

Procedure for Addressing Allegations of Research Policy Breaches

SE Health supports the responsible conduct of research as defined in the Tri-Agency Framework: Responsible Conduct of Research (2021). The Tri-Agency Framework describes requirements and expectations for researchers and institutions that receive funding from the Tri-Agencies (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)).

SE Health promotes the responsible conduct of research by providing an environment that supports the best research and that fosters researchers' abilities to act honestly, accountably, openly and fairly in the search for, and dissemination of, knowledge, including by this procedure that meet the requirements of articles 4.3, 4.4 and section 5 of the Tri-Agency Framework to address research policy breaches.

Scope

The procedure applies to all allegations of research policy breaches as described in the Responsible Conduct of Research Policy and in article 3 of the Tri-Agency in respect of research conducted under SE Health auspices or jurisdiction.

Procedure

Definitions

The definitions of researchers' responsibilities and potential breaches of policies as set out in Sections 2 and 3 of the Tri-Agency Framework: Responsible Conduct of Research (2021). The responsibilities and potential breaches are summarized in SE Health's Responsible Conduct of Research Policy, Part A.

"Agency" and "Agencies" refer to one or more of CIHR, NSERC and SSHRC.

Confidentiality

SE Health will protect the privacy of the complainant(s) and respondent(s) concerning allegations of policy breaches as far as is possible.

Receiving Allegations

SE Health establishes a central point of contact at a senior administrative level, to receive all confidential enquiries, allegations of breaches of policies, and information related to allegations.

- If the allegation is about any researcher other than the Vice President, Research and Innovation, will be the central point of contact.
- If the allegation is about the Vice President, Research and Innovation, the SVP Chief Legal, Privacy and Compliance Officer will be the central point of contact.

SE Health will consider an anonymous allegation 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, without the need for further information from the complainant.

SE Health will protect, 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 relevant legislation.

Upon receipt of an allegation, SE Health will independently, or at the Agency's request in exceptional circumstances, take immediate action to protect the administration of Agency funds. Immediate actions could include freezing grant accounts, requiring a second authorized signature from an SE Health representative on all expenses charged to the researcher's grant accounts, or other measures, as appropriate.

Where an allegation relates to conduct that occurred at another Institution (whether as an employee, a student or in some other capacity), the Institution that receives the allegation will contact the other Institution and determine with that Institution's designated point of contact which Institution is best placed to conduct the inquiry and investigation, if warranted. The Institution that received the allegation must communicate to the complainant which Institution will be the point of contact for the allegation.

Investigating Allegations

SE Health's central point of contact will conduct an initial inquiry process to establish whether an allegation is responsible and if an investigation is required. The central point of contact may in their discretion involve one or more individuals in the initial inquiry process. The individual(s) conducting the initial inquiry must be without conflict of interest, whether real, potential or perceived.

If the allegation passes the initial inquiry process, SE Health's central point of contact will organize an investigation process for determining the validity of the allegation that provides the complainant and respondent with an opportunity to be heard as part of an investigation.

The investigation process will involve an investigation committee, appointed by the central point of contact with the authority to decide whether a breach occurred, and if so, to recommend options for recourse. The investigation committee 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 SE Health.

The Investigation Committee's responsibility is to determine whether the researcher breached a policy by hearing from the complainant and the respondent and other relevant persons as appropriate. The Committee will provide a report of the relevant facts to the researcher against whom the allegation was made, and they will have 2 weeks to respond.

After the 2 weeks, the Investigation Committee will decide by majority vote on the basis of the investigation whether a policy breach occurred. The Investigation Committee will provide a report to the central point of contact no later than 3 months after the initial allegation, including the allegation, the researcher's response, if any, a summary of the committee's finding(s), the committee's decision with rationale, the committee's perspective on the extent and seriousness of the breach, and the committee's recommendations for remedy of the breach.

Recommendations for remedying a breach will depend on the extent and seriousness of the breach and may include a training refresher on research policies, a written record of the breach in the researcher's personnel file, suspension or termination of employment.

Final Decisions and Remedies for Breaches

If the committee has found that a policy breach occurred, the central point of contact will consider the committee's perspective on the extent and seriousness of the breach, and the committee's recommendations for remedy of the breach, and take disciplinary or other action as is appropriate.

