



**POLICIES**

Effective Date: July 1, 2011

Interim Date: July 21, 2015

Revised: July 1, 2015

Approved by: James E. K. Hildreth, Ph.D., M.D.  
President and Chief Executive Officer

Subject: Office of Research - Policy and Procedures for Responding to Allegations of Research Misconduct

**PURPOSE:**

This statement of policy and procedures carries out this institution's responsibilities under the Public Health Service (PHS) Policies on Research Misconduct, 42 CFR Part 93.

**POLICY STATEMENT:**

This policy applies to allegations of research misconduct (fabrication, falsification, or plagiarism in proposing, performing, or reviewing research, or in reporting research results) involving a person who, at the time of the alleged research misconduct, was employed by, was an agent or student of, or was affiliated by contract or agreement with this institution; and involved:

- (1) biomedical or behavioral research, research training or activities related to that research or research training, such as the operation of tissue and data banks, core research facilities, and the dissemination of research information,
- (2) applications or proposals for support for biomedical or behavioral research, research training or activities related to that research or research training, or
- (3) plagiarism of research records produced in the course of research, research training or activities related to that research or research training.

This includes any research proposed, performed, reviewed, or reported, or any research record generated from that research, regardless of whether an application or proposal for funds resulted in a grant, contract, cooperative agreement, subcontract or other form of support.

This statement of policy and procedures does not apply to authorship or collaboration disputes and applies only to allegations of research misconduct that occurred within six years of the date the institution or research sponsor received the allegation, subject to the subsequent use, health or safety of the public, and grandfather exceptions in 42 CFR § 93.105(b).

**DEFINITIONS:**



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*Allegation* means any written or oral statement or any other indication of possible research misconduct made to or observed by an institutional official through any means of communication.

*Complainant* means a person who makes a good faith allegation of research misconduct.

*Conflict of interest* means the real or apparent interference of one person's interests with the interests of another person, where potential bias may occur due to prior or existing personal, professional or financial relationships.

*Deciding Official (DO)* means the Vice President for Research. The DO makes final determinations on allegations of research misconduct and any institutional administrative actions. The Deciding Official should have no direct prior involvement in the institution's inquiry, investigation, or allegation assessment. The DO's appointment of an individual to assess allegations of research misconduct, or to serve on an inquiry or investigation committee, is not considered to be direct prior involvement. In the event the Vice President for Research is unable for any reason (such as a real or perceived conflict of interest) to serve as DO in a specific case, then the President (or the President's designee) shall serve as the DO.

*Evidence* means any research record, document, tangible item, or testimony offered or obtained in connection with a research misconduct proceeding that tends to prove or disprove the existence of a fact.

*Good faith* as applied to a Complainant, Respondent or witness means having an honest belief in the truth of one's allegation or testimony that a reasonable person in the Complainant's, Respondent's, or witness' position could have based on the information known to the Complainant, Respondent, or witness at the time. Any allegation, testimony, or cooperation with a research misconduct proceeding is not in good faith if it is made with knowing or reckless disregard for information that would negate the allegation or testimony. Good faith as applied to a committee member means cooperating with the purpose of helping an institution meet its responsibilities under the PHS regulation. A committee member does not act in good faith if his or her acts or omissions on the committee are dishonest or influenced by personal, professional, or financial conflicts of interest with those involved in the research misconduct proceeding.



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*Inquiry* means preliminary gathering of information and initial fact-finding to determine whether an allegation or apparent instance of research misconduct warrants an investigation.

*Investigation* means the formal examination and evaluation of all relevant facts to determine if misconduct has occurred and, if so, to determine the responsible person and the seriousness of the misconduct.

*ORI* means the Office of Research Integrity, the office within the U.S. Department of Health and Human Services (DHHS) that is responsible for the research misconduct and research integrity activities of the U.S. Public Health Service.

*PHS* means the U.S. Public Health Service, an operating component of the DHHS.

*PHS regulation* means the Public Health Service regulation establishing standards for institutional inquiries and investigations into allegations of research misconduct, which is set forth at 42 C.F.R. Part 93, entitled "Public Health Service Policies on Research Misconduct."

*PHS support* means any relationship between the alleged research misconduct and PHS within the scope of the PHS regulation, including but not limited to, PHS grants, contracts, or cooperative agreements (including research training programs and other research-related activities such as tissue or data banks) or applications therefor, as well as any subgrants or subcontracts or any salary or other payments from PHS under such grants, contracts or cooperative agreements. The scope of the PHS regulation also includes plagiarism of research records produced in the course of PHS research, research training, or related research activities.

*Research record* means any data, document, computer file, computer diskette, or any other written or non-written record, account or object that reasonably may be expected to provide evidence or information regarding the proposed, conducted, or reported research that constitutes the subject of an allegation of research misconduct. A research record includes, but is not limited to, grant or contract applications, whether funded or unfunded; grant or contract progress and other reports; any documents or materials provided to DHHS or Meharry in the course of misconduct proceedings; laboratory notebooks; notes; correspondence; videos; photographs; X-ray film; slides; biological materials; computer files and printouts; manuscripts and publications; equipment use logs; laboratory procurement records; animal facility records; human and animal subject protocols; consent



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forms; medical charts; patient research files, abstracts, theses, presentations, and publications.

*Respondent* means the person against whom an allegation of research misconduct is directed or the person whose actions are the subject of the inquiry or investigation. There can be more than one Respondent in any inquiry or investigation.

*Retaliation* means any action that adversely affects the employment or other institutional status of an individual that is taken by Meharry or an employee because the individual has in good faith, made an allegation of research misconduct or of inadequate institutional response thereto or has cooperated in good faith with an investigation of such allegation.

*Research Integrity Officer (RIO)* means the Assistant Vice President for Human Subjects Protection and Research Integrity. The RIO is responsible for: (1) assessing allegations of research misconduct to determine if they fall within the definition of research misconduct, are covered by 42 CFR Part 93, and warrant an inquiry on the basis that the allegation is sufficiently credible and specific so that potential evidence of research misconduct may be identified; (2) overseeing inquires and investigations; and (3) the other responsibilities described in Exhibit 1 of this policy.

*Research misconduct* means fabrication, falsification, or plagiarism, in proposing, performing, or reviewing research, or in reporting research results. Fabrication is making up data or results and recording or reporting them. Falsification is manipulating research materials, equipment, or processes, or changing or omitting data or results such that the research is not accurately represented in the research record. Plagiarism is the appropriation of another person’s ideas, processes, results, or words without giving appropriate credit. Research misconduct does not include honest error or differences of opinion in interpretations or judgments of data; or authorship or collaboration disputes.

