



SIMON FRASER UNIVERSITY
ENGAGING THE WORLD

TO: Senate

FROM Joy Johnson
Chair – Senate Committee on Agenda and Rules

DATE: October 22, 2021

SUBJECT: Updated Policy R60.01

Motion:

That Senate approve and recommend to the Board of Governors updated policy R60.01.

Memorandum

From: Trevor Davis, Executive Director, Research Operations **Date:** 2021-10-12
To: Joy Johnson, Chair, SCAR
Re: Updated Policy R60.01

Policy R60.01 is critical for maintaining public trust and confidence in research activities at SFU. It sets out the responsibilities for researchers with respect to research integrity (issues like fabrication, falsification or plagiarism) as they apply to all areas of research activity, including publishing, applying for funding, and financial management. The policy details the process for submitting allegations of misconduct, and the procedures to assess, investigate and address such allegations.

The broad purpose of the revision are: a) to bring SFU into alignment with the *Tri-Agency Framework: Responsible Conduct of Research* (required to maintain access to Tri-Agency funding), b) to align with US funders such as the NIH and NSF, and c) to provide a clear set of procedures that align with other such SFU policies.

Summary of Changes

- Procedures for investigation reworked.
- Education is a centrepiece, but any mandatory requirements left to dean’s discretion.
- Restructured around the concept of a 'breach' rather than just 'misconduct'.
- New role: the Research Integrity Officer, to receive allegations, assess, and do the initial inquiry.
- Aligned with GP41, which is being rewritten concurrently
- Students have a new process that aligns and links with S10.01.

Action requested: As per Policy B10.00, I am requesting that SCAR determine whether Senate needs to approve the policy, recommend it to the Board, or receive the policy for information.

Review History

Policy Authority Approval to Begin	Dec. 2019
Initial Consultations	Jan-June 2020 (includes SFUFA, as per CA)
Policy Authority Approval to Proceed	Sept 2020
GC Feedback	Sept 2020-July 2021
Executive Approval to Post	Aug 2021
Stakeholder Consultations	July 2021 (SFUFA), Aug – Oct 2021 (Open and others)
Executive Approval	Oct 12, 2021

RESPONSIBLE CONDUCT OF RESEARCH

Date
May 25, 1995

Number
R60.01

**Date of Last
Review/Revision**

**Mandated
Review**
____, 2026

Policy Authority: Vice-President Research and International

Associated Procedure: Procedures to Address Allegations

EXECUTIVE SUMMARY

Research and scholarship are central, critical components of the University. Post-secondary research is predicated on a climate of academic freedom, where scholars may challenge convention, remain free of institutional censorship, and engage with human or animal research subjects. With such freedoms comes the personal responsibility to ensure that the work and the outcomes are informed by the principles of integrity, trust and honesty. Further, such work and outcomes must meet high scientific, ethical and professional standards; and demonstrate the values of fairness, beneficence and equity. The trust that the public places in university scholars is based largely on respect for the integrity of the research process.

The responsible conduct of research (“RCR”) is about more than just the research process itself. RCR also pertains to applying for funding, financial management, the process of dissemination, monitoring for potential conflicts of interest or commitment, as well as maintaining a fair and equitable work environment.

Simon Fraser University is committed to encouraging these values through ongoing education of its members in the responsible conduct of research, and through the adoption of policies specifying how the research and scholarship process should be conducted. This policy sets out the responsibilities for researchers with respect to research integrity, applying for funding, financial management, and requirements for conducting certain types of research, and defines what constitutes a Breach of the policy. The procedures accompanying this policy detail the process for submitting allegations of misconduct, and the procedures to assess, investigate and address such allegations.

1.0 PRINCIPLES

- 1.1 In order to maximize the quality and benefits of research, a positive research environment is required. For researchers, this implies duties of honest and thoughtful inquiry, rigorous analysis, commitment to the dissemination of research results, and adherence to the use of professional standards. The minimum standards, adopted from the *Tri-Agency Framework: Responsible Conduct of Research*, include:
- 1.1.1 **Rigour:** Scholarly and scientific rigour in proposing and performing research; in recording, analyzing, and interpreting data; and in reporting and publishing data and findings.
 - 1.1.2 **Record keeping:** Keeping complete and accurate records of data, methodologies, and findings, including graphs and images, in accordance with all relevant agreements, policies, laws, regulations, and professional or disciplinary standards in a manner that will allow verification or replication of the work by others.
 - 1.1.3 **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.
 - 1.1.4 **Authorship:** Including as authors, with their consent, all those and only those who have made a substantial contribution to, and who accept responsibility for, the contents of the publication or document. The substantial contribution may be conceptual or material.
 - 1.1.5 **Acknowledgement:** Acknowledging appropriately all those and only those who have contributed to research, including funders and sponsors.
 - 1.1.6 **Conflict of interest management:** Appropriately identifying and addressing any real, potential or perceived conflict of interest in accordance with the University's policy on Conflict of Interest and Conflict of Commitment (GP 37).

