THE UNIVERSITY OF THE PACIFIC

POLICY ON INTEGRITY AND RESPONSIBLE CONDUCT
IN RESEARCH AND SCHOLARSHIP

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Sections in brackets refer to Federal regulation 42 CFR Part 50, Subpart A
Revised June 2002 in response to Office of Research Integrity statement on Responsible Conduct

1. **PERSONS TO WHOM THIS POLICY APPLIES:**
Every member of the University community on any of the three campuses is responsible for maintaining integrity in scholarship and investigative research. Specifically, faculty, staff, and students who conduct or are employed in research are subject to this policy. Faculty and staff who are identified as principal investigators are held responsible for the integrity of their research results and for supervising the scientific and scholarly conduct of colleagues, staff and students engaged in their projects. Publications which embody research results should list only those authors who have contributed to the research, who have reviewed the findings and manuscripts, and who are prepared to stand behind and defend their contributions.

2. **BACKGROUND:**
The University of the Pacific is committed to maintaining the integrity of its scholarship and investigative research and to fostering a climate conducive to integrity in its scientific investigations. One feature of this commitment is the establishment of policies and procedures for education about the Responsible Conduct of Research, and for responding to allegations of scientific and/or scholarly misconduct which will apply to all members of the University community. This policy does not supplant, but does reinforce existing University policies relating to the codes of conduct and discipline for faculty, students and staff of the University.

This policy outlines the educational requirement for faculty, staff and student investigators involved in research and creative scholarly activities at the University of the Pacific. Also, this policy outlines the procedures related to the investigation and findings for establishing whether or not scientific and or scholarly misconduct has occurred. Appropriate sanction, discipline, corrective action or other University response following a finding of misconduct shall follow normal faculty, administrative and student personnel procedures.

There are three stages outlined in this policy for determining or precluding a finding of scholarly or scientific misconduct. They are an initial inquiry, an administrative review, and an investigation. The process is designed to be credible, expeditious, based on presumptions of innocence and regularity, and fair to all persons concerned. Because the professional and personal reputations of persons in the academic community are affected by allegations of misconduct, these procedures are designed to afford confidential treatment where possible, to provide opportunities to comment on allegations and findings, and to provide protection to persons who report in good faith the perceived misconduct of others. In addition to fair process in handling allegations of scientific or scholarly misconduct, the University acknowledges its responsibility to protect the integrity of its scholarship to the general community and to its funding and granting agencies.
3. DEFINITIONS

**Allegation:** Any written or oral statement or other indication of possible scientific misconduct made to an institutional official.

**Misconduct:** Misconduct refers to scholarly and/or scientific practices that seriously deviate from those that are commonly accepted within the scholarly community as representing the Responsible Conduct regarding the proposing, conducting or reporting of research. Misconduct does not include simple negligence, honest error, or honest interpretations or judgments of data that differ from those of others.

**Initial Inquiry:** The gathering of information and preliminary facts by a Special Inquiry Officer for the purpose of resolving an allegation of misconduct.

**Administrative Review:** Information gathering to determine whether an allegation of misconduct warrants an investigation.

**Investigation:** A formal investigation, examination, and evaluation to determine whether or not there is probable cause to conclude that misconduct has occurred.

**Special Inquiry Officer:** On each of the three campuses of the University, one tenured member of the full-time faculty will be designated by the Provost, in consultation with the Executive Board of the Academic Council, as the person to whom allegations of misconduct will be referred. The Special Inquiry Officer has the following responsibilities:

- To resolve allegations of misconduct at the initial inquiry stage if possible.
- To conduct an initial inquiry if in his or her judgement good cause exists to warrant one.
- To refer an initial inquiry for administrative review if in his or her judgement good cause exists to make that referral.
- To assist the administrative officers and staff of the University in implementing inquiry, review and investigative procedures under this policy.
- To present allegations to review and investigative panels established under this policy.
- To maintain records of complaints, and allegations, reports, and University responses to charges of misconduct for a period of three years following the completion of University action.
- To assure that University policies on integrity on research and scholarship are known to the University community.

4. SCOPE OF POLICY

The **most serious forms** of research misconduct are fabrication, falsification, plagiarism, or other deliberate misrepresentation in proposing, conducting, or reporting research. In research programs funded by the Public Health Service and the National Science Foundation, research misconduct includes other practices that seriously deviate from those that are commonly accepted within the scientific community for proposing, conducting, or reporting research. In addition, the National Science Foundation’s definition of research misconduct includes retaliation of any kind against a person who reported or provided information about suspected or alleged misconduct and who has not acted in bad faith.