*Research misconduct proceeding* means any action related to alleged research misconduct encompassed by this policy or the PHS regulation, including but not limited to, preliminary assessments of allegations, inquiries, investigations, grievances, and ORI oversight reviews, hearings and administrative appeals.

**PROCEDURE:**



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**Rights and Responsibilities**

The chief participants in the procedure for reviewing allegations of misconduct are the DO, the RIO, the Complainant and the Respondent. Their rights and responsibilities are as follows

*Research Integrity Officer*

The Assistant Vice President for Human Subjects Protection and Research Integrity serves as the RIO who will have primary responsibility for implementation of the institution's policies and procedures on research misconduct. A detailed listing of the responsibilities of the RIO is set forth in Exhibit 1. These responsibilities include the following duties related to research misconduct proceedings:

- Consult confidentially with persons uncertain about whether to submit an allegation of research misconduct;
- Receive allegations of research misconduct;
- Assess each allegation of research misconduct to determine whether it falls within the definition of research misconduct and warrants an inquiry;
- As necessary, take interim action and notify ORI of special circumstances;
- Sequester research data and evidence pertinent to the allegation of research misconduct and maintain it securely in accordance with this policy and applicable law and regulation;
- Provide confidentiality to those involved in the research misconduct proceeding as required by 42 CFR § 93.108, other applicable law, and institutional policy;
- Notify the Respondent and provide opportunities for him/her to review/comment/respond to allegations, evidence, and committee reports in accordance with this policy;
- Inform Respondents, Complainants, and witnesses of the procedural steps in the research misconduct proceeding;

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- Appoint the chair and members of the inquiry and investigation committees, ensure that those committees are properly staffed and that there is expertise appropriate to carry out a thorough and authoritative evaluation of the evidence;
- Determine whether each person involved in handling an allegation of research misconduct has an unresolved personal, professional, or financial conflict of interest and take appropriate action, including recusal, to ensure that no person with such conflict is involved in the research misconduct proceeding;
- In cooperation with other institutional officials, take all reasonable and practical steps to protect or restore the positions and reputations of good faith Complainants, witnesses, and committee members and counter potential or actual retaliation against them by Respondents or other institutional members;
- Keep the Deciding Official and others who need to know apprised of the progress of the review of the allegation of research misconduct;
- Notify and make reports to ORI as required by 42 CFR Part 93;
- Ensure that administrative actions taken by the institution and ORI are enforced and take appropriate action to notify other involved parties, such as sponsors, law enforcement agencies, professional societies, and licensing boards of those actions; and
- Maintain records of the research misconduct proceeding and make them available to ORI in accordance with this policy.

*Complainant*

The Complainant is responsible for making allegations in good faith, maintaining confidentiality, and cooperating with the inquiry and investigation. As a matter of good practice, the Complainant should be interviewed at the inquiry stage and given the transcript or recording of the interview for correction. The Complainant must be interviewed during an investigation, and be given the transcript or recording of the interview for correction.

*Respondent*

The Respondent is responsible for maintaining confidentiality and cooperating with



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the conduct of an inquiry and investigation. The Respondent is entitled to:

- A good faith effort from the RIO to notify the Respondent in writing at the time of or before beginning an inquiry;
- An opportunity to comment on the inquiry report and have his/her comments attached to the report;
- Be notified of the outcome of the inquiry, and receive a copy of the inquiry report that includes a copy of, or refers to 42 CFR Part 93 and the institution's policies and procedures on research misconduct;
- Be notified in writing of the allegations to be investigated within a reasonable time after the determination that an investigation is warranted, but before the investigation begins (within 30 days after the institution decides to begin an investigation), and be notified in writing of any new allegations, not addressed in the inquiry or in the initial notice of investigation, within a reasonable time after the determination to pursue those allegations;
- Be interviewed during the investigation, have the opportunity to correct the recording or transcript, and have the corrected recording or transcript included in the record of the investigation;
- Have interviewed during the investigation any witness who has been reasonably identified by the Respondent as having information on relevant aspects of the investigation, have the recording or transcript provided to the witness for correction, and have the corrected recording or transcript included in the record of investigation; and
- Receive a copy of the draft investigation report and, concurrently, a copy of, or supervised access to the evidence on which the report is based, and be notified that any comments must be submitted within 30 days of the date on which the copy was received and that the comments will be considered by the institution and addressed in the final report.

The Respondent should be given the opportunity to admit that research misconduct occurred and that he/she committed the research misconduct. With the advice of the RIO and/or other institutional officials, the Deciding Official may terminate the institution's review of an allegation that has been admitted, if the



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institution's acceptance of the admission and any proposed settlement is approved by ORI.

As provided in 42 CFR § 93.314(a), the Respondent will have the opportunity to request an institutional appeal.

*Deciding Official*

The DO will receive the inquiry report and after consulting with the RIO and/or other institutional officials, decide whether an investigation is warranted under the criteria in 42 CFR § 93.307(d). Any finding that an investigation is warranted must be made in writing by the DO and must be provided to ORI, together with a copy of the inquiry report meeting the requirements of 42 CFR § 93.309, within 30 days of the finding. If it is found that an investigation is not warranted, the DO and the RIO will ensure that detailed documentation of the inquiry is retained for at least 7 years after termination of the inquiry, so that ORI may assess the reasons why the institution decided not to conduct an investigation.

The DO will receive the investigation report and, after consulting with the RIO and/or other institutional officials, decide the extent to which this institution accepts the findings of the investigation and, if research misconduct is found, decide what, if any, institutional administrative actions are appropriate. The DO shall ensure that the final investigation report, the findings of the DO and a description of any pending or completed administrative actions are provided to ORI, as required by 42 CFR § 93.315.

**General Policies and Principles**

*Responsibility to Report Misconduct*

All institutional members will report observed, suspected, or apparent research misconduct to the RIO. If an individual is unsure whether a suspected incident falls within the definition of research misconduct, he or she may meet with or contact the RIO. to discuss the suspected research misconduct informally, which may include discussing it anonymously and/or hypothetically. If the circumstances described by the individual do not meet the definition of research misconduct, the RIO will refer the individual or allegation to other offices or officials with responsibility for resolving the problem.



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At any time, an institutional member may have confidential discussions and consultations about concerns of possible misconduct with the RIO, department chairs, deans, or other college officials and will be counseled about appropriate procedures for reporting allegations. However, allegations of misconduct made anonymously to the RIO by letter or other means will not trigger misconduct proceedings. Such allegations will be referred to the Office of Corporate Compliance for resolution. Repeated, anonymous allegations of misconduct against an individual may be regarded by the college as harassment and subject the accuser to the college’s harassment policy

*Cooperation with Research Misconduct Proceedings*

Institutional members will cooperate with the RIO and other institutional officials in the review of allegations and the conduct of inquiries and investigations. Institutional members, including Respondents, have an obligation to provide evidence relevant to research misconduct allegations to the RIO or other institutional officials.

