RD0100 – RESEARCH INTEGRITY

Interior Health would like to recognize and acknowledge the traditional, ancestral, and unceded territories of the Dãkelh Dené, Ktunaxa, Nlaka'pamux, Secwépemc, St'át'imc, Syilx, and Tŝilhqot'in Nations, where we live, learn, collaborate and work together.

Interior Health recognizes that diversity in the workplace shapes values, attitudes, expectations, perception of self and others and in turn impacts behaviors in the workplace. The dimensions of a diverse workplace includes the protected characteristics under the human rights code of: race, color, ancestry, place of origin, political belief, religion, marital status, family status, physical disability, mental disability, sex, sexual orientation, gender identity or expression, age, criminal or summary conviction unrelated to employment.

1.0 PURPOSE

To promote the highest standards of practice and behavior in Research, and the processes for receiving and investigating any allegation of Research Misconduct.

2.0 DEFINITIONS

Term	Definition
Funding agency	A private or public sponsor, funder, donor, or granting agency providing financial resources specific for a Research project.
Research	An undertaking to extend knowledge through a disciplined inquiry or systematic investigation.
Research Misconduct	The failure to comply with any applicable policies, laws or regulations throughout the life cycle of a Research project – from creation of the Research proposal and application for funding, to the conduct of the Research and the dissemination of Research results.
Researcher	A person conducting a disciplined inquiry and responsible for the conduct of the Research.
Respondent	A person who is identified in an allegation as having possibly been involved in Research Misconduct.

3.0 POLICY

3.1 IH supports Research that aligns with the institution's core values for quality, integrity, compassion and safety.

3.2 IH promotes the highest standards of practice and behavior in Research through ongoing awareness of, and education on, the importance of the responsible conduct of Research.

3.3 IH complies with the *Tri-Agency Framework: Responsible Conduct of Research (RCR)*; and applicable regulations and guidelines of other funding and regulatory agencies.

3.4 IH fosters an environment that supports the best Research and a Researcher's ability to act honestly, accountably, openly and fairly in the search for, and dissemination of knowledge through Research activities.

3.5 IH accepts its responsibility to address allegations of any misconduct in Research and handle such allegations appropriately and in a timely manner.

4.0 PROCEDURES

4.1 Researcher Responsibilities

4.1.1 Follows the best Research practices honestly, accountably, openly and fairly in the search for and in the dissemination of knowledge.

4.1.2 Follows the requirements of applicable IH policies and professional standards and complies with all applicable laws and regulations.

4.1.3 Observes ethical standards for the treatment of human Research participants, obtain approval from the appropriate Research Ethics Board before Research commences, and adhere to all Research ethics reporting requirements during the conduct of a study.

4.1.4 Responsible for the following in the conduct of Research:

- Scholarly and scientific rigor in proposing and performing Research; in recording, analyzing, and interpreting data; and in reporting and publishing data and findings.
- 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.
- Accurate 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.

- 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.
- Acknowledging appropriately all those and only those who have contributed to the Research, including funding agencies.
- Conflict of interest management by appropriately identifying and addressing any real, potential or perceived conflict of interest, in accordance with IH and funding agency policies on conflict of interest.

4.1.5 Manages all funds in accordance with IH and Funding Agency policy and within the context of accurate accounting and administrative systems developed by IH for the administration of Research funds.

4.2 Research Misconduct

4.2.1 Research Misconduct is a breach of Research integrity by the failure to comply with any applicable policies, laws or regulations throughout the life cycle of a Research project – from creation of the Research proposal and application for funding, to the conduct of the Research and the dissemination of Research results.

4.2.2 Research Misconduct includes, but is not limited to:

- Fabrication: making up data, source material, methodologies or findings, including graphs and images.
- Falsification: manipulating, changing, or omitting data, source material, methodologies or findings, including graphs and images, without acknowledgement and which results in inaccurate findings or conclusions.
- Destruction of Research records: the destruction of one's own or another's Research data or records to specifically avoid the detection of wrongdoing or in contravention of the applicable funding agreement, institutional policy and/or laws, regulations and professional or disciplinary standards.
- Plagiarism: presenting and using another's published or unpublished work, including theories, concepts, data, source material, methodologies or findings, including graphs and images, as one's own, without appropriate referencing and, if required, without permission.
- Redundant publication or self-plagiarism: the re-publication of one's own previously published work or part thereof, including

data, in any language, without adequate acknowledgment of the source, or justification.

