MORAVIAN UNIVERSITY

Research Integrity Policy

Policy Introduction

Moravian University expects its officers, faculty, staff, and students to adhere to the highest ethical and professional standards in the conduct and management of research. While breaches in such standards are rare, all parties must deal with these promptly and fairly in order to preserve the integrity of the research community and of the University. Therefore, it is the responsibility of every research investigator to assure integrity in the collection of data, storage of records, and proper assignment of credit in publication. It is also the responsibility of all faculty and personnel to report instances of misconduct, as well as instances of retaliation against those who, in good faith, bring charges of scholarly misconduct.

Policy Guidelines

Scope

- Federal law (see 42 CFR 93) requires the University to maintain uniform policies and procedures for investigating and reporting instances of alleged or apparent misconduct involved in research supported by the National Institutes of Health or other Public Health Service (PHS) agencies or in applications for the support of such research.
- This policy is consistent with those requirements, but applies to research undertaken in all disciplines, whether or not it is supported by a grant from either internal or external sources.
- This policy applies to any person paid by, subject to the rules and policies of, or affiliated with Moravian University including faculty, trainees, technicians and other staff members, administrators, fellows, visiting scholars or other collaborators at the University.
- This policy is limited to misconduct occurring within six years of the date the University receives the allegation of misconduct, unless otherwise determined by federal guidelines (42 CFR 93.105).
- This policy is based on and incorporates the federal guidelines put forth by the U. S. Department of Health and Human Services Office of Research Integrity (ORI) in the area of scientific misconduct. These guidelines shall be considered amended by all current changes in federal laws and regulations.

Definitions

- 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 (42 CFR 93.103).
- Research misconduct does not include honest error or differences of opinion (42 CFR 93.103).
- Misconduct includes a violation of regulations or ethical codes for the treatment of human and animal subjects.

- Misconduct includes serious misappropriation of research funds, including but not limited to diversion of such funds to personal or non-University use. The term "serious misappropriations" is not contemplated to include minor deviations within budget categories.

Procedures

Reporting Misconduct

All employees or individuals associated with Moravian University shall immediately report observed, suspected, or apparent scholarly misconduct, or retaliation for having made such allegations ("Complainant"), to the Research Integrity Officer (RIO). The report will be made in writing and signed by the Complainant. The confidentiality of those who, in good faith, report apparent misconduct and those against whom allegations are made will be protected to the fullest extent possible. In addition, any research subjects identifiable from research records or evidence will also be protected to the fullest extent possible. The role of the Complainant is limited. Once the Complainant has made an allegation of research misconduct, that person does not participate in the proceeding other than as a witness. Any comments made by the Complainant on the draft report must be included in the final investigation report.

Initial Inquiry

The purpose of the initial inquiry is to conduct a review of the evidence to determine whether to conduct an investigation. An investigation is warranted if:

- A reasonable basis for concluding that the allegation falls within the definition of research misconduct under 42 CFR 93 and involves PHS supported biomedical or behavioral research, research in any discipline whether or not supported by an internal or external grant, or research training or activities related to that research or research training; and
- Preliminary information-gathering and preliminary fact-finding from the inquiry indicates that the allegation may have substance (42 CFR 93.307).

The RIO shall complete this initial inquiry within sixty (60) days, which includes a written report that states what evidence was reviewed, summarizes the relevant interviews, and includes the conclusions of the inquiry. The individual(s) against whom the allegations of research misconduct was directed ("Respondent") shall be informed of the inquiry at the time of or before the inquiry begins. The Respondent will be given a copy of the inquiry report which includes the RIO's decision, and also has the right to make written comments to attach to the inquiry report.

If the RIO concludes that further investigation is not warranted, sufficient documentation to permit later assessment by ORI of the reasons for this determination shall be retained for at least seven years (42 CFR 93.309(c)). If the results or the inquiry provide a sufficient basis for conduct of a full investigation, this shall be initiated within 30 days. Also within 30 days of finding that an investigation is warranted, the institution must provide ORI with the written finding by the RIO and a copy of the inquiry report in accordance with 42 CFR 93.309.

Investigation

An investigative body of impartial experts will be appointed by the President, and the Provost will serve as chairperson, to conduct the formal examination and evaluation of all facts to determine whether research misconduct has taken place. The Investigative Committee will consist of three to five members who have the appropriate background to judge the issues being raised. Standing committees that deal with research issues (e.g., Human Subjects Institutional Review Board, Institutional Animal Care and

Use Committee) may be one source for members of this Investigative Committee. Committee members must have appropriate expertise and no real or apparent unresolved personal, professional, or financial conflicts of interest with those involved with the inquiry or investigation. The President or the Provost may, however, request one or more members from external entities to ensure appropriate expertise in the review. The need for impartiality and objectivity must be honored. All parties have the right to comment on the composition of the Investigative Committee and may raise questions concerning membership.

When the Investigative Committee is appointed, the Provost shall inform in writing the Respondent(s) and any involved collaborators that an investigation will be conducted and shall present to them a written statement of the allegations before the investigation begins. The Respondent shall be informed of their right to have a campus colleague and/or legal counsel present for preparing and/or giving their responses in this and all subsequent phases of the investigation. Any new allegations of research misconduct will also be provided in writing to the Respondent in a timely manner after the initial notice of investigation.