*Confidentiality*

The RIO shall, as required by 42 CFR § 93.108: (1) limit disclosure of the identity of Respondents and Complainants to those who need to know in order to carry out a thorough, competent, objective and fair research misconduct proceeding; and (2) except as otherwise prescribed by law, limit the disclosure of any records or evidence from which research subjects might be identified to those who need to know in order to carry out a research misconduct proceeding. The RIO should use written confidentiality agreements or other mechanisms to ensure that the recipient does not make any further disclosure of identifying information. Anonymous allegations of misconduct will be treated as described under “Responsibility to Report Misconduct” above.

*Protecting Complainants, witnesses, and committee members*

Institutional members may not retaliate in any way against Complainants, witnesses, or committee members. Institutional members should immediately report any alleged or apparent retaliation against Complainants, witnesses or committee members to the RIO, who shall review the matter and, as necessary, make all reasonable and practical efforts to counter any potential or actual

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retaliation and protect and restore the position and reputation of the person against whom the retaliation is directed.

*Protecting the Respondent*

As requested and as appropriate, the RIO and other institutional officials shall make all reasonable and practical efforts to protect or restore the reputation of persons alleged to have engaged in research misconduct, but against whom no finding of research misconduct is made.

During the research misconduct proceeding, the RIO is responsible for ensuring that Respondents receive all the notices and opportunities provided for in 42 CFR Part 93 and the policies and procedures of the institution. Respondents may consult with legal counsel or a non-lawyer personal adviser (who is not a principal or witness in the case) to seek advice and may bring the counsel or personal adviser to interviews or meetings on the case. During such interviews or meetings, the counsel or personal advisor may advise, but not represent the Respondent.

*Interim Administrative Actions and Notifying ORI of Special Circumstances*

Throughout the research misconduct proceeding, the RIO will review the situation to determine if there is any threat of harm to public health, federal funds and equipment, or the integrity of the PHS supported research process. In the event of such a threat, the RIO will, in consultation with other institutional officials and ORI, take appropriate interim action to protect against any such threat. Interim action might include additional monitoring of the research process and the handling of federal funds and equipment, reassignment of personnel or of the responsibility for the handling of federal funds and equipment, additional review of research data and results or delaying publication. The RIO shall, at any time during a research misconduct proceeding, notify ORI immediately if he/she has reason to believe that any of the following conditions exist:

- Health or safety of the public is at risk, including an immediate need to protect human or animal subjects;
- HHS resources or interests are threatened;
- Research activities should be suspended;

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- There is a reasonable indication of possible violations of civil or criminal law;
- Federal action is required to protect the interests of those involved in the research misconduct proceeding;
- The research misconduct proceeding may be made public prematurely and HHS action may be necessary to safeguard evidence and protect the rights of those involved; or
- The research community or public should be informed.

### **Conducting the Assessment and Inquiry**

#### *Assessment of Allegations*

Upon receiving an allegation of research misconduct, the RIO will immediately assess the allegation to determine whether it is sufficiently credible and specific so that potential evidence of research misconduct may be identified, whether it is within the jurisdictional criteria of 42 CFR § 93.102(b), and whether the allegation falls within the definition of research misconduct in 42 CFR § 93.103. An inquiry must be conducted if these criteria are met.

The assessment period should be brief, preferably concluded within a week. In conducting the assessment, the RIO need not interview the Complainant, Respondent, or other witnesses, or gather data beyond any that may have been submitted with the allegation, except as necessary to determine whether the allegation is sufficiently credible and specific so that potential evidence of research misconduct may be identified. The RIO shall, on or before the date on which the Respondent is notified of the allegation, obtain custody of, inventory, and sequester all research records and evidence needed to conduct the research misconduct proceeding, as provided below.

#### *Initiation and Purpose of the Inquiry*

If the RIO determines that the criteria for an inquiry are met, he or she will immediately initiate the inquiry process. The purpose of the inquiry is to conduct an initial review of the available evidence to determine whether to conduct an investigation. An inquiry does not require a full review of all the evidence related to the allegation.



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*Notice to Respondent; Sequestration of Research Records*

At the time of or before beginning an inquiry, the RIO must make a good faith effort to notify the Respondent in writing, if the Respondent is known. If the inquiry subsequently identifies additional Respondents, they must be notified in writing. On or before the date on which the Respondent is notified, or the inquiry begins, whichever is earlier, the RIO must take all reasonable and practical steps to obtain custody of all the research records and evidence needed to conduct the research misconduct proceeding, inventory the records and evidence and sequester them in a secure manner, except that where the research records or evidence encompass scientific instruments shared by a number of users, custody may be limited to copies of the data or evidence on such instruments, so long as those copies are substantially equivalent to the evidentiary value of the instruments. The RIO may consult with ORI for advice and assistance in this regard.

*Appointment of the Inquiry Committee*

The RIO, in consultation with other institutional officials as appropriate, will appoint an inquiry committee and committee chair as soon after the initiation of the inquiry as is practical. The inquiry committee must consist of no fewer than three individuals who do not have unresolved personal, professional, or financial conflicts of interest with those involved with the inquiry and should include individuals with the appropriate scientific expertise to evaluate the evidence and issues related to the allegation, interview the principals and key witnesses, and conduct the inquiry. The inquiry committee shall be composed only of individuals with a formal affiliation with Meharry Medical College unless a complete inquiry committee with the minimum number of members required cannot be assembled from within Meharry Medical College due to conflicts of interest. Should this situation occur, the RIO and other institutional officials as appropriate may select inquiry committee members who are unaffiliated with Meharry Medical College.

The RIO will notify the Respondent in writing of the proposed committee membership to give the respondent the opportunity to object to a proposed member based upon a personal, professional, or financial conflict of interest. The RIO will provide this written notice to the Respondent within 5 calendar days of the RIO confirming the full committee membership. The Respondent must submit all objections to the RIO in writing within 10 calendar days of receiving such notice.

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The RIO will prepare a charge for the inquiry committee that:

- Sets forth the time for completion of the inquiry;
- Describes the allegations and any related issues identified during the allegation assessment;
- States that the purpose of the inquiry is to conduct an initial review of the evidence, including the testimony of the Respondent, Complainant and key witnesses, to determine whether an investigation is warranted, not to determine whether research misconduct definitely occurred or who was responsible;
- States that an investigation is warranted if the committee determines: (1) there is a reasonable basis for concluding that the allegation falls within the definition of research misconduct and is within the jurisdictional criteria of 42 CFR § 93.102(b); and, (2) the allegation may have substance, based on the committee's review during the inquiry.
- Informs the inquiry committee that they are responsible for preparing or directing the preparation of a written report of the inquiry that meets the requirements of this policy and 42 CFR § 93.309(a).