2.0 PURPOSE

- 2.1 This policy is intended to:
- 2.1.1 promote the responsible conduct of Research;
 - 2.1.2 establish the University's expectations for the conduct of Research;
 - 2.1.3 assign responsibility for addressing Allegations.

3.0 SCOPE AND JURISDICTION

- 3.1 This policy applies all persons engaged in Research under the auspices of, or in affiliation with, the University, including Research that:
- 3.1.1 is conducted by University employees, postdoctoral scholars, or students; or
 - 3.1.2 uses University equipment, facilities, space, or resources, or involves employees, postdoctoral scholars, or students;
- 3.2 Students engaged in Research are subject to this policy. Should such a student Breach this policy, any sanctions or actions will be addressed through the procedures for academic misconduct in the University's Policy S10.01.

4.0 DEFINITIONS

4.1 Appendix A contains the definitions of words used in this policy and its associated procedures.

5.0 POLICY

Prohibited Conduct

5.1 No Member of the University community shall:

- 5.1.1 engage in Research Misconduct;
- 5.1.2 make a deliberately misleading Allegation; or
- 5.1.3 retaliate against anyone who invoked this policy or its procedures in good faith, or against a person who participated or cooperated in good faith in a process addressing an Allegation.

Expectations for the Conduct of Research

5.2 Each person who engages in Research:

- 5.2.1 is directly responsible for the quality and ethics of their work and must personally ensure that they have complied with all requirements;
- 5.2.2 is expected and required to be thoroughly familiar with and to comply with the scholarly standards and practices that are generally accepted in the academic community and their scholarly field, and to comply with those standards honestly, accountably, openly, and fairly;
- 5.2.3 is expected and required to familiarize those under their supervision with the scholarly standards and practices that are generally accepted in the academic community and their scholarly field;
- 5.2.4 is expected and required to be thoroughly familiar with and to comply with all applicable law, policies, rules, guidelines, contractual obligations, and standards, including those of Funding Organizations and funding agreements.
- 5.2.5 is expected and required to follow the principles of responsible Research generally accepted in the academic community and the specific requirements of all relevant Funding Organizations. Some common Funding Organization requirements include, but are not limited to:
 - a. [Tri-Agency Framework: Responsible Conduct of Research](#)
 - b. The current edition of [Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans \(TCPS\)](#); and
 - c. [Canadian Council on Animal Care](#) Policies and Guidelines.

5.3 Failing to meet the requirements of a relevant Funding Organization or failure to comply with other applicable law, policies, rules, guidelines, contractual obligations, or standards constitutes Research Misconduct and is a Breach of this policy.

Responsibility to Report

- 5.4 Researchers and others play an important role in the process of addressing Research Misconduct by a University employee, postdoctoral scholar, student, or other researcher affiliated with SFU. Every person who has reasonable grounds to believe that a Breach of this policy is occurring or has occurred at the University is expected to report the matter, in good faith, to the University Research Integrity Officer (“RIO”).
- 5.5 To protect a person who makes a good faith Allegation from Retaliation, the RIO will act in accordance with the protection of identity principles contained in the University’s Protected Disclosure of Wrongdoing Policy (GP 41).

University’s Response to Allegations of Research Misconduct

- 5.6 An Allegation under this policy will be addressed in accordance with the procedures established and maintained by the Vice-President, Research and International.
- 5.7 Allegations made under this policy may vary in their source, accuracy, intent, and motivation and have the potential to cause harm to the individuals involved, to the University, and to research and scholarship in general. The University will therefore assess and, where appropriate, investigate Allegations promptly and fairly.
- 5.8 The University may independently, or at the request of a Funding Organization, take immediate action to protect the administration of research funds. Such actions could include freezing grant accounts, requiring a second authorized signature from an institutional representative on all expenses charged to the researcher’s grant accounts, or other measures as appropriate.