The Investigative Committee shall conduct a formal examination and evaluation of all facts to determine whether research misconduct has taken place.

1. The Investigative Committee may call witnesses (including witnesses identified by the Respondent), examine research data (published and unpublished), and seek expert opinion both inside and outside the University to aid in a scientific audit.
2. The Investigative Committee must interview the Complainant and the Respondent.
3. If the inquiry subsequently identifies additional Respondents, the institution will notify them.
4. The Investigative Committee will provide for all Witnesses and the Respondent the recording or transcript of their statements for correction, and include it in the record of the investigation.
5. All parties involved shall strive to maintain confidentiality of information, of Respondents, Complainants, witnesses, and research subjects identifiable from research records or evidence.
6. Interim administrative actions appropriate to the allegations may be taken prior to completion of the investigation to protect public health, the welfare of human or animal subjects, research record, federal funds and equipment, and the integrity of the PHS supported research process.
7. The investigation shall conclude within 120 days, unless compelling circumstances dictate a delay. This includes preparing a report of the findings, providing the draft report for comment, and sending the final report to ORI.

The following are necessary for a finding of research misconduct:

1. There must be a significant departure from accepted practices of the relevant scholarly community; and
2. The misconduct must have been committed intentionally, knowingly, or recklessly; and
3. The allegations must be proven by a preponderance of evidence (42 CFR 93.104)

A preponderance of the evidence means proof by information that, compared with that opposing it, leads to the conclusions that the fact at issue is more probably true than not (42 CFR 93.219).

The Investigative Committee shall submit its findings and recommendations in writing to the President according to the criteria in 42 CFR 93.313. The institution will take the following actions:

1. The Respondent must receive a draft of the investigative report, and a copy of, or supervised access to, the evidence, and be given thirty (30) days for written comments. These comments must be considered by the University and included in the final report (42 CFR 93.312).
2. If scholarly misconduct is not confirmed, all participants shall be notified in writing. Diligent efforts will be undertaken to restore the reputation of the Respondent.
3. Reasonable and practical efforts to protect or restore the position and reputation of any Complainant, Witness, or Committee Member, will also be taken. The institution will counter any potential or actual retaliation against these Complainants, Witnesses, and Committee Members.
4. If the allegations of scholarly misconduct are confirmed, the Investigative Committee shall recommend a course of action to the President. The recommendations may include sanctions, as well as adequate steps to insure that the institution meets its obligations to third parties, including collaborators and the scholarly community. The Provost shall make those notifications, if any, that are required by any external grant or contract sponsors.
5. After considering the recommendations of this group, the President shall follow established University procedures for taking disciplinary action against the Respondent.
6. The University shall provide notice to ORI of institutional findings and actions, including the investigation report, final institutional action, findings, and institutional administrative actions (42 CFR 93.315).
7. The University may make a finding of research misconduct or other breaches of research integrity under internal policies and standards, even if no misconduct is found under the HHS ORI regulations.

Within thirty (30) days after receiving official notification of the decision, the Respondent has the right to appeal the decision by submitting a written request to the Research Integrity Officer, with a copy to the Provost. The appeal will be forwarded to the appropriate appeals committee. Appeal requests are limited to the following grounds:

- To determine if a violation of the University's procedures occurred that substantially impacted the original outcome.
- To consider new information, unavailable at the time the original decision was made, that would have substantially altered the original outcome.
- To evaluate whether the sanction(s) are substantially disproportionate to the severity of the violation and/or cumulative conduct record of the appellant.

At this point, the Provost may offer evidence for the Investigative Committee's findings to the appeals committee. The appeals committee submits a confidential written report of its findings to the president no later than sixty (60) days after receiving the appeal. The president's decision on the matter is final. An appeal by the Respondent that could result in a reversal or modification of the finds of research misconduct in the investigation report shall be completed within 120 days of its filing (42 CFR 93.314).

Maintenance and Custody of Research Records and Evidence

The University shall promptly take all reasonable and practical steps to obtain custody of all research records and evidence needed to conduct the misconduct proceeding, inventory those materials, and sequester them in a secure manner, except in the case where there records or evidences are shared by a number of users. In that case, limited copies of the data or evidence will be available to these other users. The respondent will have copies of, or reasonable, supervised access to the research records. The

University shall also take custody of additional records and evidence uncovered during the proceeding, including at the inquiry and investigation stages (42 CFR 93.305).

Unless custody has been transferred to HHS under 42 CFR 93.317(c), or ORI has advised the institution in writing that it no longer needs to retain the records, an institution must maintain records of research misconduct proceedings (see 42 CFR 93.317(a)) in a secure manner for seven (7) years after completion of the proceeding or the completion of any PHS proceeding involving the research misconduct allegation, whichever is later. On request, institutions must transfer custody of or provide copies to HHS, of any institutional record relevant to a research misconduct allegation, including the research records and evidence, to perform forensic or other analyses or as otherwise needed to conduct an HHS inquiry or investigation or for ORI to conduct its review or to present evidence in any proceeding under 42 CFR 93 Subparts D and E (42 CFR 93.317).

This policy has been reviewed and accepted by the President's Council on October 3, 2017.

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