**Less serious research misconduct** denotes other deviations from good research practices, including but not limited to:

- failure to provide appropriate citations
- refusal to give peers reasonable access to unique research materials or data that support published papers
• use of inappropriate statistical or other methods of measurement to enhance the significance of research findings
• grossly inadequate supervision of research subordinates
• abuse of confidentiality

5. EDUCATIONAL REQUIREMENT FOR RESEARCHERS
Effective October 1, 2002, all faculty, staff and students conducting research at the University of the Pacific, regardless of whether or not that research is sponsored by an outside agency, shall complete the Office of Sponsored Programs’ module on Responsible Conduct of Research. This module is available on the Office’s website. Once the training has been completed, an e-mail will automatically be sent to the Sponsored Programs Administrator, who will then prepare a certificate of completion for the researcher. No researcher may go ahead with their project without completing this module. Contact the Sponsored Programs Administrator at 6-7356 for additional information.

The Office of Sponsored Programs also conducts workshops for research methods courses and other interested faculty. These workshops may provide an alternative mode of training. Contact the Sponsored Programs Administrator if you wish to fulfill your training requirement with a workshop.

It is the responsibility of each individual engaged in research at the University to be informed of and adhere to University, campus, and department policies relating to research and of the policies and procedures of the agencies funding his or her research. Copies of relevant policies are available in the Office of Sponsored Programs.

6. PROCEDURES FOR HANDLING ALLEGATIONS OF MISCONDUCT
Allegations of misconduct originating from any source are normally addressed or referred to the Special Inquiry Officer (SIO) for the campus where the alleged misconduct has taken place. Should the SIO perceive an actual or an apparent conflict of interest which could compromise his or her impartiality in fulfilling their responsibilities under this policy, or if the alleged misconduct occurred on more than one campus, the Provost in consultation with the Executive Board of the Academic Council will appoint an alternate to perform this responsibility. The SIO is also responsible for evaluating the individuals and information during the course of the Initial Inquiry and/or the Administrative Review to make appropriate suggestions for changes to the Provost to prevent real or apparent conflicts of interest.

INITIAL INQUIRY
a. The SIO will review and attempt to resolve allegations of misconduct under this policy. Upon receiving an allegation of scientific misconduct, the SIO will immediately assess the allegation to determine whether there is sufficient evidence to warrant an inquiry, whether PHS support of PHS applications for funding are involved, and whether the allegation falls under the PHS definition of scientific misconduct. Ordinarily, the SIO will contact the person(s) making allegations and the person(s) who are subject of the allegations in order to establish the precise nature of the charges, to rule out malicious or frivolous referrals, and to explain the provisions and process of this policy.

b. If the SIO preliminarily finds an allegation falls within the definition of misconduct in science and involves PHS funding, the SIO must ensure that all original research records and materials relevant to the allegation are immediately
secured. The SIO may consult with the Dean of Research and Graduate Studies, Provost, and/or the USPHS Office of Research Integrity (ORI) for advice and assistance. [‚50.103(d)(11)]

c. The SIO must also confer with the Sponsored Programs Accountant to ensure that Federal funds are protected and that the purposes of the Federal financial assistance are being carried out. [‚50.103(d)(11)]

d. The SIO will make every effort to discover all relevant facts and to take whatever steps are necessary to assure the remedy of any discovered impropriety. No part of these procedures shall be interpreted to preempt either the right of persons alleging misconduct to withdraw allegations or the right of persons against whom allegations have been made to concede misconduct and to propose appropriate remedies.

e. If the SIO reaches resolution of the allegations at this stage, then the SIO will prepare a brief written report, stating what facts were reviewed, summarizing both these facts and relevant interviews and stating conclusions reached. If resolution by the SIO determines that no further action is warranted, the complainant and the subject of the complaint will be notified of that fact, in writing, by the SIO. In addition, the SIO will provide the Office of Sponsored Programs a copy of the report of inquiry termination, and this report shall remain confidential. The SIO will also provide the USPHS ORI a report of the termination of the inquiry, which includes description of the reasons for terminating the inquiry. All written materials relevant to the initial inquiry will be confidentially maintained by the SIO in a secure place for a period of three years from the conclusion of the initial inquiry. This documentation will be available to authorized personnel of the U.S. Health and Human Services upon request.