Consequences

- 5.9 Individuals found to have Breached this policy may lose the privilege of conducting Research and may also be subject to sanctions or discipline or other action under this or other University policies and procedures, applicable collective agreements, and applicable law.

6.0 EDUCATION AND AWARENESS

- 6.1 The University will actively promote awareness and education of the importance of the Responsible Conduct of Research through a variety of measures, including dissemination of written materials, and through workshops and seminars.

7.0 ROLES AND RESPONSIBILITIES

- 7.1 Researchers are responsible for complying with this policy.
- 7.2 Every person who has reasonable grounds to believe that a Breach of this policy is occurring or has occurred is expected to report it to the Research Integrity Officer.
- 7.3 All Members of the University community, including Complainants and Respondents, are expected to cooperate with the Research Integrity Officer and, if one is constituted, the Investigation Committee.

7.4 The Vice-President, Research and International is responsible for implementing this policy and for fulfilling the University's reporting obligations to Funding Organizations in relation to Breaches of this policy.

8.0 REPORTING

8.1 Subject to the *Freedom of Information and Protection of Privacy Act*, the University will report annually, or as otherwise required, to Funding Organizations about breaches of this policy to fulfill the University's legal, contractual, or other obligations to the Funding Organization.

9.0 RELATED LEGAL, POLICY AUTHORITIES AND AGREEMENTS

9.1 If an Allegation 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 Federal Code of Regulations.

9.2 Existing University contracts (such as a collective agreement) or applicable legislation (such as British Columbia's *Freedom of Information and Protection of Privacy Act*) will prevail when there is a conflict with the US Federal Code of Regulations, or with other external policies or regulations of Funding Organizations, or the laws of other jurisdictions.

9.3 The legal and other University Policy authorities and agreements that may bear on the administration of this policy and may be consulted as needed include but are not limited to:

9.3.1 *University Act*, R.S.B.C. 1996, c. 468

9.3.2 *Freedom of Information and Protection of Privacy Act*, R.S.B.C. 1996, c. 165

9.3.3 Conflict of Interest and Conflict of Commitment (GP 37)

9.3.4 Protected Disclosure of Wrongdoing (GP 41)

9.3.5 SFU's Information Policies (I10)

9.3.6 Ethics Review of Research Involving Human Participants (R 20.01)

9.3.7 Treatment of Animals in Research and Teaching (R 20.03)

9.3.8 Radiation Safety (R 20.04)

9.3.9 Student Academic Integrity Policy (S 10.01)

9.3.10 Student Conduct Policy (S 10.05)

9.3.11 Collective agreements and human resources and employment policies.

9.3.12 [Tri-Agency Framework: Responsible Conduct of Research](#)

9.3.13 The current edition of [Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans](#) (TCPS)

9.3.14 [Canadian Council on Animal Care](#) Policies and Guidelines

10.0 ACCESS TO INFORMATION AND PROTECTION OF PRIVACY

10.1 The information and records made and received to administer this policy are subject to the access to information and protection of privacy provisions of British Columbia's *Freedom of Information and Protection of Privacy Act* and the University's Information Policy series.

11.0 RETENTION AND DISPOSAL OF RECORDS

11.1 Information and records made and received to administer this policy are evidence of the University's actions to address misconduct in Research. Information and records must be retained and disposed of in accordance with a records retention schedule approved by the University Archivist.

12.0 POLICY REVIEW

12.1 This policy must be reviewed every 5 years and may always be reviewed as needed.

13.0 POLICY AUTHORITY

13.1 This policy is administered under the authority of the Vice-President, Research and International.

14.0 INTERPRETATION

14.1 Questions of interpretation or application of this policy or its procedures shall be referred to the President, whose decision shall be final.

15.0 PROCEDURES AND OTHER ASSOCIATED DOCUMENTS

15.1 Appendix A contains the definitions applicable to this policy and its associated procedures.

15.2 Appendix B contains examples of Research Misconduct.

15.3 The procedures for this policy are: Procedures to Address Allegations.

RESPONSIBLE CONDUCT OF RESEARCH: Procedures to Address Allegations

Date
May 25, 1995

Number
R60.01

**Date of Last
Review/Revision**

**Mandated
Review**
_____, 2026

Policy Authority: Vice-President Research and International

Parent Policy: Responsible Conduct of Research (R60.01)

1.0 PURPOSE

- 1.1 These procedures outline the process for addressing Allegations under the Responsible Conduct of Research policy, including how Allegations are addressed, how Investigations are conducted, and the University’s reporting requirements to external funding agencies.
- 1.2 This procedure will be updated on an ongoing basis to reflect changes in disciplinary standards or practices, in coordination with the most current version of the *Tri-Agency Framework on the Responsible Conduct of Research*.

