



# Research Integrity

## AD-015

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03	07/09/2021	01/04/2022	Revised formatting

Director, Research and Innovation	Mira Ray	
<b>Policy Holder</b>	<b>Print Name</b>	<b>Date (07/09/2021)</b>

Academic Council	05/07/2020
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Board of Governors	01/28/2021
<b>Advising Body</b>	<b>Date Consulted</b>

Executive Director, Research Innovation and Entrepreneurship	Jamie Doran	
<b>Approver</b>	<b>Print Name</b>	<b>Date (07/07/2021)</b>

## Purpose

This policy outlines the expectations for ethical conduct in all scholarship and research initiatives, principles of research integrity and describes procedures for misconduct. Research is defined as an undertaking intended to extend knowledge through a disciplined inquiry or systematic investigation.

**RATIONALE:** Research integrity is a commitment to intellectual honesty and personal responsibility for one’s actions. Researchers must follow research practices that characterize the responsible and ethical conduct of research. As an institution accountable to the public, we must foster an environment that promotes integrity in the conduct of research. 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.

## Scope

This policy applies to all research conducted by Georgian College employees or students (College Researchers) or utilizing Georgian College resources.

## Definitions

Word/Term	Definition
Breach(es) of Research Integrity	<p>Intentional or unintentional failure to comply with the principles of research integrity in the Tri-Agency Research Integrity Policy as defined in the <a href="#">Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, and Social Sciences and Humanities Research Council of Canada, Tri-Agency Framework: Responsible Conduct of Research (2016)</a>, Article 2.</p> <p>Breaches include, but are not limited to, fabrication, falsification, destruction of research records, plagiarism, redundant publication or self-plagiarism, invalid authorship and mismanagement of conflict of interest. (<a href="#">Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, and Social Sciences and Humanities Research Council of Canada, Tri-Agency Framework: Responsible Conduct of Research (2016)</a>, Article 3)</p>
Data Management Plan	<p><i>“Data management plans are key elements of the data management process. They describe how data are collected, formatted, preserved and shared, as well as how existing datasets will be used and what new data will be created. They also assist researchers in determining the costs, benefits and challenges of managing data.”</i> (<a href="#">Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, and Social Sciences and Humanities Research Council of</a></p>

	<p><a href="#">Canada, Tri-Agency Statement of Principles on Digital Data Management</a>)</p>
Principal Investigator (PI)	<p><i>“The researcher who is responsible for the ethical conduct of the research, and for the actions of any member of the research team at a local site,”</i> (<a href="#">Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, and Social Sciences and Humanities Research Council of Canada, Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans – TCPS 2 (2018), Glossary</a>).</p> <p>For multi-site studies, there must be a <i>“Lead principal investigator – The designated principal investigator who is responsible for the ethical conduct of the study for all sites,”</i> (<a href="#">Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, and Social Sciences and Humanities Research Council of Canada, Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans – TCPS 2 (2018), Glossary</a>).</p> <p>For student research, the faculty member supervising the research serves as the study’s Principal Investigator.</p>
Research	<p>An undertaking intended to extend knowledge through a disciplined inquiry and/or systematic investigation. (<a href="#">Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, and Social Sciences and Humanities Research Council of Canada, Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans – TCPS 2 (2018), Glossary</a>)</p>
Researcher	<p>Person who undertakes a project <i>“intended to extend knowledge through a disciplined inquiry and/or systematic investigation,”</i> (<a href="#">Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, and Social Sciences and Humanities Research Council of Canada, Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans – TCPS 2 (2018), Glossary</a>). Also known as “investigator”.</p> <p>See also “Principal Investigator (PI)”.</p>
Secretariat on Responsible Conduct of Research (SRCR)	<p><i>“Under the governance structure for the Responsible Conduct of Research, the Secretariat on Responsible Conduct of Research (SRCR) is mandated to, among other things, provide substantive</i></p>

