

Research Integrity Policy

1.0 Introduction

While rare in occurrence, research fraud and occurrences of noncompliance with institutional review board, animal care, and data policies and procedures raise concern in the public as well as among the federal, state and private funding agencies, which support much of the research now being conducted in academia. In 1981, the Secretary of the U.S. Department of Health and Human Services identified as a major management initiative the development of policies and procedures for dealing with misconduct in science. In 1985, the National Institute of Health (NIH) released a proposed set of detailed procedures dealing with misconduct in research funded by the Public Health Service, aspects of which have been incorporated into regulation. HHS then developed the Office of Research Integrity and eventually adopted the government wide Federal Research Misconduct Policy in 2000. These agencies, along with the Association of American Universities (AAU) and the Association of American Medical Colleges require universities to adopt specific policies for handling allegations of fraud or unethical behavior by researchers. Salem State University expects the highest standards of ethical behavior from all members of the academic community involved in the conduct of research.

This "Research Integrity Policy" describes procedures for dealing with suspected digressions from intellectual honesty and ethical treatment of human subjects, animals, and data in research by faculty, staff, and students at Salem State University. Procedures are defined which will foster the maintenance of high standards in research in the university and protect the rights and reputations of all parties involved in instances of alleged misconduct. The policy also covers charges involving students employed on research grants or contracts including those who fall under the National Science Foundation's policy on Responsible Conduct in Research.

Allegations of academic dishonesty involving students engaged in research as part of their academic program will be dealt with in accordance with Salem State University's "Policy on Academic Integrity" and the student disciplinary procedures included in the student handbook.

2.0 Guidelines for Identifying Academic Fraud and Misconduct

Fraud in research is defined as deliberate misrepresentation with intent to gain some advantage. Misconduct is defined as the violation of institutional research policies, relevant state and federal regulations governing such research, or generally accepted ethical standards for research. While there is no list of examples of academic fraud and misconduct which would be universally accepted, Salem State University recognizes four types of fraud and misconduct in academic research which will serve as broad guidelines in identifying research fraud. These guidelines are derived from policies forwarded by the AAU and the Department of Health and Human Services, and the National Institute of Health.

2.1 Falsification of Data undermines the basic principle on which the scientific process depends. Since scientific advances depend on accurate collection, analysis and reporting of information, dishonest reporting misleads others and results in the waste of resources, both human and monetary. If practiced in clinical research, falsification could even be directly dangerous to humans. Falsification of data ranges from sheer fabrication to selective reporting, including the omission of conflicting data.

Plagiarism is especially hurtful to individual researchers since it is an attempt by one individual to receive credit for the work of someone else. *Plagiarism refers to the use of another's ideas or words without proper attribution or credit. An author's work is his/her property and should be acknowledged appropriately. However, academic integrity requires that unsigned material must also be identified (for example, anonymous articles or web pages).*

2.2 Abuse of Confidentiality is a significant act of fraud given the privilege of acquiring information through research. According to the university's Data Classification and Access Policy effective May 2009, confidential data should be protected to the highest possible degree as is prudent or as is required by law. Guidelines include, but are not limited to the following:

- Systems which store or process Confidential data in an electronic format, must be protected with strong passwords and stored on servers that have protection and encryption measures applied in order to protect against loss, theft, unauthorized access and unauthorized disclosure.
- Must not be disclosed to parties without explicit management authorization.
- Must be stored only in a locked drawer or room or an area where access is controlled by a guard, cipher lock, and/or card reader, or that otherwise has sufficient physical access control measures to afford adequate protection and prevent unauthorized access.
- When sent via fax must be sent only to a previously established and used address or one that has been verified as using a secured location.
- Must not be posted on any public website.

- Must be securely destroyed when no longer needed per Commonwealth Records Retention Policy.
- Exposure to an unauthorized 3rd party must be reported to the Information Security Office.

Confidential data are to be stored only on university file shares or within university databases. Confidential data in paper form are to be secured at the end of the work day. Confidential data in paper form are to be shredded at the end of use in SSU approved locked shred bins.

In the rare case when confidential data are used, the data must be encrypted at rest and in transit when used outside of IT systems. Standards of confidentiality of data must be upheld to ensure academic integrity.