2.0 DEFINITIONS

- 2.1 See Appendix A to the Responsible Conduct of Research (R60.01) policy for definitions of words used in the policy and in these procedures.

3.0 GENERAL

- 3.1 The University will exercise its authority and discretion under these procedures in conformity with the principles of procedural fairness in the university context.
- 3.2 The Respondent, Complainant, or any other party involved in an Inquiry or Investigation under these procedures may have a Representative or support person present. Members of unions and employee associations have the right to representation that their collective agreement confers.
- 3.3 The University respects the sensitive nature of the information that may be received under these procedures. Such information will only be disclosed in accordance with these procedures or as otherwise authorized by law.

4.0 MAKING AN ALLEGATION

- 4.1 An Allegation, confidential enquiries, and information related to an Allegation must be directed in writing to the [Research Integrity Officer](#) (“RIO”).

- 4.2 The RIO will act in accordance with the protection of identity principles contained in the University's Protected Disclosure Policy (GP 41).
- 4.2.1 The University will take reasonable steps to protect the identity of the person(s) making the Allegation, recognizing that disclosure may be required in order for the University to investigate the matter or to take disciplinary or other actions.
- 4.2.2 The University will take reasonable steps to protect Complainants from Retaliation, and to address Retaliation where it falls within the authority of the University to do so.
- 4.3 An Allegation must include sufficient information to enable the RIO to assess the Allegation and the credibility of the facts and evidence on which the Allegation is based. Anonymous Allegations will only be considered if they meet this standard and will not require further information from the Complainant.
- 4.4 If the RIO is named in, or associated with, the Allegation, then the Associate Vice-President Research will normally assume the role of the RIO.
- 4.5 In the case of multiple Allegations involving the same Respondent(s), the RIO may consolidate the Allegations.
- 4.6 Where an Allegation is related to conduct that occurred at another institution, the University will contact the other institution and determine together which institution is best placed to conduct, if warranted, the Inquiry and Investigation. SFU, as the institution that received the Allegation, must communicate to the Complainant which institution will address the Allegation.
- 5.0 RESPONDING TO AN ALLEGATION: INITIAL INQUIRY**
- 5.1 Upon receiving an Allegation, the Research Integrity Officer will undertake an initial Inquiry to determine whether it appears to be based on facts that would, if true, constitute a Breach. The Inquiry may include interviewing the Respondent(s) and examining or analyzing relevant records.
- 5.2 The RIO will report the findings of the Inquiry to the Vice-President, Research and International ("VPRI") or delegate, who will determine if an Investigation is warranted.
- 5.3 If the VPRI is named in, or associated with, the Allegation, then the Provost and Vice-President Academic will normally assume the role of the VPRI.
- 5.4 If the VPRI or delegate determines that the alleged Breach is not based on facts that would, if true, constitute a Breach, the Allegation will be dismissed, the Complainant will be informed, and the matter will conclude.
- 5.5 If the VPRI or delegate determines that an Investigation is warranted, the RIO shall send a notice to the Respondent and shall normally enclose a full copy of the signed Allegation and an invitation to respond to it in writing.
- 5.6 The Inquiry, reporting, decision and notification will normally be completed within two months.

6.0 INVESTIGATING AN ALLEGATION

Investigation Committee

- 6.1 If the VPRI or delegate determines that an Investigation is warranted, the VPRI will instruct the RIO to appoint an Investigation Committee, with a minimum of three members, including the chair. The RIO will normally chair the Investigation Committee.
- 6.2 The Investigation Committee will include members who have the necessary expertise to assess the Allegation and to conduct the Investigation, and who are without Conflict of Interest.
- 6.3 The Investigation Committee shall include at least one external member with no current affiliation with the University.
- 6.4 The Investigation Committee members must sign a privacy and confidentiality agreement prior to serving.