At the committee's first meeting, the RIO will review the charge with the committee, discuss the allegations, any related issues, and the appropriate procedures for conducting the inquiry, assist the committee with organizing plans for the inquiry, and answer any questions raised by the committee. The RIO will be present or available throughout the inquiry to advise the committee as needed.

*Inquiry Process*

The inquiry committee will normally interview the Complainant, the Respondent, and key witnesses as well as examine relevant research records and materials. Then the inquiry committee will evaluate the evidence, including the testimony obtained during the inquiry. After consultation with the RIO, the committee members will decide whether an investigation is warranted based on the criteria in this policy and 42 CFR § 93.307(d). The scope of the inquiry is not required to and does not normally include deciding whether misconduct definitely occurred,



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determining definitely who committed the research misconduct or conducting exhaustive interviews and analyses. However, if a legally sufficient admission of research misconduct is made by the Respondent, misconduct may be determined at the inquiry stage if all relevant issues are resolved. In that case, the institution shall promptly consult with ORI to determine the next steps that should be taken.

*Time for Completion*

The inquiry, including preparation of the final inquiry report and the decision of the DO on whether an investigation is warranted, must be completed within 60 calendar days of initiation of the inquiry, unless the RIO determines that circumstances clearly warrant a longer period. If the RIO approves an extension, the inquiry record must include documentation of the reasons for exceeding the 60-day period and the RIO must notify the Respondent of such an extension.

*The Inquiry Report*

*Elements of the Inquiry Report*

A written inquiry report must be prepared that includes the following information: (1) the name and position of the Respondent; (2) a description of the allegations of research misconduct; (3) the PHS support, including, for example, grant numbers, grant applications, contracts and publications listing PHS support; (4) the basis for recommending or not recommending that the allegations warrant an investigation; (5) any comments on the draft report by the Respondent or Complainant. The inquiry report should also include the names and titles of the committee members and experts who conducted the inquiry; a summary of the inquiry process used; a list of the research records reviewed; summaries of any interviews; and whether any other actions should be taken if an investigation is not recommended.

Institutional counsel should review the report for legal sufficiency. Modifications should be made as appropriate in consultation with the RIO and the inquiry committee.

*Notification to the Respondent and Opportunity to Comment*

The RIO shall notify the Respondent whether the inquiry found an investigation to be warranted, include a copy of the draft inquiry report for comment within 10 days,

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and include a copy of, or refer to, 42 CFR Part 93 and the institution's policies and procedures on research misconduct.

Any comments that are submitted by the Respondent or Complainant will be attached to the final inquiry report. Based on the comments, the inquiry committee may revise the draft report as appropriate and prepare it in final form. The committee will deliver the final report to the RIO.

**Institutional Decision and Notification***Decision by Deciding Official*

The RIO will transmit the final inquiry report and any comments to the DO, who will determine in writing whether an investigation is warranted. The inquiry is completed when the DO makes this determination.

*Notification to ORI*

Within 30 calendar days of the DO's decision that an investigation is warranted, the RIO will provide ORI with the DO's written decision and a copy of the inquiry report. The RIO will also notify those institutional officials who need to know of the DO's decision. The RIO must provide the following information to ORI upon request: (1) the institutional policies and procedures under which the inquiry was conducted; (2) the research records and evidence reviewed, transcripts or recordings of any interviews, and copies of all relevant documents; and (3) the charges to be considered in the investigation.

*Documentation of Decision Not to Investigate*

If the DO decides that an investigation is not warranted, the RIO shall secure and maintain for 7 years after the termination of the inquiry sufficiently detailed documentation of the inquiry to permit a later assessment by ORI of the reasons why an investigation was not conducted. These documents must be provided to ORI or other authorized HHS personnel upon request.

**Conducting the Investigation***Initiation and Purpose*

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The investigation must begin within 30 calendar days after the determination by the DO that an investigation is warranted. The purpose of the investigation is to develop a factual record by exploring the allegations in detail and examining the evidence in depth, leading to recommended findings on whether research misconduct has been committed, by whom, and to what extent. The investigation will also determine whether there are additional instances of possible research misconduct that would justify broadening the scope beyond the initial allegations. This is particularly important where the alleged research misconduct involves clinical trials or potential harm to human subjects or the general public or if it affects research that forms the basis for public policy, clinical practice, or public health practice. Under 42 CFR § 93.313 the findings of the investigation must be set forth in an investigation report.

*Notifying ORI and Respondent; Sequestration of Research Records*

On or before the date on which the investigation begins, the RIO must: (1) notify the ORI Director of the decision to begin the investigation and provide ORI with a copy of the inquiry report; and (2) notify the Respondent in writing of the allegations to be investigated. The RIO must also give the Respondent written notice of any new allegations of research misconduct within a reasonable amount of time of deciding to pursue allegations not addressed during the inquiry or in the initial notice of the investigation.

The RIO will, prior to notifying Respondent of the allegations, take all reasonable and practical steps to obtain custody of and sequester in a secure manner all research records and evidence needed to conduct the research misconduct proceeding that were not previously sequestered during the inquiry. The need for additional sequestration of records for the investigation may occur for any number of reasons, including the institution's decision to investigate additional allegations not considered during the inquiry stage or the identification of records during the inquiry process that had not been previously secured. The procedures to be followed for sequestration during the investigation are the same procedures that apply during the inquiry.

*Appointment of the Investigation Committee*

The RIO, in consultation with other institutional officials as appropriate, will appoint an investigation committee and the committee chair as soon after the beginning of the investigation as is practical. The investigation committee must consist of no

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fewer than five individuals who do not have unresolved personal, professional, or financial conflicts of interest with those involved with the investigation and should include individuals with the appropriate scientific expertise to evaluate the evidence and issues related to the allegation, interview the Respondent and Complainant and conduct the investigation. Individuals appointed to the investigation committee may also have served on the inquiry committee. When necessary to secure the necessary expertise or to avoid conflicts of interest, the RIO may select committee members from outside the institution.

*Charge to the Committee and the First Meeting*

The RIO will define the subject matter of the investigation in a written charge to the committee that:

- Describes the allegations and related issues identified during the inquiry;
- Identifies the Respondent;
- Informs the committee that it must conduct the investigation in accordance with this policy;
- Defines research misconduct;
- Informs the committee that it must evaluate the evidence and testimony to determine whether, based on a preponderance of the evidence, research misconduct occurred and, if so, the type and extent of it and who was responsible;
- Informs the committee that in order to determine that the Respondent committed research misconduct it must find that a preponderance of the evidence establishes that: (1) research misconduct, as defined in this policy, occurred (Respondent has the burden of proving by a preponderance of the evidence any affirmative defenses raised, including honest error or a difference of opinion); (2) the research misconduct is a significant departure from accepted practices of the relevant research community; and (3) the Respondent committed the research misconduct intentionally, knowingly, or recklessly; and
- Informs the committee that it must prepare or direct the preparation of a written

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investigation report that meets the requirements of this policy and 42 CFR § 93.313.