- Invalid authorship: inaccurate attribution of authorship, including attribution of authorship to persons other than those who have made a substantial contribution to, and who accept responsibility for, the contents of a publication or document.
- Inadequate acknowledgement: failure to appropriately recognize contributors.
- Mismanagement of conflict of interest: failure to appropriately identify and address any real, potential or perceived conflict of interest, in accordance with IH policy on conflict of interest and the applicable conflict of interest requirements of any funding agencies. This includes failure to reveal material conflicts of interest to IH, funding agencies, colleagues or journal editors when submitting a grant, protocol or manuscript; or when asked to undertake a review of Research grant applications, manuscripts or to test or distribute products.
- Intentional diversion of the Research funds of IH, university, federal or provincial granting councils, or other funding agencies.
- Material failure to comply with IH, or university affiliation policy, or relevant federal or provincial statutes or regulations for the protection of Researchers, human participants, or the health and safety of the public.
- Failing to comply with the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans.
- Failing to obtain appropriate ethics, operational and other contract approvals before conducting Research activities.
- Other practices that deviate significantly from those which are commonly accepted as appropriate within the health authority and scholarly communities.

4.2.3 Factors intrinsic to the process of Research such as honest and reasonable error, conflicting data; valid differences in experimental design, assessment of data or, interpretation or evaluation of information do not constitute fraud or misconduct.

4.3 Allegation of Research Misconduct

4.3.1 Individuals report in good faith and confidentially to IH all information pertaining to possible Research Misconduct where the Researcher involved is currently employed, enrolled as a student, or has a formal

association with IH. This information must be sent directly to the Corporate Director of Research (CDR) in writing.

4.3.2 Individuals involved in an inquiry or investigation must follow IH policy and process as a complainant, a Respondent or a third party.

4.3.3 The CDR or delegate is the central point of contact for receiving allegations. Other staff receiving an allegation must immediately redirect in confidence to the CDR.

4.3.4 On receipt of an allegation of possible misconduct in Research against the Respondent, the CDR or delegate requests the allegation in writing. Such an allegation may be formulated by any person who has reviewed the relevant documentation.

An allegation in writing must contain sufficient detail to enable the CDR to understand the matter that is to be inquired into.

If the complainant is unable to submit the allegation in writing, the receiving person documents in writing the verbal allocation and provides a copy of the written allegation to the complainant to review for verification.

4.3.5 The CDR considers an allegation sent from an anonymous source or via a third party only if accompanied by sufficient information to enable the assessment of the allegation and the credibility of the facts and evidence on which the allegation is based. The CDR receives the allegation without the need for further information that would compromise the complainant's anonymity.

4.3.6 IH protects, to the extent possible, the individual making an allegation in good faith, or providing information related to an allegation, from reprisals in a manner consistent with IH policy and relevant legislation.

IH regards purposeful false allegations as Research Misconduct and/or breach of IH policy AU0100 Standards of Conduct for Interior Health Employees.

4.3.7 IH may, either independently or at the Funding Agency's request in exceptional circumstances, take immediate action to protect the administration of Research funds by freezing applicable special purpose fund accounts.

4.3.8 Where the CDR receives an allegation that relates to Research conduct that occurred at another institution (whether as an employee, a student

or in some other capacity), the CDR contacts the other institution and determines with that institution's designated point of contact which institution is best placed to conduct the inquiry and investigation.

The CDR communicates to the complainant which institution will be the point of contact for the allegation.

4.3.9 IH maintains confidentiality with respect to complaints, inquiries and investigations, and protect the privacy of the complainant(s) and the Respondent(s). Confidentiality is subject to disclosure if required for the purpose of due process, or if required by law.

4.3.10 The CDR or delegate sends a copy of a complete written account of the allegation within ten business days of receipt by the CDR to the Respondent and any person identified in the allegation.

4.3.11 Using the criteria set out in sections 4.1.4 and 4.2.2, the CDR consults with a small group of IH leaders to determine whether an allegation warrants an investigation. Within 20 days of receipt of the written allegation, the CDR or delegate advises the Respondent and any person identified in the complaint that either:

- There is insufficient information to warrant an investigation and the allegation is dismissed; or
- There is sufficient information to proceed with an investigation. If an investigation is to proceed, describes the composition and mandate of the investigation team.