Investigation Process

- 6.5 The mandate of the Investigation Committee is to investigate the Allegation(s), to make findings of fact, and to determine on a balance of probabilities whether a Breach has occurred. If a Breach has occurred, the Investigation Committee will determine the severity and extent of the Breach and the degree of intent on the part of the Respondent and will make recommendations for actions or sanctions. The Investigation Committee's determinations will be made by majority vote.
- 6.6 In every Investigation, the Respondent will:
 - 6.6.1 be informed of the Allegation;
 - 6.6.2 be given a reasonable opportunity to examine the evidence received by the Investigation Committee;
 - 6.6.3 be given a reasonable opportunity to respond to the Allegation and to the evidence.
- 6.7 Subject to section 6.6 and to the principles of procedural fairness within the university context, the Investigation Committee will investigate the Allegation(s) promptly, fairly, and judiciously, by any means it deems appropriate in the circumstances and its members will, to the best of their ability, respect the confidentiality of all parties. Within this framework, the Investigation Committee will develop procedures and practices appropriate to the case under investigation and will not be constrained by strict rules of procedure and evidence. This includes but is not limited to seeking further information and evidence by:
 - 6.7.1 interviewing the Respondent and the Complainant, each of whom shall be informed in advance of their right to have a support person or Representative present;
 - 6.7.2 interviewing witnesses;
 - 6.7.3 consulting with other University offices;
 - 6.7.4 seeking impartial expert opinions or advice;

- 6.7.5 obtaining written or electronic materials relevant to the Allegation(s) such as laboratory notebooks, manuscripts, files and records of other University committees such as the Research Ethics Board and the Animal Care Committee;
 - 6.7.6 requesting an audit of relevant research accounts;
 - 6.7.7 conducting a hearing; or
 - 6.7.8 pursuing other relevant avenues of investigation.
- 6.8 The Investigation Committee's investigation and reporting will normally be completed within four months.

7.0 INVESTIGATION COMMITTEE'S REPORT AND RECOMMENDATIONS

- 7.1 After considering all the evidence the Investigation Committee shall reach a decision and prepare a written report ("Report").
- 7.2 The Report shall include:
- 7.2.1 a copy of the Allegation;
 - 7.2.2 the written response from the Respondent, if any;
 - 7.2.3 a list of the people who provided information to the Investigation Committee and a summary of the information they provided
 - 7.2.4 a summary of relevant documents and other materials reviewed;
 - 7.2.5 the Investigation Committee's findings of fact based on the information gathered during the Investigation;
 - 7.2.6 the Investigation Committee's decision as to whether a Breach occurred with a statement of reasons for the finding;
 - 7.2.7 if a Breach occurred, the Investigation Committee's determination as to its severity and extent and the degree of intent of the Respondent; and
 - 7.2.8 the Investigation Committee's recommendations for actions to be taken, which may include but are not limited to:
 - a. sanctions against a Respondent found to have breached the policy;
 - b. actions to protect or restore the reputation of the Respondent if the Allegation was not substantiated;
 - c. actions to address a Complainant found to have made a deliberately misleading Allegation;
 - d. preventative measures to avoid recurrence of such a Breach.
- 7.3 The sanctions recommended by the Investigation Committee will depend on the nature and severity of the Breach and relevant mitigating factors such as what the Respondent ought to have known, the Respondent's level of research experience, any past Breaches, and the Respondent's intent (to the extent that it can be determined). Sanctions may include but are not limited to: reprimand, suspension, and/or dismissal.
- 7.4 If sanctions or actions against a student Respondent or Complainant are recommended, the Research Integrity Officer will:

- 7.4.1 provide that student with the Investigation Committee's Report, redacted as required to meet the privacy requirements of British Columbia law and SFU policy;
 - 7.4.2 provide the Investigation Committee report to the Registrar, who will utilize the procedures of the Student Academic Integrity Policy (S10.01) to address the recommendations; and
 - 7.4.3 provide the Vice-President Research and International with the Investigation Committee's Report.
- 7.5 If sanctions or actions against a non-student Respondent or Complainant are recommended, the Research Integrity Officer will:
- 7.5.1 provide the Respondent or Complainant with the Investigation Committee's Report, redacted as required to meet the privacy requirements of British Columbia law and SFU policy; and
 - 7.5.2 provide the Vice-President Research and International with the Investigation Committee's Report.