	<p>and administrative support to the Panel on Research Ethics and the Panel on Responsible Conduct of Research.” The SRCR mandate, contact information and reporting structure is available on <a href="#">the (SRCR) website</a>.</p>
Tri-Agency/Tri-Council	<p>“Canada’s three federal research agencies – the Canadian Institutes of Health Research (CIHR), the Natural Sciences and Engineering Research Council of Canada (NSERC), and the Social Sciences and Humanities Research Council of Canada (SSHRC), or “the Agencies.”” (<a href="#">Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, and Social Sciences and Humanities Research Council of Canada, Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans – TCPS 2 (2018)</a>)</p>
Tri-Agency Framework: Responsible Conduct of Research (RCR Framework)	<p>“The RCR Framework describes policies and requirements related to applying for and managing Agency funds, performing research, and disseminating results, and the processes that institutions and agencies follow in the event of an allegation of a breach of an Agency policy,” (<a href="#">Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, and Social Sciences and Humanities Research Council of Canada, Tri-Agency Framework: Responsible Conduct of Research (2016)</a>).</p>
Tri-Agency Statement of Principles on Digital Data Management	<p>The statement of principles that “serves as a guide to assist researchers, research communities and research institutions in adhering to the agencies’ current and future research data management requirements,” (<a href="#">Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, and Social Sciences and Humanities Research Council of Canada, Tri-Agency Statement of Principles on Digital Data Management</a>). The statement lays out expectations and responsibilities of researchers, research communities, research institutions and research funders with regard to research data management.</p>
Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS)	<p>“The Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS or the Policy) is a joint policy of Canada’s three federal research agencies – the Canadian Institutes of Health Research (CIHR), the Natural Sciences and Engineering Research Council of Canada (NSERC), and the Social</p>

	<p><i>Sciences and Humanities Research Council of Canada (SSHRC), or “the Agencies.”</i></p> <p><i>This Policy expresses the Agencies’ continuing commitment to the people of Canada to promote the ethical conduct of research involving humans. It has been informed, in part, by leading international ethics norms, all of which may help, in some measure, to guide Canadian researchers, in Canada and abroad, in the conduct of research involving humans,”</i> (<a href="#">Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, and Social Sciences and Humanities Research Council of Canada, Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans – TCPS 2 (2018)</a>).</p>
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## Responsibility

- As per the RCR Framework (Article 2), “**Researchers** are responsible for the following:
  - a. *Rigour: Scholarly and scientific rigour in proposing and performing research; in recording, analyzing, and interpreting data; and in reporting and publishing data and findings.*
  - b. *Record keeping: Keeping complete and accurate records of data, methodologies and findings, including graphs and images, in accordance with the applicable funding agreement, institutional policies, laws, regulations, and professional or disciplinary standards in a manner that will allow verification or replication of the work by others.*
  - c. *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.*
  - d. *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.*
  - e. *Acknowledgement: Acknowledging appropriately all those and only those who have contributed to research, including funders and sponsors.*
  - f. *Conflict of interest management: Appropriately identifying and addressing any real, potential or perceived conflict of interest, in accordance with the institution’s policy on conflict of interest in research, in order to ensure that the objectives of the RCR Framework (Article 1.3) are met.”* ([RCR Framework, Article 2](#))
- **Researchers** are also responsible for the efficient and honest use of resources.



- In addition to their responsibilities as a Researcher, the **Principal Investigator (PI)** is responsible for:
  - a. Providing collaborators, students, staff and assistants with information necessary to prevent any Breach of Research Integrity.
  - b. Obtaining approvals for research involving humans or animals, if required.
  - c. Ensuring the requirements of any applicable funding agreements are met.
  - d. Ensuring a sound research Data Management Plan is developed and implemented for the research in accordance with the [Tri-Agency Statement of Principles on Digital Data Management](#) and the [Tri-Agency Research Data Management Policy](#).
- The **Vice President, Academic** is responsible for addressing allegations of policy breaches; including receiving allegations; appointing an Investigation Committee; ensuring applicable laws, including privacy laws, are observed; communicating decisions with the parties involved; and reporting to the Secretariat on Responsible Conduct of Research (SRCR) as per the requirements of the RCR Framework (Article 4).
- The **Investigation Committee** is responsible for deciding whether a Breach of Research Integrity has occurred, and reporting their decision and recommendations for actions to be taken by the College to the Vice President, Academic.
- The department of **Research and Innovation** is responsible for:
  - a. Promoting awareness of this Research Integrity policy.
  - b. Reporting annually on its website and to the SRCR regarding “*confirmed findings of breaches of its policy*,” as per the [RCR Framework](#) (Article 4).
  - c. In consultation with Institutional Research, Information Technology, Library Services, and the Georgian College Research Ethics Board, creating an institutional research data management strategy that complies with the [Tri-Agency Statement of Principles on Digital Data Management](#) and the [Tri-Agency Research Data Management Policy](#).

## Policy

- 1.1 Pursuant to the RCR Framework (Article 2), anyone conducting research that is in any way associated with the College shall “*strive to follow the best research practices honestly, accountably, openly and fairly in the search for and in the dissemination of knowledge. In addition, researchers shall follow the requirements of applicable institutional policies and professional or disciplinary standards and shall comply with applicable laws and regulations*,” ([RCR Framework, Article 2](#)).
- 1.2 College Researchers shall utilize facility, infrastructure, and other resources efficiently and honestly, ensuring good value for the use of such resources.
- 1.3 College Researchers shall respect all requirements and guidelines in agreements for funds provided by funding organizations.