The results of the investigation will be disclosed to the complainant and the respondent about the process and outcome of the inquiry and investigation, with the following details:

- the specific allegation(s), a summary of the finding(s) and reasons for the finding(s);
- the process and timelines 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 investigation committee's decisions and recommendations and actions taken by SE Health; and,
- the opportunity to appeal, as described below.

The results of the investigation may also include measures that SE Health will be taking to improve their processes including training, as a result of the allegation. This information will be disclosed in a manner consistent with the privacy legislation applicable to SE Health. The central point of contact's disciplinary or other action will be shared only with the respondent, or those who are authorized to receive this personal information.

In all instances in which an allegation is found not to be reasonable or valid, SE Health and the initial point of contact shall make all reasonable efforts to protect or restore the reputation of those subjected to the allegation. In all instances in which an allegation is found not to be reasonable or valid, SE Health and the initial point of contact will make all reasonable efforts to protect or restore the reputation of the person making the allegation if the allegation was made in good faith.

Appeals

If a policy breach is decided to have been committed, the respondent may appeal within 2 weeks of receiving the Final Decision of the central point of contact, to:

- to the SVP Chief Legal, Privacy and Compliance Officer if the central point of contact for the investigation was the Vice President, Research and Innovation,
- to a person outside SE Health and in an academic setting with knowledge of the Tri-Council Framework and with no conflict of interest appointed by the SVP Chief Legal, Privacy and Compliance Officer if the central point of contact for the investigation.

The appeal shall be in writing and shall provide grounds for the appeal in addition to the results of the investigation delivered by the central point of contact to the respondent.

The person responsible for hearing the appeal will review the results of the investigation and the respondent's written grounds for appeal and make a determination of whether there has been a

policy breach and/or whether the remedy decided by the central point of contact was appropriate. The decision will be delivered to the respondent with the following information:

- the specific allegation(s), a summary of the finding(s) and reasons for the finding(s);
- the process and timelines followed for the inquiry, investigation and appeal;
- the researcher's response to the allegation, investigation and findings, and the grounds for appeal;
- the decision of the person hearing the appeal and the rationale for the decision.

Further reporting

Subject to any applicable laws, including privacy laws, SH Health will advise the relevant Agency or the Secretariat on Responsible Conduct of Research (SRCR), when addressing allegations of breaches of Agency policies. Immediately of any allegations related to activities funded by the Agency that may involve significant financial, health and safety, or other risks. The principal point of contact will write a letter to the SRCR confirming whether or not SE Health is proceeding with an investigation where the SRCR was copied on the allegation or advised the SRCR.

SE Health will prepare a report for the SRCR on each investigation it conducts in response to an allegation of policy breaches related to a funding application submitted to an Agency or to an activity funded by an Agency. Subject to any applicable laws, including privacy laws, each report will include the following information:

- the specific allegation(s), a summary of the finding(s) and reasons for the finding(s);
- the process and timelines 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; and
- the investigation committee's decisions and recommendations and actions taken by SE Health.

The report will not include:

- information that is not related specifically to Agency funding and policies; or
- personal information about the researcher, or any other person, that is not material to the Institution's findings and its report to the SRCR.

SE Health will submit inquiry letters or inquiry reports to the SRCR within two months of receipt of an allegation. If an investigation is warranted, the SE Health will conduct an investigation and submit its report to the SRCR within five months of the issue of initial inquiry report. These timelines may be extended in consultation with the SRCR if circumstances warrant, and with periodic updates provided to the SRCR until the investigation is complete. The frequency of the periodic updates will be determined jointly by the SRCR and SE Health.

SE Health and the researcher will not enter into confidentiality agreements or other agreements related to an inquiry or investigation that would prevent SE Health from reporting to the Agencies through the SRCR.

Breaches of Research Policies by SE Health

In accordance with the Agreement signed by the Agencies and SE Health, the Agencies require that SE Health complies with Agency policies as a condition of eligibility to apply for and administer Agency funds.

The process followed by the Agencies to address an allegation of a breach of an Agency policy by an Institution, and the recourse that the Agencies may exercise, commensurate with the severity of a confirmed breach, are outlined in the Agreement.

Responsible

The Vice President, Research and Innovation, and the SVP Chief Legal, Privacy and Compliance Officer are responsible for administering this policy.

This procedure applies to all allegations of research policy breaches as described in the Responsible Conduct of Research Policy and in article 3 of the Tri-Agency Framework in respect of researchers and research conducted under SE Health auspices or jurisdiction and funded by one or more Agencies.