8.0 CONSIDERATION BY THE VICE-PRESIDENT, RESEARCH AND INTERNATIONAL

- 8.1 Where the Investigation Committee has recommended sanctions or actions in regard to a non-student, the Vice-President Research and International will consider the recommendations of the Investigation Committee and may accept, reject or modify them.
- 8.1.1 If the VPRI determines that sanctions or actions should be taken, the VPRI will communicate that decision in writing to the Complainant or the Respondent, with reasons.
 - 8.1.2 Any sanctions or actions will be imposed by the body designated by the relevant university policy, collective agreement, or by legislation. In such cases, the VPRI will transmit the Report to that other person, with a recommendation for action.

9.0 APPEAL

- 9.1 A student Respondent who wishes to appeal the Investigation Committee's decision or recommendations must do so pursuant to and in accordance with the processes in the Student Academic Integrity Policy (S10.01).
- 9.2 A non-student Respondent may choose to file an appeal or grievance as appropriate, according to the appeal or grievance mechanism available to that person. If no other such mechanism is available, an appeal of the Investigation Committee's decision or recommendations may be filed with the President as follows.
- 9.3 The grounds for an appeal to the President under section 9.2 are:
- 9.3.1 procedural deficiencies occurred of sufficient magnitude that it may reasonably be said to have affected the fairness of the process or altered the outcome of the case; or
 - 9.3.2 a factual error of sufficient magnitude was made that it may reasonably be said to have altered the outcome of the case.
- 9.4 The Respondent must file their appeal in writing within fifteen University business days of receiving the VPRI's decision. The appeal must include a clear statement of the grounds for the

appeal, how the grounds apply to this case, and will normally include any evidence being relied upon in support of the appeal.

- 9.5 If the President or designate determines that the grounds for appeal do not have merit, the appeal will be dismissed. The final decision will be communicated to the Respondent, in writing with reasons.
- 9.6 If the President or designate determines that the grounds for appeal do have merit, the matter will be returned to the RIO. The president's decision will be communicated to the Respondent, in writing with reasons.
- 9.7 The President or designate will normally complete the appeal within fifteen University business days of receipt.

10.0 REPORTING

- 10.1 When the case is concluded, and subject to applicable privacy law, the Research Integrity Officer shall inform all affected parties, in a timely manner, of the final decision reached and any sanctions or actions to be taken as a result. Privacy law restricts the type and scope of information that the University can provide to Complainants and others.
- 10.2 In cases where the Allegation is related to a funding application submitted to the Tri-Agency or an activity funded by the Tri-Agency, once the appeal period has passed the Research Integrity Officer shall produce a report and transmit it to the SRCR. Subject to applicable privacy and other laws, the report shall contain:
 - 10.2.1 the specific Allegation(s);
 - 10.2.2 the process and timelines followed for the Inquiry and/or Investigation;
 - 10.2.3 the Respondent's response to the Allegation, to the Investigation Committee's Report and findings, and if appropriate, any measures the Respondent has taken to rectify the Breach;
 - 10.2.4 a summary of the Investigation Committee's findings and reasons for the finding(s);
 - 10.2.5 the Investigation Committee's decision and recommendations, and
 - 10.2.6 the actions to be taken by the University.
- 10.3 The Research Integrity Officer's report to the SRCR shall not contain:
 - 10.3.1 information that is not related specifically to Tri-Agency funding and policies; or
 - 10.3.2 personal information about the Respondent, or any other person, that is not material to the institution's findings and its report to the SRCR.
- 10.4 Where Tri-Agency funding is involved, the SRCR and PRCR will review the Research Integrity Officer's report to determine if it meets Agency requirements and may follow up with the Research Integrity Officer for clarification.
- 10.5 The PRCR may recommend recourse, if appropriate.
- 10.6 The University may not enter into confidentiality agreements or other agreements related to an Inquiry or Investigation that prevents the University from reporting to the Tri-Agency through the SRCR.