- 1.4 Entitlement to ownership, reproduction, and distribution of intellectual property shall be governed by the College's Intellectual Property policy.
- 1.5 For knowledge dissemination related to the research, Researchers (including students) shall be given recognition appropriate to their level of contribution.
- 1.6 Researchers shall have made a substantial material contribution (other than a financial contribution) to be named as an author.
- 1.7 Researchers shall abide by conflict of interest policies as outlined in the TCPS (Chapter 7), RCR Framework (Article 2), and the College's Conflict of Interest policy. Conflicts of interest (actual or perceived) shall be disclosed as per the College's Conflict of Interest policy.
- 1.8 Any research project that proposes the use of human participants under any conditions shall abide by the College's Responsible Practice and Ethics Review in Research policy.
- 1.9 All research involving animals conducted under the auspices or jurisdiction of the College shall comply with the Canadian Council on Animal Care (CCAC) standards for such research, and shall be approved by the Georgian College Animal Care Committee.
- 1.10 Georgian College does not carry out research involving biohazards. Should the College in the future plan research activities involving the use of biohazards, it shall notify relevant funding agencies and comply with the Health Canada Laboratory Biosafety guidelines.
- 1.11 College Researchers shall maintain records related to research activities and finances with the responsibility for such records residing with the PI or a department manager. A research Data Management Plan shall be developed and implemented for each research project in accordance with the Tri-Agency Statement of Principles on Digital Data Management and the Tri-Agency Research Data Management Policy.
- 1.12 The College shall ensure appropriate training and support for College Researchers and, where appropriate, student research assistants.
- 1.13 The College shall promote awareness of this Research Integrity policy and "*awareness of what constitutes responsible conduct of research,*" as per the [RCR Framework](#) (Article 4).
- 1.14 The College shall report annually on its website and to the SRCR regarding "*confirmed findings of breaches of its policy,*" as per the [RCR Framework](#) (Article 4).
- 1.15 All parties governed by this Research Integrity policy shall abide by confidentiality and privacy requirements as per privacy legislation, e.g. [Freedom of Information and Protection of Privacy Act \(FIPPA\)](#), [Personal Health Information Protection Act \(PHIPA\)](#), [Personal Information Protection and Electronic Documents Act \(PIPEDA\)](#), and applicable College policies such as those regarding [Health Information Privacy](#) and the [Information Technology Acceptable Use](#) policy.

- 1.16 Researchers shall avoid Breaches of Research Integrity.
- 1.17 Any investigations of Breaches of Research Integrity shall adhere to the existing and related College policies and collective agreements.

## Procedures

### Allegations of Breaches of Research Integrity

- 2.1 The allegation of a breach of research integrity shall be made in writing to the Vice President (VP), Academic (or designate at the VP level), signed and dated. An exact copy of the written allegation shall be sent to the Secretariat on Responsible Conduct of Research (SRCR). The allegation must contain sufficient detail to enable the respondent to understand the concern. The VP, Academic may require that additional information be provided in the complaint. In accordance with the RCR Framework (Article 4), anonymous allegations shall only be considered if the allegation provides *“sufficient information to enable the assessment of the allegation and the credibility of the facts and evidence on which the allegation is based,”* ([RCR Framework, Article 4](#)).
- 2.1.1 If the allegation is regarding activity at another institution, the VP, Academic shall contact the other institution immediately to determine *“which institution is best placed to conduct the inquiry and investigation, if warranted,”* and shall *“communicate to the complainant which institution will be the point of contact for the allegation”* ([RCR Framework, Article 4](#)).
- 2.1.2 The VP, Academic shall adhere to the SRCR reporting requirements throughout the procedure, as prescribed in the RCR Framework (Article 4).
- 2.2 The VP, Academic shall conduct a preliminary assessment within two weeks of receiving the allegation, which may involve meeting with the relevant parties. The Researcher(s) identified in the allegation (herein referred to as Respondent(s)) shall be informed of their right to have a third-party present at this meeting (and any future meetings). Possible outcomes of the preliminary assessment may include the following:
  - 2.2.1 The VP, Academic may resolve the allegation after the preliminary assessment and render their decision in writing.
  - 2.2.2 The VP, Academic, in consultation with the appropriate department head(s), may determine that insufficient evidence exists for a complaint and may dismiss the allegation. Such a determination shall be made in writing to all relevant parties. The Complainant may appeal the dismissal of the complaint, in writing, to the Board of Governors of the College, whose decision to have the complaint investigated is final.
  - 2.2.3 The VP, Academic may determine that a formal investigation is warranted.