*First Meeting*

The RIO will convene the first meeting of the investigation committee to review the charge, the inquiry report, and the prescribed procedures and standards for the conduct of the investigation, including the necessity for confidentiality and for developing a specific investigation plan. The investigation committee will be provided with a copy of this statement of policy and procedures and 42 CFR Part 93. The RIO will be present or available throughout the investigation to advise the committee as needed.

*Investigation Process*

The investigation committee and the RIO must:

- Use diligent efforts to ensure that the investigation is thorough and sufficiently documented and includes examination of all research records and evidence relevant to reaching a decision on the merits of each allegation;
- Take reasonable steps to ensure an impartial and unbiased investigation to the maximum extent practical;
- Interview each Respondent, Complainant, and any other available person who has been reasonably identified as having information regarding any relevant aspects of the investigation, including witnesses identified by the Respondent, and record or transcribe each interview, provide the recording or transcript to the interviewee for correction, and include the recording or transcript in the record of the investigation; and
- Pursue diligently all significant issues and leads discovered that are determined relevant to the investigation, including any evidence of any additional instances of possible research misconduct, and continue the investigation to completion.

*Time for Completion*

The investigation is to be completed within 120 days of beginning it, including conducting the investigation, preparing the report of findings, providing the draft

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report for comment and sending the final report to ORI. However, if the RIO determines that the investigation will not be completed within this 120-day period, he/she will submit to ORI a written request for an extension, setting forth the reasons for the delay. The RIO will ensure that periodic progress reports are filed with ORI, if ORI grants the request for an extension and directs the filing of such reports.

**The Investigation Report***Elements of the Investigation Report*

The investigation committee and the RIO are responsible for preparing a written draft report of the investigation that:

- Describes the nature of the allegation of research misconduct, including identification of the Respondent;
- Describes and documents the financial support for the research, including, for example, the sponsors' names, numbers of any grants that are involved, grant applications, contracts, and publications
- Describes the specific allegations of research misconduct considered in the investigation;
- Includes the institutional policies and procedures under which the investigation was conducted, unless those policies and procedures were provided to ORI previously;
- Identifies and summarizes the research records and evidence reviewed and identifies any evidence taken into custody but not reviewed; and
- Includes a statement of findings for each allegation of research misconduct identified during the investigation. Each statement of findings must: (1) identify whether the research misconduct was falsification, fabrication, or plagiarism, and whether it was committed intentionally, knowingly, or recklessly; (2) summarize the facts and the analysis that support the conclusion and consider the merits of any reasonable explanation by the Respondent, including any effort by Respondent to establish by a preponderance of the evidence that he or she did not engage in research misconduct because of honest error or a

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difference of opinion; (3) identify the specific PHS support; (4) identify whether any publications need correction or retraction; (5) identify the person(s) responsible for the misconduct; and (6) list any current support or known applications or proposals for support that the Respondent has pending with non-PHS federal agencies.

### **Comments on the Draft Report and Access to Evidence**

#### *Respondent*

The RIO must give the Respondent a copy of the draft investigation report for comment and, concurrently, a copy of, or supervised access to the evidence on which the report is based. The Respondent will be allowed 30 days from the date he/she received the draft report to submit comments to the RIO. The Respondent's comments must be included and considered in the final report.

#### *Complainant*

The RIO will provide the Complainant a copy of the draft investigation report for comment. The Complainant's comments must be submitted to the RIO within 30 days of the date on which he/she received the draft report and the comments must be included and considered in the final report.

#### *Confidentiality*

In distributing the draft report, to the Respondent, and Complainant the RIO will inform the recipient of the confidentiality under which the draft report is made available and may establish reasonable conditions to ensure such confidentiality. For example, the RIO may require that the recipient sign a confidentiality agreement.

### **Decision by Deciding Official**

The RIO will assist the investigation committee in finalizing the draft investigation report, including ensuring that the Respondent's and Complainant's comments are included and considered, and transmit the final investigation report to the DO, who will determine in writing: (1) whether the institution accepts the investigation report, its findings, and the recommended institutional actions; and (2) the appropriate institutional actions in response to the accepted findings of research

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misconduct. If this determination varies from the findings of the investigation committee, the DO will, as part of his/her written determination, explain in detail the basis for rendering a decision different from the findings of the investigation committee. Alternatively, the DO may return the report to the investigation committee with a request for further fact-finding or analysis.

When a final decision on the case has been reached, the RIO will normally notify both the Respondent and the Complainant in writing. After informing ORI, the DO will determine whether law enforcement agencies, professional societies, professional licensing boards, editors of journals in which falsified reports may have been published, collaborators of the Respondent in the work, or other relevant parties should be notified of the outcome of the case. The RIO is responsible for ensuring compliance with all notification requirements of funding or sponsoring agencies.

**Appeals**

In the event of a final determination that the Respondent has engaged in research misconduct, the Respondent may, within 7 calendar days of the date of the written final determination, appeal the final determination in writing to the President of Meharry Medical College.

The President of Meharry Medical College may, at the President's discretion, appoint an Appeal's Committee and delegate the task of investigating the appeal to the Appeal's Committee. The Appeal's Committee shall consist of three individuals, one of whom will serve as the Chair. Each individual on the Appeal's Committee shall be chosen by the President, with consideration given to any potential conflicts of interest. If the President appoints an Appeal's Committee to investigate, the President shall render a decision after consulting with the Appeal's Committee following its investigation. The President shall render a decision in writing no more than 90 calendar days following the date of the submission of the written appeal, and the President's decision shall be final.

The following are the only grounds for appealing a finding of research misconduct:

- The Respondent believes that there was a material violation of the procedures detailed in Meharry Medical College's Policy and Procedures for Responding to Research Misconduct, and that this violation likely affected the outcome of the investigation.

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- The Respondent has in his or her possession new evidence that became available since the conclusion of the investigation that, had it been available during the investigation, likely would have affected the outcome of the investigation. The Respondent must explain in the written request for an appeal why this new evidence was not available to the Respondent, the investigation committee, or the RIO prior to the determination that the Respondent engaged in research misconduct.

The written appeal must state the grounds for the appeal, and include all information and evidence that the Respondent wishes to be considered, though the President and the Appeal's Committee may request additional information from the Respondent, or others, to assist in their decision-making.