- 10.7 If the research involved projects funded in whole or in part by any non-Tri-Agency Funding Organization and a Breach was found to have occurred, a copy of the Research Integrity Officer's report will be transmitted to that Funding Organization by the RIO as detailed in Sections 10.2 and 10.3.
- 10.7.1 If an Allegation is dismissed or otherwise determined to have been unfounded, and the Funding Organization is known to be aware or is likely to be aware of the Allegation, the Research Integrity Officer will so inform the Funding Organization.
- 10.8 Subject to the *Access to Information and Protection of Privacy Act*, the University will publish annual anonymized reports on its website, setting out the number and general nature of confirmed Breaches of Policy R60.01.
- 10.9 The University will also provide anonymized reports annually to the SRCR for confirmed Breaches of this Policy that involve Tri-Agency funds, and to the US Office of Research Integrity for Breaches that involve US federal agency funding.
- 11.0 DELIBERATELY MISLEADING ALLEGATIONS**
- 11.1 Making a deliberately misleading Allegation of Research Misconduct is prohibited conduct that is subject to a range of corrective and disciplinary measures. Making an Allegation based on a genuinely held but mistaken belief that Research Misconduct occurred is not considered to be deliberately misleading.
- 11.2 If the University determines that a deliberately misleading Allegation of Research Misconduct was made, the Research Integrity Officer will, in consultation with the office responsible for addressing the conduct of the Complainant, consider appropriate action.
- 12.0 RETALIATION**
- 12.1 Retaliation is unacceptable and prohibited conduct that will be taken seriously by the University and may result in discipline. An Allegation of Retaliation can be made at any time and should be made to the Research Integrity Officer.
- 12.2 The University reserves the right to address an Allegation of Retaliation under any University policy, process, or collective agreement, or by any external process that the University deems relevant and appropriate to the circumstances.
- 12.3 The University recognizes the unique power imbalance inherent in the relationship between a graduate student and their supervisor. Retaliation against a graduate student Complainant by their supervisor may have severe ramifications for the Complainant. Where a graduate student makes an Allegation against their supervisor, and should Retaliation occur, it may be necessary for the University to take additional corrective measures to address the situation.

APPENDIX A - DEFINITIONS - RESPONSIBLE CONDUCT OF RESEARCH

Date May 25, 1995	Number R60.01
Date of Last Review/Revision	Mandated Review _____, 2026

Policy Authority: Vice-President, Research and International

Parent Policy: Responsible Conduct of Research (R60.01)

1.0 PURPOSE

1.1 The definitions in this Appendix define the words used in the Responsible Conduct of Research policy (R60.01) (the “Policy”) and in the Procedures to Address Allegations (“the Procedures”).

2.0 DEFINITIONS

- 2.1 **Allegation** means a declaration, statement, or assertion communicated in writing that there has been, or continues to be, a Breach of the Responsible Conduct of Research Policy, the validity of which has not been established.
- 2.2 **Breach** means any conduct, behaviour, actions, or omissions that are inconsistent with or violate the Policy. A Breach includes innocent errors and oversights. The Respondent’s intention is a factor that is considered before imposing sanctions or taking other measures following an Investigation.
- 2.3 **Complainant** means a person who makes an Allegation. The University reserves the right to assume the role of Complainant.
- 2.4 **Conflict of Interest** means a situation in which the private interests of a Member or related party compromise, or have the appearance of compromising, the Member’s independence and objective judgment in actions or decisions taken by the Member on behalf of the University, including in the performance of their teaching, research, service, or other obligations to the University. In the research context, this includes influencing an investigator’s professional judgment in conducting or disseminating research. A conflict of interest can be real, potential, or perceived.
- 2.5 **Funding Organization** means a government agency, a foundation, or a private or corporate sponsor of Research at the University. This includes Canada’s three federal granting agencies (also referred to as the “Tri-Agency”).