4.3.12 In cases where the Funding Agency or a regulatory authority initiated the request for an inquiry/investigation, the CDR provides the Funding Agency or regulatory authority with an initial report, within 20 days of receiving the request, indicating if the allegation has been confirmed at the inquiry stage and requires an investigation.

4.3.13 The CDR consults with the Corporate Director, Privacy, Policy, & Risk Management to determine if the Health Care Protection Program (HCPP) should be contacted for a review of the allegation.

The CDR consults with the Vice President (VP) responsible for Research if legal counsel is required based on the results of the HCPP review.

4.3.14 The VP informs the IH Senior Executive Team (IH SET) of the investigation and provides updates as required.

4.4 INVESTIGATION BY RESEARCH INTEGRITY COMMITTEE

4.4.1 The CDR assembles a Research Integrity Committee (Committee) to review information related to an investigation as required. It consists of 4 persons, including:

- Two people with Research experience
- One person qualified in the relevant law or ethics
- One person who is external with no affiliation with IH.

The Committee Terms of Reference are attached in Appendix A.

4.4.2 The CDR makes every effort to prevent a conflict of interest, real or apparent, as it relates to the Committee membership.

4.4.3 Individuals must make objections of the composition of the Committee to conduct an investigation to the CDR within seven days. The CDR makes the disposition of any such objection and is final.

4.4.4 In cases of collaborative Research involving other institutions, it may be desirable to conduct either parallel investigations, or a joint investigation, with appropriate changes to the procedures outlined below. Whichever method is chosen, IH cooperates fully with other institutions and any investigations that are instigated by funding or regulatory agencies.

4.4.5 The Committee seeks impartial expert opinions, as necessary and appropriate, to ensure the investigation is thorough and authoritative. The Committee advises the Respondent and any person identified in the allegation when this occurs.

4.4.6 The Committee has the right to see all necessary documents and question any IH employee or affiliated physician during its investigation.

4.4.7 The Committee may review all scholarly activity with which the Respondent has been involved during the period of time considered pertinent in relation to the allegation, including any abstracts, papers or other methods of scholarly communication.

4.4.8 The Committee may perform an audit on the Research finance records/accounts of the Respondent.

4.4.9 The Committee ensures that it is aware of all real or apparent conflicts of interest on the part of those involved in the investigation, including both the Respondent and those making the allegations.

4.4.10 The Committee provides the opportunity for a person who made an allegation, accompanied by an advisor if desired, to address the Committee in person or in writing.

4.4.11 The Committee advises the Respondent in sufficient detail of the evidence being considered and provides the opportunity for the Respondent, accompanied by an advisor if desired, to meet with the Committee and respond fully to the evidence in person and/or in writing.

4.4.12 Within ninety days of being appointed, the Committee completes its' investigation and submits a written report to the CDR. The report details:

- The specific allegation(s);
- The process and timelines followed for the investigation;
- The investigative steps taken by the Committee, including the individuals with whom it communicated and what their evidence was;
- The findings and reasons for the findings; and
- The Committee's decisions and recommendation(s) for remedial action(s).

Examples of remedial action include, but are not limited to:

- Withdrawing all pending relevant publications;
- Notifying editors of publications in which the involved Research was reported;
- Notifying funding agencies or freezing applicable special purpose fund accounts; and/or
- Ensuring that any Researcher involved is informed about appropriate practices for promoting the proper conduct of Research.

4.5 Administrative Actions

4.5.1 The CDR, upon receipt of the Committee's report and taking into account applicable privacy laws and regulations, communicates within 10 days, to all affected parties the decision regarding Research Misconduct and advises:

1) The Respondent and any person identified by the Respondent that the allegation is dismissed; or
2) The Respondent and any person identified by the Respondent that the allegation is substantiated as misconduct; and

3) The VP, who in turn advises IH SET of the results of the report.

4.5.2 IH takes into account the severity of a breach in determining a course of action. IH considers the extent to which the breach jeopardizes the safety of the public or brings the conduct of Research into disrepute. This determination is based on an assessment of the nature of the breach, the level of experience of the Researcher, whether there is a pattern of breaches by the Researcher, and other factors, as appropriate.

Examples of serious breaches include, but are not limited to:

- Recruiting human participants into a study with significant risks or harms without IH REB approval;
- Not following approved protocols;
- Deliberate misuse of Research grant funds for personal benefit not related to Research;
- Knowingly publishing Research results based on fabricated data; or
- Misrepresenting one's credentials, qualifications and/or Research contributions in an application for funding, ethical review, publication, or any circumstance in which credentials are evaluated.