The President and Appeal's Committee shall give deference to the investigation committee's final determination regarding a finding of research misconduct. Thus, appellate review of whether any material violation of the procedures occurred that likely affected the outcome of the investigation shall be undertaken with deference to the investigation committee's finding of research misconduct. Additionally, any new evidence that the Respondent brings to the President shall be examined with deference to the investigation committee's finding of research misconduct.

Should the President be unable to render a decision due to the President's own conflict of interest, the President shall refer the appeal to the Provost, and the Provost shall, in accordance with the Policy and Procedures for Responding to Allegations of Research Misconduct, render a decision in lieu of the President within 90 calendar days of the filing of the appeal. The Provost will choose the members of the Appeal's Committee in the manner described in this section, and shall render a final decision in consultation with the Appeal's Committee should the Provost appoint one. The Provost's decision shall be final.

**Notice to ORI of Institutional Findings and Actions**

Unless an extension has been granted, the RIO must, within the 120-day period for completing the investigation or the 120-day period for completion of any appeal submit the following to ORI: (1) a copy of the final investigation report with all attachments and any appeal; (2) a statement of whether the institution accepts the findings of the investigation report or the outcome of the appeal; (3) a



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statement of whether the institution found misconduct and, if so, who committed the misconduct; and (4) a description of any pending or completed administrative actions against the Respondent.

**Maintaining Records for Review by ORI**

The RIO must maintain and provide to ORI upon request “records of research misconduct proceedings” as that term is defined by 42 CFR § 93.317. Unless custody has been transferred to HHS or ORI has advised in writing that the records no longer need to be retained, records of research misconduct proceedings must be maintained in a secure manner for 7 years after completion of the proceeding or the completion of any PHS proceeding involving the research misconduct allegation. The RIO is also responsible for providing any information, documentation, research records, evidence or clarification requested by ORI to carry out its review of an allegation of research misconduct or of the institution’s handling of such an allegation.

**Completion of Cases; Reporting Premature Closures to ORI**

Generally, all inquiries and investigations will be carried through to completion and all significant issues will be pursued diligently. The RIO must notify ORI in advance if there are plans to close a case at the inquiry, investigation, or appeal stage on the basis that Respondent has admitted guilt, a settlement with the Respondent has been reached, or for any other reason, except: (1) closing of a case at the inquiry stage on the basis that an investigation is not warranted; or (2) a finding of no misconduct at the investigation stage, which must be reported to ORI, as prescribed in this policy and 42 CFR § 93.315.

**Institutional Administrative Actions**

If the DO determines that research misconduct is substantiated by the findings, he or she will decide on the appropriate actions to be taken, after consultation with the RIO. The administrative actions may include:

- Withdrawal or correction of all pending or published abstracts and papers emanating from the research where research misconduct was found;
- Removal of the responsible person from the particular project, letter of reprimand, special monitoring of future work, probation, suspension, salary

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reduction, or initiation of steps leading to possible rank reduction or termination of employment;

- Restitution of funds to the grantor agency as appropriate; and
- Other action appropriate to the research misconduct.

**Other Considerations***Termination or Resignation Prior to Completing Inquiry or Investigation*

The termination of the Respondent's institutional employment, by resignation or otherwise, before or after an allegation of possible research misconduct has been reported, will not preclude or terminate the research misconduct proceeding or otherwise limit any of the institution's responsibilities under 42 CFR Part 93 .

If the Respondent, without admitting to the misconduct, elects to resign his or her position after the institution receives an allegation of research misconduct, the assessment of the allegation will proceed, as well as the inquiry and investigation, as appropriate based on the outcome of the preceding steps. If the Respondent refuses to participate in the process after resignation, the RIO and any inquiry or investigation committee will use their best efforts to reach a conclusion concerning the allegations, noting in the report the Respondent's failure to cooperate and its effect on the evidence.

*Restoration of the Respondent's Reputation*

Following a final finding of no research misconduct, including ORI concurrence where required by 42 CFR Part 93, the RIO must, at the request of the Respondent, undertake all reasonable and practical efforts to restore the Respondent's reputation. Depending on the particular circumstances and the views of the Respondent, the RIO should consider notifying those individuals aware of or involved in the investigation of the final outcome, publicizing the final outcome in any forum in which the allegation of research misconduct was previously publicized, and expunging all reference to the research misconduct allegation from the Respondent's personnel file. Any institutional actions to restore the Respondent's reputation should first be approved by the DO.

*Protection of the Complainant, Witnesses and Committee Members*

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During the research misconduct proceeding and upon its completion, regardless of whether the institution or ORI determines that research misconduct occurred, the RIO must undertake all reasonable and practical efforts to protect the position and reputation of, or to counter potential or actual retaliation against, any Complainant who made allegations of research misconduct in good faith and of any witnesses and committee members who cooperate in good faith with the research misconduct proceeding. The DO will determine, after consulting with the RIO, and with the Complainant, witnesses, or committee members, respectively, what steps, if any, are needed to restore their respective positions or reputations or to counter potential or actual retaliation against them. The RIO is responsible for implementing any steps the DO approves.

*Allegations Not Made in Good Faith*

If relevant, the DO will determine whether the Complainant's allegations of research misconduct were made in good faith, or whether a witness or committee member acted in good faith. If the DO determines that there was an absence of good faith, he/she will determine whether any administrative action should be taken against the person who failed to act in good faith.

*Interim Administrative Actions*

Throughout the research misconduct proceeding, institutional officials will take interim administrative actions, as appropriate, to protect public health, Federal funds and equipment and the integrity of the PHS supported research process. Examples of actions that may be necessary include: (1) additional review of research results or delaying their publication, (2) providing for closer supervision or reassignment of employees who are responsible for the research process or handling federal funds and equipment, (3) requiring approvals for actions relating to the research that did not previously require approval, (4) auditing pertinent records, or (5) taking steps to contact other institutions that may be affected by an allegation of research misconduct.

*Right to File Grievance*

Any faculty member who has been disciplined may file a grievance within sixty (60) days after notification of the discipline. In the event the Respondent files any such grievance, Meharry shall complete the review of the grievance within 120 days.



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*Record Retention*

After completion of a case and all ensuing related actions, the investigation committee chair will prepare a complete file of the records of the research misconduct proceeding and transfer the file to the RIO. Unless custody has been transferred to DHHS or ORI has advised in writing that the records no longer need to be retained, the RIO must maintain the records of the research misconduct proceeding in a secure manner for at least 7 years after completion of the case or any ORI or DHHS proceeding, whichever is later, to permit later assessment of the case and provide the records of the research misconduct proceedings to ORI upon request. The RIO is also responsible for providing any information, documentation, research records, evidence or clarification requested by ORI to carry out its review of an allegation of research misconduct or of the institution's handling of such an allegation.