f. The SIO, through the Provost and the Office of Sponsored Programs, will promptly notify agencies which provide extramural funding supporting University research projects when any of the following conditions exist:

i. An immediate health hazard is involved.

ii. There is an immediate need to protect federal funds, equipment, resources, or persons.

iii. There is an immediate need to protect the person(s) making the allegations or the person(s) who is/are the subject of the allegations as well as the co-investigators and associates, if any.

iv. It is probable that the alleged incident is going to be reported publicly.

v. If there is a reasonable indication of possible criminal violation, the University will notify the agency's appropriate office within twenty-four (24) hours.

g. The allegations of misconduct have been referred following administrative review for formal investigation.

h. The SIO shall complete his or her initial inquiry as expeditiously as possible but no later than fifteen calendar days following the receipt of a complaint or allegation.

i. The SIO shall assure that confidentiality shall be maintained to protect the privacy and professional reputations of persons who allege misconduct and the persons against whom such charges are lodged. At the time that a referral under this policy is made for formal investigation, the identity of complaining witnesses and summarized data supporting those charges will be made available to persons charged with misconduct. Any person charged with misconduct is entitled to have the assistance of a person of his or her choice in responding to
these procedures. That advisor may confer with the person during any proceedings under this policy but may not participate in the proceedings and may not act in place of the personal attendance of the person charged. The SIO is responsible for assuring that all procedures under this policy are conducted in accord with generally accepted standards of fairness and procedural due process.

**ADMINISTRATIVE REVIEW**

a. If there is no resolution reached at the Initial Inquiry stage, the SIO will refer the matter to the Provost who in consultation with the Chairperson of the Academic Council, will appoint an ad hoc Administrative Review Panel of three tenured members of the full-time University of the Pacific faculty. The SIO will serve as staff to the Administrative Review Panel (ARP) and will present the results of his or her initial inquiry to the panel. At least one of the ARP members should be from the faculty of a school or college other than the academic unit in which the misconduct is alleged to have occurred. One member of the panel is appointed from the Faculty Research Committee. Panel members should be free of conflicts of interest and should have suitable professional backgrounds for examining the issues involved in the alleged misconduct. The ARP will elect its own chairperson.

b. The Administrative Review will commence within 30 days after the completion of the Initial Inquiry.

c. The ARP shall immediately commence its investigations concerning possible misconduct by reviewing the documentation and report of the SIO. The researcher under review will be informed by the SIO of the allegation and of the fact that an administrative review has been initiated. During the administrative review, the ARP may interview any persons having relevant information, including the persons making the allegation, the researcher under review, supervisors, and those assisting in the research. A policy of strict confidentiality is to be maintained throughout the review process, and only persons with a “need to know” are to be informed of the matter. The ARP and SIO are to avail themselves of any necessary and appropriate expertise to evaluate the allegations and to permit them to arrive at conclusions about the substance of the misconduct.

d. The interim administrative measures put in place during the Initial Inquiry phase to protect federal funds and to ensure that the purposes of the federal financial assistance are being carried out will be continued while the Administrative Review is conducted.

e. The researcher under review is expected to cooperate fully with the ARP. The person charged with misconduct is entitled to consult with another person of his or her choice who may attend any interviews or sessions with the person charged, but may not participate in or record any proceedings.

f. If the investigation of the alleged misconduct is discontinued for any reason without completing all of the relevant requirements under §50.103(d), the ARP will submit a confidential written report to the Provost and the Office of Sponsored Programs of the terminated investigation that includes a description of the reasons for the termination. The Provost will provide this report to the USPHS Office of Research Integrity.

g. The ARP will prepare a written report which will review the data which the panel received, will summarize relevant interviews, incorporate relevant documents and set forth the panel’s conclusions and recommendations. The persons against whom allegations have been made will be given a copy of the
report and an opportunity to comment on the report. The report will recommend either that:

i. The complaint and allegations should be dismissed because it has been determined that the allegations were frivolous, malicious or that insufficient evidence was produced to warrant further proceedings. In the case of this finding, diligent efforts shall be undertaken to restore the reputation of the researcher under investigation. All parties and agencies notified of the alleged misconduct will be notified that the allegations are without merit and that the investigation has been terminated.