4.5.3 IH SET may take further appropriate action depending on the nature and severity of the misconduct, including:

- Notification of relevant professional College(s);
- Protection of the administration of Funding Agency Research funds;
- Evaluation of all other Research previously undertaken by the Respondent at IH to determine its integrity;
- Informing such other persons or agencies as it seems essential to inform in the interests of protecting the integrity of Research within the limitations of privacy legislation; and/or
- Disciplinary action.

4.5.4 IH implements further corrective and preventive actions, as applicable, to prevent future recurrence of the misconduct. Examples include additional training, updates to existing policies, creation and implementation of new procedures.

4.5.5 The CDR and VP ensure that the recommendations, corrective actions, and/or disciplinary actions are agreed to and implemented by the Researcher and the applicable IH Administrator(s).

4.5.6 Where an allegation is not substantiated, the CDR, VP and IH SET, in consultation with the Respondent and the Committee, take all reasonable steps to repair any damage that the Respondent's reputation for scholarly integrity may have suffered by virtue of the allegation.

4.6 Appeal

4.6.1 Individuals make appeals to IH SET, who will strike an appropriate committee to hear the appeal. Individuals must submit appeals within 60 days of notification of IH's decision. The Appeal Committee has a membership that is non-overlapping with the Research Integrity Committee. IH SET may consider having the appeal heard by an external committee.

4.6.2 Depending on the relationship between IH and the Respondent, and depending on the nature of the disciplinary and/or remedial action, the Respondent may have rights of review, grievance or appeal under other applicable IH policies, or may have a right to grieve the disciplinary and/or remedial action taken under a collective bargaining agreement.

4.6.3 The Appeal Committee functions impartially, provides a fair hearing to those involved, and provides reasoned and appropriately documented decisions and reasons for such decisions.

4.6.4 The Appeal Committee grants the opportunity to both the appealing Researcher and a representative of the Research Integrity Committee whose decision is being appealed to address the Appeal Committee, but neither shall be present when the Appeal Committee deliberates and makes a decision.

4.6.5 The Appeal Committee's decision on behalf of IH is final.

4.6.6 The Appeal Committee communicates in writing its decision to the Researcher and to the Research Integrity Committee whose decision was appealed.

4.7 Reporting and Record Keeping

4.7.1 IH advises the relevant federal agency or Secretariat on Responsible Conduct of Research immediately of any allegations related to activities

funded by a federal agency that may involve significant financial, health and safety, or other risks.

4.7.2 Where an allegation of misconduct is substantiated, the CDR provides a final report within 30 days of the conclusion of the investigation to any Funding agency known to have provided support for the Research in question.

The report includes the following information:

- The specific allegation(s), a summary of the finding(s) and reasons for the finding(s);
- The process and time lines followed for the inquiry and/or investigation;
- The Researcher's response to the allegation, investigation and findings, and any measures the Researcher has taken to rectify the breach;
- The Committee's decisions and recommendations; and
- Actions taken by the institution.

The report does not include:

- Information that is not related specifically to federal agency funding and policies; or
- Personal information about the Researcher, or any other person, that is not material to the IH's findings and its report to the Funding agency.

4.7.3 IH and the Researcher must not enter into confidentiality agreements or other agreements related to an inquiry or investigation that prevents IH from reporting to the relevant Funding agency.

4.7.4 The CDR secures and retains all records from the allegation, inquiry and/or investigation in a confidential manner as per IH policy AL0700 Records-Retention, Storage and Destruction Of. The CDR, VP, and IH SET are the only ones with access to these records.

5.0 REFERENCES

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*, 2021.

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, December 2022.

Freedom of Information and Protection of Privacy Act (FIPPA). RSBC 1996, c. 165. Retrieved from the BC Laws website: http://www.bclaws.ca/Recon/document/ID/freeside/96165_00

Interior Health. (2018). Administrative Policy Manual: *Au0100 - Standards of Conduct for Interior Health Employees*.

Interior Health. (2017). Administrative Policy Manual: *AL0700 Records - Retention, Storage and Destruction Of*.

Interior Health. *Strategic Direction: Our Values*. Retrieved from https://www.interiorhealth.ca/AboutUs/StrategicDirection/Pages/default.aspx

Island Health Authority. (2013). Research and Capacity Building Policy 25.3: *Research Integrity*.

Island Health Authority. (2015). Research and Capacity Building 102: *Research Integrity Committee Terms of Reference*.