- 2.3 If a formal investigation is warranted, the VP, Academic shall within two weeks appoint a three-person Investigation Committee, which *“shall include members who have the necessary expertise and who are without conflict of interest, whether real or apparent, and at least one external member who has no current affiliation with the institution”* ([RCR Framework, Article 4](#)). The Investigation Committee shall determine the process for obtaining and recording necessary evidence. While the Investigation Committee reports its findings to the VP, Academic, the VP, Academic does not participate in the investigation.
- 2.4 The Investigation Committee shall ensure the identification and gathering of all relevant documentation. Any and all persons relevant to the allegation shall be offered the opportunity to present allegations and rebuttals. The privacy of all individuals shall be protected at all times during the complaint process, and documentation and materials shall be recorded and held confidential to the parties involved in the dispute process and determination, under the jurisdiction of the Office of the VP, Academic. Access to the information must comply with Freedom of Information guidelines. The Investigation Committee may request additional documentation or external advice if relevant for the resolution of the allegation.
- 2.5 The Investigation Committee shall submit a report of its findings and recommendations in writing to the VP, Academic within 60 days. The report should contain details of the complaint, selection of committee members and rationale for their appointment, methodology and timelines followed for the complaint investigation, evidence gathered, persons interviewed, and recommendations for action (including any sanctions and methods to restore reputations). Consistent with existing collective agreements, sanctions may include reprimand, suspension, or reparations made to the Complainant or others. The Investigation Committee has the authority to rule on the allegation of Breach of Research Integrity and apply appropriate sanctions that are binding on the institution.
- 2.6 The VP, Academic shall inform the Complainant and Respondent(s) in writing of the decision. An appeal to the VP, Academic or designate may be made in writing within one week of the decision being communicated by either the Complainant or the Respondent(s). The VP, Academic or designate shall review the appeal and determine whether the Investigation Committee should review its recommendations.
- 2.7 Should a breach of research integrity be found to have occurred in research projects supported by any of the Agencies, a report on the allegations, investigation, and resolution shall be provided to the appropriate Agency within 30 days of the completion of the investigation. Should an Agency request an investigation, the VP, Academic shall investigate through the steps outlined above and provide a written report to the Agency regardless of the outcome of the investigation. Agency funding may be withheld until the investigation is complete. A refund of all or part of the funds to the funding agency may be warranted.

- 2.8 Although the process of investigation should protect the privacy of individuals, the Investigation Committee may propose steps to restore the reputation of individuals for unfounded allegations, as well as actions to protect those who have made an allegation in good faith and all persons involved in an inquiry/investigation.

*(Adapted with permission from the Niagara College Research Integrity Policy.)*

## Related Materials

- [Government of Canada: Collaboration between Federal Research Funding Organizations – Policies and Guidelines](#)
  - [Government of Canada: Research Data Management](#)
    - [Tri-Agency Statement of Principles on Digital Data Management](#)
    - [Tri-Agency Research Data Management Policy](#)
  - [Tri-Agency Framework: Responsible Conduct of Research \(2016\)](#)
- [Government of Canada Panel on Research Ethics website](#)
- [Freedom of Information and Protection of Privacy Act \(FIPPA\)](#)
- [Personal Health Information Protection Act \(PHIPA\)](#)
- [Personal Information Protection and Electronic Documents Act \(PIPEDA\)](#)
- [Georgian College Policies](#)
  - [AD-016 Access to Georgian College Resources for Research](#)
  - [Procedure 1-130 Intellectual Property](#)
  - [AD-014 Responsible Practice and Ethics Review in Research \(Under review\)](#)
  - [4-126 Conflict of Interest](#)
  - [Whistle blower policy: Animal care and use complaints](#)
  - [Health Information Privacy](#)
  - [2-117 Information Technology Acceptable Use](#)
  - [2-123 Data Governance and Stewardship](#)

## RECORD OF PREVIOUS VERSIONS OF THIS POLICY

### Procedure # 1-132 Academic: Research Integrity

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**Recommended By:** College Planning Committee April 4, 2008  
**Date**

**Approved By:** Brian Tamblyn June 8, 2012  
**Date**  
College President

### AD-015 Research Integrity

Version	Version Date (MM/DD/YYYY)	Review Date (MM/DD/YYYY)	Description of Changes
01	03/18/2020	05/07/2021	Old policy 1-132 adapted to reflect new federal research policies and to clarify responsibilities.
02	05/07/2021	01/04/2022	Updated review date to align with expected Tri-council deadlines for an amended policy.