Records of research misconduct proceedings include, without limitation: (1) the research records and evidence secured for the research misconduct proceeding pursuant to this policy, including any documents or materials provided to the committees in the course of research misconduct proceedings; (2) the inquiry report and final documents (not drafts) produced in the course of preparing that report, including the documentation of any decision not to investigate; (3) the investigation report and all records (other than drafts of the report) in support of the report, including the recordings or transcripts of each interview conducted; and (4) the complete record of any appeal or grievance submitted to the institution with respect to any finding of research misconduct. Duplicate copies of records of research misconduct proceedings need not be retained provided that the determination that such records are duplicative is documented

**EXHIBITS:**

**Exhibit 1**

**Responsibilities of the Research Integrity Officer**

**I. General**

The Research Integrity Officer (RIO) has lead responsibility for ensuring that the institution:

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- A. Takes all reasonable and practical steps to foster a research environment that promotes the responsible conduct of research, research training, and activities related to that research or research training, discourages research misconduct, and deals promptly with allegations or evidence of possible research misconduct.
- B. Has written policies and procedures for responding to allegations of research misconduct and reporting information about that response to ORI, as required by 42 CFR Part 93.
- C. Complies with its written policies and procedures and the requirements of 42 CFR Part 93.
- D. Informs its institutional members who are subject to 42 CFR Part 93 about its research misconduct policies and procedures and its commitment to compliance with those policies and procedures.
- E. Takes appropriate interim action during a research misconduct proceeding to protect public health, federal funds and equipment, and the integrity of the PHS supported research process.

**II. Notice and Reporting to ORI and Cooperation with ORI**

The RIO has lead responsibility for ensuring that the institution:

- A. Files an annual report with ORI containing the information prescribed by ORI.
- B. Sends to ORI with the annual report such other aggregated information as ORI may prescribe on the institution's research misconduct proceedings and the institution's compliance with 42 CFR Part 93.
- C. Notifies ORI immediately if, at any time during the research misconduct proceeding, he or she has reason to believe that health or safety of the public is at risk, HHS resources or interests are threatened, research activities should be suspended, there is reasonable indication of possible violations of civil or criminal law, federal action is required to protect the interests of those involved in the research misconduct proceeding, the institution believes that

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the research misconduct proceeding may be made public prematurely, or the research community or the public should be informed.

- D. Provides ORI with the written finding by the responsible institutional official that an investigation is warranted and a copy of the inquiry report, within 30 days of the date on which the finding is made.
- E. Notifies ORI of the decision to begin an investigation on or before the date the investigation begins.
- F. Within 120 days of beginning an investigation, or such additional days as may be granted by ORI, (or upon completion of any appeal made available by the institution) provides ORI with the investigation report, a statement of whether the institution accepts the investigation's findings, a statement of whether the institution found research misconduct and, if so, who committed it, and a description of any pending or completed administrative actions against the Respondent.
- G. Seeks advance ORI approval if the institution plans to close a case at the inquiry, investigation, or appeal stage on the basis that the Respondent has admitted guilt, a settlement with the Respondent has been reached, or for any other reason, except the closing of a case at the inquiry stage on the basis that an investigation is not warranted or a finding of no misconduct at the investigation stage.
- H. Cooperates fully with ORI during its oversight review and any subsequent administrative hearings or appeals, including providing all research records and evidence under the institution's control, custody, or possession and access to all persons within its authority necessary to develop a complete record of relevant evidence.

**III. Research Misconduct Proceeding****A. General**

The RIO is responsible for:

1. Promptly taking all reasonable and practical steps to obtain custody of all research records and evidence needed to conduct the research



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misconduct proceeding, inventory the records and evidence, and sequester them in a secure manner.

2. Taking all reasonable and practical steps to ensure the cooperation of Respondents and other institutional members with research misconduct proceedings, including, but not limited to their providing information, research records and evidence.
3. Providing confidentiality to those involved in the research misconduct proceeding as required by 42 CFR § 93.108, other applicable law, and institutional policy.
4. Determining whether each person involved in handling an allegation of research misconduct has an unresolved personal, professional or financial conflict of interest and taking appropriate action, including recusal, to ensure that no person with such a conflict is involved in the research misconduct proceeding.
5. Keeping the Deciding Official (DO) and others who need to know apprised of the progress of the review of the allegation of research misconduct.
6. In cooperation with other institutional officials, taking all reasonable and practical steps to protect or restore the positions and reputations of good faith Complainants, witnesses, and committee members and to counter potential or actual retaliation against them by Respondents or other institutional members.
7. Making all reasonable and practical efforts, if requested and as appropriate, to protect or restore the reputation of persons alleged to have engaged in research misconduct, but against whom no finding of research misconduct is made.
8. Assisting the DO in implementing his/her decision to take administrative action against any Complainant, witness, or committee member determined by the DO not to have acted in good faith.
9. Maintaining records of the research misconduct proceeding, as defined in 42 CFR § 93.317, in a secure manner for 7 years after completion of

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the proceeding, or the completion of any ORI proceeding involving the allegation of research misconduct, whichever is later, unless custody of the records has been transferred to ORI or ORI has advised that the records no longer need to be retained.

10. Ensuring that administrative actions taken by the institution and ORI are enforced and taking appropriate action to notify other involved parties, such as sponsors, law enforcement agencies, professional societies, and licensing boards, of those actions.

#### **B. Allegation Receipt and Assessment**

The RIO is responsible for:

1. Consulting confidentially with persons uncertain about whether to submit an allegation of research misconduct.
2. Receiving allegations of research misconduct.
3. Assessing each allegation of research misconduct to determine if an inquiry is warranted because the allegation falls within the definition of research misconduct, is within the jurisdictional criteria of 42 CFR § 93.102(b), and is sufficiently credible and specific so that potential evidence of research misconduct may be identified.

#### **C. Inquiry**

The RIO is responsible for:

1. Initiating the inquiry process if it is determined that an inquiry is warranted.
2. At the time of, or before beginning the inquiry, making a good faith effort to notify the Respondent in writing, if the Respondent is known.
3. On or before the date on which the Respondent is notified, or the inquiry begins, whichever is earlier, taking all reasonable and practical steps to obtain custody of all research records and evidence needed to conduct the research misconduct proceeding, inventorying the records and

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evidence and sequestering them in a secure manner, except that where the research records or evidence encompass scientific instruments shared by a number of users, custody may be limited to copies of the data or evidence on the instruments, so long as those copies are substantially equivalent to the evidentiary value of the instruments.