OR

ii. An investigation should be conducted because sufficient evidence has been discovered during the administrative review to justify a formal investigation.

h. The administrative review and report shall be completed within forty-five (45) calendar days. Should the ARP find that it is unable to complete its responsibilities within this time limit, the panel will provide the Provost with written documentation justifying the delay. Records and reports generated by the ARP will be maintained by the SIO in a secure place for a period of three (3) years following the submission of its report, findings and recommendations. A copy of the final report will be sent to the Provost and the Office of Sponsored Programs, and this documentation will also be available to authorized personnel of the U.S. Health and Human Services upon request [550.103(d)(10)].

INVESTIGATION

a. If the Administrative Review Panel recommends that there are sufficient grounds to refer the allegations of misconduct for an investigation, then the Provost shall promptly and formally notify the researcher under investigation that allegations of misconduct have been made and will specify the general nature of the charges. The notification will also include the procedures under which the investigation will be carried out and will include a copy of this policy and any other implementing materials. Copies of this confidential notice will be directed to Office of Sponsored Programs, Chair of the department and the Dean of the School or College with which the researcher is affiliated. The Sponsored Programs Accountant will notify extramural granting and funding agencies, in accordance with the criteria listed in paragraph 4(a) through (f) of the policy detailing Initial Inquiry procedures.

b. The Provost, in consultation with the Chairperson of the Academic Council, shall appoint an ad hoc Investigation Committee (IC) of not less than 5 tenured members of the full-time University of the Pacific faculty. The SIO will be appointed to serve as staff to the IC and will present the case to the committee. The Committee shall select its own Chairperson.

c. The SIO and the IC shall be provided with access to legal counsel to assure that its investigative procedures meet appropriate due process standards for academic institutions. Any special procedures that vary from this policy document will be provided in writing to the researcher under investigation at the earliest opportunity. The researcher under investigation shall have access to a person of his or her choosing for advice and council at all stages of the investigation. Such advisory person may not participate in nor record any investigatory proceedings in which they are in attendance.
d. The investigation will include examination of all documentation, including but not necessarily limited to relevant research data, proposals, publications, correspondence, and memoranda of telephone calls. The committee conducting the investigation will make every effort to interview all individuals who have made the allegation, been the subject of the allegation, or possess relevant information concerning the charges of misconduct. Complete summaries of these interviews should be prepared, given to the interviewed party for comment or revision, and included as part of the investigatory file. The committee will secure whatever professional expertise it believes is necessary and appropriate to carry out a thorough and authoritative evaluation of the allegations of misconduct.

e. During the investigation and throughout any proceedings initiated under this policy, the University will protect the rights, the reputation, and professional and institutional standing of all persons against whom charges of scientific and or scholarly misconduct has been made by preserving confidences in accord with this policy, by a prompt and thorough investigation and by providing persons charged with the opportunity to comment on the allegations, the proof submitted in support of those allegations, and the findings and conclusions resulting from an investigation. The University will also act to protect the rights, reputation and professional standing of persons who in good faith report suspected scholarly and or scientific misconduct.

f. The ad hoc Investigation Committee shall confer in executive session to organize its work, to deliberate on its findings and conclusions and to prepare its report. The committee will determine whether under all the facts and circumstances probable cause exists to believe that scientific and or scholarly misconduct has occurred. The research, which is the subject of the investigation, shall be considered in the context of the researcher’s scholarly work as a whole. The committee will advise all relevant collaborators or supervisors of the existence of the investigation, and will provide them with an opportunity to respond to any allegations affecting them and will receive and evaluate such additional information, which they may provide.

g. The ad hoc committee will complete its investigation within sixty days from their appointment and will submit a final written confidential report to the Provost and the Office of Sponsored Programs. Confidentiality shall be maintained during formal hearing sessions. The researcher under review shall have the right to have a consultant present and may request that additional observers be present at formal hearing sessions. The committee shall retain the right to limit or exclude observers and spectators from a hearing session if they deem that procedure necessary to maintain a secure and orderly hearing. If the committee finds that it is unable to complete its work and submit its report within sixty calendar days, then the committee must request an extension of time from the Provost outlining the reasons for the delay, progress to date, and an estimated date for completion. This report will form the basis for a request of extension to the ORI.

h. The committee’s final report shall include a finding that no misconduct occurred or that there is a probable cause to believe that misconduct has occurred. The report must describe the policies and procedures under which the investigation was conducted, how and from whom information was obtained relevant to the investigation, the findings and conclusions. The report must include the actual text or an accurate summary of the views of any persons found to have engaged in misconduct, as well as a description of any sanctions or disciplinary action taken by the University.
i. The committee’s final reports and all records of the committee shall be retained in a secure place by the Office of Sponsored Programs and Provost for a period of three years and be available to authorized Public Health Service officials upon request.