2.3 Instances of violations of regulations applicable to research also present a problem. Serious violations of rules adopted by appropriate mechanisms to protect research participants, animals, and data, while not fraudulent in the traditional sense, undermine the integrity of the research process. Violations of regulations include but are not limited to the following:

- The conduct of human subjects research without approval of the IRB (even if technically IRB exempt)
- The conduct of research involving animals without approval of the Institutional Animal Care and Use Committee (IACUC)
- Altering IRB or IACUC approved research protocols or consent forms without IRB or IACUC approval
- Failure to maintain ongoing review on research that extends beyond the initial 12 month IRB or IACUC approval
- Failure to report adverse events
- Violation of the confidentiality or anonymity of research subject(s)
- Failure to obtain approval from external institutional review boards when required *in addition to* Salem State University's IRB
- Violation of the provisions of the Salem State University Data Classification and Access Policy

3.0 Procedures For Handling Allegations of Misconduct In Research

3.1 All initial reports and/or charges of ethical misconduct or research fraud at Salem State University should first be directed in writing to the Dean of the school in which the alleged fraud occurred for a preliminary review. The Dean shall inform the department chair and the research supervisors(s) of the allegations. The Dean shall also inform the involved faculty member(s) of the nature of the allegations, the nature of the review and the rights of the parties involved, including contractual. Instances involving university staff should first be directed to the area Vice President to whom the staff member's department reports. The area Vice President shall also inform the involved staff member(s) of the nature of the allegations, the nature of the review and the rights of the parties involved.

3.2 The school Dean or area Vice President, after consultation with the department chair or appropriate research supervisor(s), shall promptly (within five business days) conduct a preliminary review to determine if there is sufficient prima facie evidence to merit a formal investigation of the charges and shall inform the Provost/Academic Vice President that a preliminary review is underway. Confidentiality should be strictly maintained throughout the process of the review in order to protect the rights and reputations of all parties involved.

3.3 Since time is of the essence, the school Dean should conduct the preliminary review promptly (within five business days) and report the outcome to the Provost/Academic Vice President as quickly as possible.

3.4 If, after consideration of the review and recommendation of the school Dean or Vice President, the Provost/Academic Vice President then determines that there is not sufficient prima facie evidence to support the charges, no further action needs to be taken, the President and the party(ies) involved shall be so informed and no record shall be kept.

3.5 If, after consideration of the review and the recommendation of the school Dean, the Provost/Academic Vice President determines that sufficient prima facie evidence exists to support the charges, the Provost/Academic Vice President shall appoint an ad hoc committee charged with the responsibility of conducting a formal investigation. The membership of the committee shall consist of no fewer than four knowledgeable individuals including one representative from the department or unit of the involved faculty member(s) or non-faculty employee(s) and three other faculty members from related departments or areas. In instances where externally funded research is involved, the Provost/Academic Vice President may also appoint, in consultation with the Vice President of Administration and General Counsel and/or Vice President of Finance, staff to serve as an ex officio member of the committee to represent the interests and legal obligation of the University. In addition the Provost/Academic Vice President may also appoint an additional member(s) from outside the institution in order to broaden the expertise of the committee.

3.6 At the time the committee is requested to conduct a formal investigation, the Provost/Academic Vice President and the school Dean may determine that the research activities of the involved researcher(s) may be restricted or monitored during the course of the investigation. If so, then the Provost/Academic Vice President shall also notify the department chair, and in the case of funded research, the Vice President of Finance and Facilities.

3.7 The Provost/Academic Vice President shall convene the committee, appoint one of the faculty on the committee to serve as chair, present the charges and allegations and discuss University policies and procedures pertinent to the investigation. The committee shall investigate all charges and facts and may interview any and all parties appropriate to reaching a decision regarding the merit of the charges. The chair of the committee shall meet with the appropriate Human Resources officer as to existing procedures and safeguards to protect the rights and reputation of all parties involved before carrying out the investigation. The committee should begin its investigation promptly and should provide a written report of its findings and recommendations to the Provost/Academic Vice President no later than 60 days after the initiation of the formal investigation. The Provost/Academic Vice President may accept the report or return it to the committee for further information or clarification. The committee shall also forward the final copy of this report to the accused party(ies).

3.8 If, on the basis of the findings and recommendations of the committee, and Provost/Academic Vice President determines that no unethical or fraudulent acts have been committed, all parties shall be notified accordingly. The Provost/Academic Vice President and the school Dean shall undertake all necessary efforts to restore fully the reputation and credibility of the researcher(s) under investigation. All interim restrictions on research activity will be removed.

3.9 If, on the basis of the report and recommendation of the committee, the Provost/Academic Vice President determines that there is evidence of unethical or fraudulent acts, the Provost/Academic Vice President shall report this conclusion as well as recommendations regarding the imposition of sanctions and/or disciplinary action to the President. The President shall make the final determination regarding the appropriateness of the recommendation. Sanctions may include, but are not limited to, written reprimand, termination of current research activity, public disassociation of the university from any future unauthorized research activity, restriction from future research activities, and debarment from intramural funded research programs. The President may also determine if the matter warrants disciplinary action pursuant to pertinent articles of in the current contract.

3.10 The President shall determine if information about the charges, the investigation, or their disposition should be released to the public, the press, or specific parties, i.e., editors of journals in which papers or reports of research in question may have appeared. In cases involving externally funded research, the sponsoring agency will be notified of the findings of the investigation and the final disposition of any sanction and/or disciplinary action, or restitution to be made. Corrective actions may also include required research ethics training, mentoring by qualified research faculty, or other actions as stipulated by federal sponsoring agencies.