recognize by due acknowledgement the substantive contributions of others, or the use of unpublished material of others without permission, or the use of archival materials in violation of the rules of the archival source;
- Material failure to obtain the permission of the author before making significant use of new information, concept, or data obtained through access to manuscripts or grant applications during the peer review process;
- Attribution of authorship to persons other than those who have participated sufficiently in the work to take public responsibility for its intellectual content;
- Submission for publication of articles originally published elsewhere, except where it is clearly indicated in the published work that the publication is a re-publication;
- Intentional diversion of the research funds of Island Health , university, federal or provincial granting councils, or other sponsors of research;
- Material failure to comply with Island Health or university affiliation policy or with relevant federal or provincial statutes or regulations for the protection of researchers, human participants, or the health and safety of the public, or for the welfare of laboratory animals;

- Material failure to meet other relevant legal requirements that relate to the conduct or reporting of research;
- Failure to reveal material conflict of interest to sponsors or to those who commission work, to the REB when making an application for ethical review, or when asked to undertake reviews of research grant applications or manuscripts for publication, or to test products for sale or for distribution to the public;
- Failure by those involved in a research project to reveal to Island Health or the affiliated university any material financial interest in a company that contracts with Island Health or the affiliated university to undertake research, particularly research involving the company's products, or to provide research-related materials or services. Material financial interest includes ownership, substantial stock holding, a directorship, and significant honoraria or consulting fees, but does not include routine stock holding in a large, publicly traded company;
- Deliberate destruction of one's own research data in order to avoid the detection of wrongdoing, or tampering with or destroying the research of another person, either for personal gain or out of malicious intent, such as the introduction of contaminants or computer viruses;
- Other practices that deviate significantly from those which are commonly accepted as appropriate within the scholarly communities;
- Factors intrinsic to the process of research such as honest error, conflicting data, or differences in interpretation or assessment of data or experimental design do not constitute fraud or misconduct.

12.7 **Research** – Any systemic investigation (including pilot studies, exploratory studies, and course based assignments) to establish facts, principles or generalizable knowledge.

12.8 **Respondent** – A person alleged to be involved in possible misconduct in research and scholarship.

13 SUMMARY OF CHANGES

Version	Effective Date	Change Description
1.0	22 APR 2010	New policy
2.0	07 JUN 2013	Added requirement for institutional approval
3.0	11 OCT 2013	Research Integrity Committee; roles when allegations of misconduct; consistent format with other Research policies