4. Appointing an inquiry committee and committee chair as soon after the initiation of the inquiry as is practical.
5. Preparing a charge for the inquiry committee in accordance with the institution's policies and procedures.
6. Convening the first meeting of the inquiry committee and at that meeting briefing the committee on the allegations, the charge to the committee, and the appropriate procedures for conducting the inquiry, including the need for confidentiality and for developing a plan for the inquiry, and assisting the committee with organizational and other issues that may arise.
7. Providing the inquiry committee with needed logistical support, e.g., expert advice, including forensic analysis of evidence, and clerical support, including arranging witness interviews and recording or transcribing those interviews.
8. Being available or present throughout the inquiry to advise the committee as needed and consulting with the committee prior to its decision on whether to recommend that an investigation is warranted on the basis of the criteria in the institution's policies and procedures and 42 CFR § 93.307(d).
9. Determining whether circumstances clearly warrant a period longer than 60 days to complete the inquiry (including preparation of the final inquiry report and the decision of the DO on whether an investigation is warranted), approving an extension if warranted, and documenting the reasons for exceeding the 60-day period in the record of the research misconduct proceeding.
10. Assisting the inquiry committee in preparing a draft inquiry report, sending the Respondent a copy of the draft report for comment (and the



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Complainant if the institution’s policies provide that option) within a time period that permits the inquiry to be completed within the allotted time, taking appropriate action to protect the confidentiality of the draft report, receiving any comments from the Respondent (and the Complainant if the institution’s policies provide that option), and ensuring that the comments are attached to the final inquiry report.

11. Receiving the final inquiry report from the inquiry committee and forwarding it, together with any comments the RIO may wish to make, to the DO who will determine in writing whether an investigation is warranted.
12. Within 30 days of a DO decision that an investigation is warranted, providing ORI with the written finding and a copy of the inquiry report and notifying those institutional officials who need to know of the decision.
13. Notifying the Respondent (and the Complainant if the institution’s policies provide that option) whether the inquiry found an investigation to be warranted and including in the notice copies of or a reference to 42 CFR Part 93 and the institution’s research misconduct policies and procedures.
14. Providing to ORI, upon request, the institutional policies and procedures under which the inquiry was conducted, the research records and evidence reviewed, transcripts or recordings of any interviews, copies of all relevant documents, and the allegations to be considered in the investigation.
15. If the DO decides that an investigation is not warranted, securing and maintaining for 7 years after the termination of the inquiry sufficiently detailed documentation of the inquiry to permit a later assessment by ORI of the reasons why an investigation was not conducted.

**D. Investigation**

The RIO is responsible for:

1. Initiating the investigation within 30 calendar days after the determination by the DO that an investigation is warranted.

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2. On or before the date on which the investigation begins:
  - a. notifying ORI of the decision to begin the investigation and providing ORI a copy of the inquiry report; and
  - b. notifying the Respondent in writing of the allegations to be investigated.
3. Prior to notifying Respondent of the allegations, taking all reasonable and practical steps to obtain custody of and sequester in a secure manner all research records and evidence needed to conduct the research misconduct proceeding that were not previously sequestered during the inquiry.
4. In consultation with other institutional officials as appropriate, appointing an investigation committee and committee chair as soon after the initiation of the investigation as is practical.
5. Preparing a charge for the investigation committee in accordance with the institution's policies and procedures.
6. Convening the first meeting of the investigation committee and at that meeting:
  - a. briefing the committee on the charge, the inquiry report and the procedures and standards for the conduct of the investigation, including the need for confidentiality and developing a specific plan for the investigation; and
  - b. providing committee members a copy of the institution's policies and procedures and 42 CFR Part 93.
7. Providing the investigation committee with needed logistical support, e.g., expert advice, including forensic analysis of evidence, and clerical support, including arranging interviews with witnesses and recording or transcribing those interviews.
8. Being available or present throughout the investigation to advise the committee as needed.

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9. On behalf of the institution, the RIO is responsible for each of the following steps and for ensuring that the investigation committee:
  - a. uses diligent efforts to conduct an investigation that includes an examination of all research records and evidence relevant to reaching a decision on the merits of the allegations and that is otherwise thorough and sufficiently documented;
  - b. takes reasonable steps to ensure an impartial and unbiased investigation to the maximum extent practical;
  - c. interviews each Respondent, Complainant, and any other available person who has been reasonably identified as having information regarding any relevant aspects of the investigation, including witnesses identified by the Respondent, and records or transcribes each interview, provides the recording or transcript to the interviewee for correction, and includes the recording or transcript in the record of the research misconduct proceeding; and
  - d. pursues diligently all significant issues and leads discovered that are determined relevant to the investigation, including any evidence of any additional instances of possible research misconduct, and continues the investigation to completion.
10. Upon determining that the investigation cannot be completed within 120 days of its initiation (including providing the draft report for comment and sending the final report with any comments to ORI), submitting a request to ORI for an extension of the 120-day period that includes a statement of the reasons for the extension. If the extension is granted, the RIO will file periodic progress reports with ORI.
11. Assisting the investigation committee in preparing a draft investigation report that meets the requirements of 42 CFR Part 93 and the institution's policies and procedures, sending the Respondent (and Complainant at the institution's option) a copy of the draft report for his/her comment within 30 days of receipt, taking appropriate action to protect the confidentiality of the draft report, receiving any comments from the Respondent (and Complainant at the institution's option) and ensuring that the comments are included and considered in the final investigation report.
12. Transmitting the draft investigation report to institutional counsel for a review of its legal sufficiency.

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13. Assisting the investigation committee in finalizing the draft investigation report and receiving the final report from the committee.
14. Transmitting the final investigation report to the DO and:
  - a. if the DO determines that further fact-finding or analysis is needed, receiving the report back from the DO for that purpose;
  - b. if the DO determines whether or not to accept the report, its findings and the recommended institutional actions, transmitting to ORI within the time period for completing the investigation, a copy of the final investigation report with all attachments, a statement of whether the institution accepts the findings of the report, a statement of whether the institution found research misconduct, and if so, who committed it, and a description of any pending or completed administrative actions against the Respondent; or
  - c. if the institution provides for an appeal by the Respondent that could result in a modification or reversal of the DO's finding of research misconduct, ensuring that the appeal is completed within 120 days of its filing, or seeking an extension from ORI in writing (with an explanation of the need for the extension) and, upon completion of the appeal, transmitting to ORI a copy of the investigation report with all attachments, a copy of the appeal proceedings, a statement of whether the institution accepts the findings of the appeal proceeding, a statement of whether the institution found research misconduct, and if so, who committed it, and a description of any pending or completed administrative actions against the Respondent.
15. When a final decision on the case is reached, the RIO will normally notify both the Respondent and the Complainant in writing and will determine whether law enforcement agencies, professional societies, professional licensing boards, editors of involved journals, collaborators of the Respondent, or other relevant parties should be notified of the outcome of the case.
16. Maintaining and providing to ORI upon request all relevant research records and records of the institution's research misconduct proceeding, including the results of all interviews and the transcripts or recordings of those interviews.