- 2.6 **Inquiry** means the process of reviewing an Allegation to determine whether it has a sufficient factual basis, whether the facts would, if established on a balance of probabilities, constitute a Breach of the Policy, and whether an Investigation is warranted.
- 2.7 **Investigation** means a systematic process conducted by the designated Investigation Committee to consider an Allegation, to collect and examine evidence related to the Allegation, and to determine whether, on a balance of probabilities, a Breach of a policy has occurred.
- 2.8 **Investigation Committee (“Committee”)** is a group appointed by the Vice-President, Research and International (“VPRI”), or the VPRI’s delegate, authorized to conduct an Investigation, to determine whether a Breach has occurred, and to make recommendations for actions or sanctions.
- 2.9 **Member** means any person who teaches, conducts Research, or works at or under the auspices of the University, including, but not limited to, any person acting their capacity as part- or full-time faculty, staff or student, post-doctoral fellows, and any other persons while they are acting on behalf of or at the request of the University.
- 2.10 **Representative** means a person chosen by the Respondent, or by the Complainant, to accompany them to meetings or other processes under the Procedures, which may be a member or staff employee of an employee group or union to which they belong.
- 2.11 **Research** means an undertaking intended to extend knowledge through a disciplined inquiry and/or systematic investigation. For the purposes of the Responsible Conduct of Research Policy and its associated procedures, Research includes applying for and managing research funds, performing research, and disseminating results, but does not normally include research carried out by students that is not intended for publication.
- 2.12 **Research Integrity Officer (“RIO”)** is an academic staff member designated by the Vice-President Research and International, responsible for implementing the Procedures to Address Allegations.
- 2.13 **Research Misconduct** means conduct that breaches the standards and practice generally accepted within the relevant research/scholarly field and may include but is not limited to fabrication or falsification, destruction of research records, plagiarism, self-plagiarism, invalid authorship, inadequate acknowledgement, mismanagement of conflict of interest, misrepresentation, mismanagement of research funds, failure to comply with the requirements of funding applications, agreements and related policies, and failure to obtain the necessary approvals before commencing work with human participants. Research Misconduct does not include situations of conflicting, though valid, data, valid differences in experimental design, or differences in interpretation or evaluation of information. See Appendix B to the Policy for examples of Research Misconduct.
- 2.14 **Respondent** means a Member or Members against whom an Allegation is directed, or who may be implicated in an Allegation (for example, co-authors or co-investigators or other members of a research team), or who become the subject of an Investigation. Respondent also includes a past Member against whom an Allegation is directed with respect to Research activities conducted while a Member.
- 2.15 **Retaliation** means an adverse action or threatened action, direct or indirect, taken or made through any means, against a person who invoked the Policy or its procedures in good faith, or

against a person who participated or cooperated in good faith in a University process addressing an Allegation. Retaliation is prohibited conduct

- 2.16 **Secretariat on the Responsible Conduct of Research (“SRCR”)** means the body, external to the University, that provides substantive and administrative support for the Panel on Research Ethics (“PRE”), the Panel on Responsible Conduct of Research (“PRCR”), and for the Tri-Agency with respect to the *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans*, 2nd edition, and the *Tri-Agency Framework: Responsible Conduct of Research*.
- 2.17 **University** means Simon Fraser University, also referred to as SFU.

APPENDIX B - RESPONSIBLE CONDUCT OF RESEARCH POLICY - EXAMPLES OF RESEARCH MISCONDUCT

Date May 25, 1995	Number R60.01
Date of Last Review/Revision	Mandated Review _____, 2026

Policy Authority: Vice-President, Research and International

Parent Policy: Responsible Conduct of Research (R60.01)

1.0 PURPOSE

1.1 This Appendix to the Responsible Conduct of Research Policy (R60.01) provides examples of Research Misconduct under that policy which may be the subject of investigation and sanction pursuant to the Procedures to Address Allegations. The examples provided below are not exhaustive.

2.0 EXAMPLES OF RESEARCH MISCONDUCT

- 2.1 **Fabrication:** making up data, source material, methodologies, or findings, including graphs and images.
- 2.2 **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.
- 2.3 **Destruction of research records:** the destruction of one’s own or another’s research data or records to avoid the detection of wrongdoing or in contravention of the applicable funding agreement, institutional policy, laws, regulations, and/or standards accepted in the relevant discipline or field of scholarship.
- 2.4 **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/or, if required, without permission.
- 2.5 **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 without justification.

- 2.6 **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.
- 2.7 **Inadequate acknowledgement:** failure to appropriately recognize contributors, including undergraduate and graduate students.
- 2.8 **Mismanagement of conflict of interest:** failure to appropriately identify, disclose, and address any real, potential, or perceived conflicts of interest in accordance with the University's policy on Conflict of Interest and Conflict of Commitment (GP 37).
- 2.9 **Misrepresentation in a grant application or related document:** providing incomplete, inaccurate, or false information in a grant application or award document; applying for or holding research funding when deemed ineligible for reasons of breach of research-related policies such as ethics or financial management; listing co-applicants, collaborators, or partners without their agreement.
- 2.10 **Mismanagement of grant or award funds:** use of grant or award funds for purposes inconsistent with policies of the University or the funder; contravening financial policies; or providing misleading, inaccurate, or false information on expenditure and related documentation.
- 2.11 **Breach of University or Funding Organization's policies or requirements:** failing to comply with relevant policies or requirements applicable to certain types of research, such as research involving human participants or animals.