Appendix A - Research Integrity Committee Terms of Reference

1.0 Mandate

In accordance with IH policy *RD0100 Research Integrity*, all Research conducted at IH is to be conducted in accordance with the highest standards of Research integrity. IH accepts its responsibility to investigate all apparent instances or allegations of Research Misconduct and to take remedial action where warranted.

2.0 Requirement

2.1 If the Corporate Director of Research (CDR) determines that an instance of apparent misconduct or an allegation warrants further investigation, the CDR will convene a Research Integrity Committee (Committee).

2.2 The Committee is formed on an ad hoc basis to address specific allegations of Research Misconduct.

2.3 The Committee is responsible for the conduct of investigations, provision of recommendations for improvement and corrective actions, and proposing disciplinary action when required.

3.0 Membership

3.1 The Committee will be chaired by the IH Research Ethics Board (IH REB) Chair or past Chair.

3.2 The Committee will consist of at least 4 persons selected by the CDR, including:

- The IH REB Chair or past Chair;
- An Executive Director, Executive Medical Director, or Program Director from the department where the allegation was based, and who has experience in the conduct of Research;
- At least one person experienced in the conduct of Research; and
- One person who is external with no affiliation with IH.

3.3 The Chair and all members will be required to declare any possible conflict of interest, real or apparent, before their membership can be confirmed.

4.0 Process

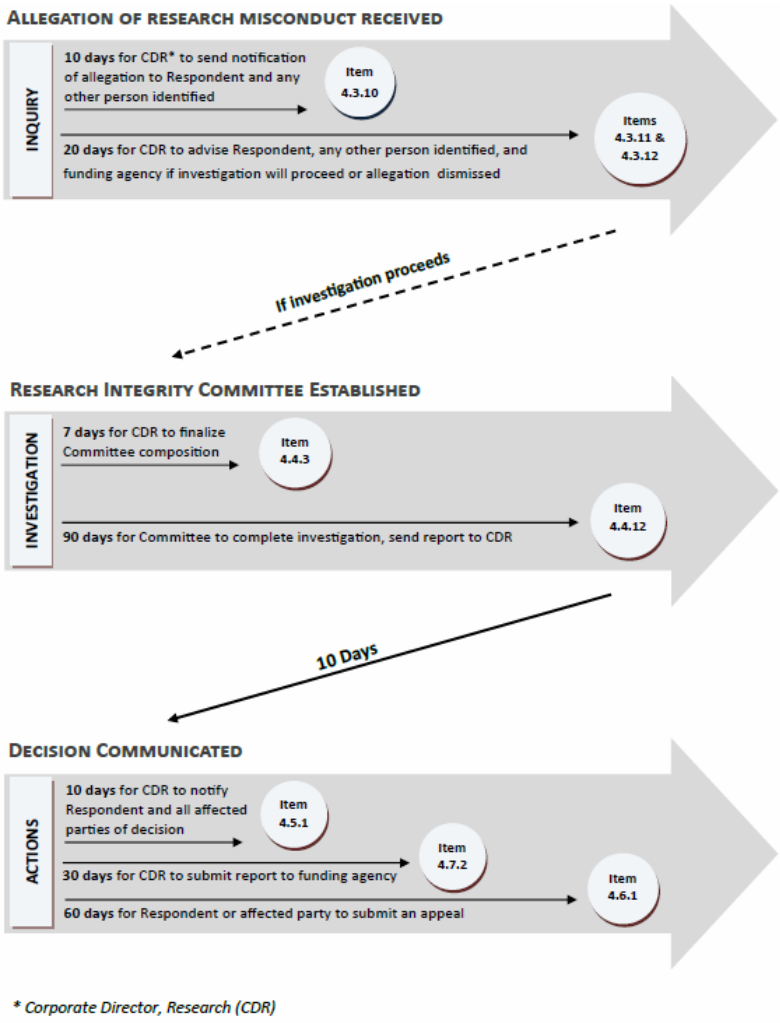
4.1 The Committee will meet within one month of the receipt of the allegation.

4.2 The Committee will conduct its activities in accordance with the process outlined in IH policy *RD0100 Research Integrity*.

4.3 Within ninety days of being convened, the Committee will complete its investigation and will submit its written report to the CDR.

4.4 Semi-annually, the CDR or delegate will summarize the activities and outcomes of the Committee in a report to the VP.

Appendix B – Timelines



** Corporate Director, Research (CDR)*