POST INVESTIGATIVE ACTIONS
a. On receipt of the committee’s finding that no misconduct has occurred, the Provost will notify all persons who received notice of the investigation including extramural and funding agencies. Diligent efforts shall be made to protect and or restore the reputation of any person charged with misconduct who has been cleared by the committee investigation. No reference to the investigation shall appear as an entry in the personnel file of an accused person who has been cleared. Steps to protect the reputation of a person cleared by the committee might include a public statement about the allegations designed to make certain the researcher’s professional standing is not diminished. In addition, persons whose involvement in making unfounded and bad faith allegations against a researcher should be referred to appropriate agencies for disciplinary action.

b. Upon a committee finding that there is probable cause to believe that misconduct has occurred, the Provost, the SIO, the researcher’s supervisor, dean and department chair and other affected researchers will confer to determine appropriate administrative, ameliorative, and corrective action. Such actions would include notification to sponsoring and funding agencies and notice to scholarly journals requesting that published abstracts, references, and papers be withdrawn. The Provost shall also initiate appropriate disciplinary procedures for faculty as specified in the Operations Manual and Handbook for Academic Personnel. Staff researchers who are charged with misconduct who are not faculty members will be referred to the Director of Human Resources for appropriate disciplinary action. Student researchers who are charged with misconduct will be referred to the Vice President of Student Life for appropriate disciplinary action.

7. REPORTING REQUIREMENTS and RECORD KEEPING
a. When an investigation is initiated, a written report must be provided to the Director of the USPHS Office of Research Integrity (ORI), on or before the date the investigation begins. At a minimum, this notification should include the name of the person(s) against whom the allegations have been made, the general nature of the allegation as it relates to the PHS definition of scientific misconduct, and the PHS application or grant number(s) involved. The ORI must also be notified of the final outcome of the investigation and must be provided with a copy of the investigation report. Any significant variation from the University of the Pacific policies and procedures should be explained in any reports submitted to the ORI.

b. The SIO is responsible for promptly advising the PHS ORI of any developments during the course of the Initial Inquiry or Investigation that disclose facts that may affect current or potential Department of Health and Human Services funding for the individual(s) under investigation or that the PHS needs to know to ensure appropriate use of Federal funds and otherwise protect the public interest. [550.103(d)(12)]

c. If an inquiry or investigation is terminated for any reason without completing all relevant requirements of the USPHS regulation, the SIO must submit a report of
the termination to the ORI, including a description of the reasons for the proposed termination.

d. If the SIO, ARP, Provost, or other institutional official determines that the investigation cannot be completed and the final report submitted to the ORI within 120 days from the time of the initial allegation, the SIO must submit a written request for an extension to the ORI. This request must include a summary of the progress to date, an explanation of the delay, an estimate of the completion date, and steps yet to be completed. If the request for extension is granted by the ORI, the SIO must file periodic progress reports as requested by the ORI.

e. When PHS funding or applications for funding are involved and an admission of scientific misconduct is made, the SIO will contact the ORI for consultation and advice. When the case does involve PHS funds, the University cannot accept an admission of scientific misconduct as a basis for closing a case or not undertaking an investigation without prior approval from the USPHS ORI.

f. At the completion of an inquiry or investigation, the SIO will prepare a complete file, including copies of all documents and other materials furnished to the SIO or committees. The SIO will keep the file in a secure place for three (3) years after the completion of the case. A copy of the final report, which will remain confidential, will be sent to the Office of Sponsored Programs, and this written documentation will also be made available to the USPH ORI or other authorized Department of Health and Human Services personnel upon request.

g. Respondents will be notified of their right to appeal disciplinary actions.

8. COMPLIANCE WITH FEDERAL REGULATIONS

This policy is intended to comply with Title 42, Part 50, Subpart A of the Code of Federal Regulations.