Western Michigan University
Faculty Senate
Memorandum of Action

MOA – 19/09

Revision of the Research Misconduct Policy

Name of Council(s)/Committee(s):
Research Policies Council

Approval Date:

Implementation Date:
Upon Administrative Approval

Responsible Office(s) and Responsible Enforcement Official(s):
Office of Research and Innovation, Associate Director Research Compliance

RECOMMENDATION:
Incorporate current policy into the approved University Policies Committee template, make changes to title, and correcting mistakes with regard to institutional and federal office names. Move the jurisdiction within the Office of the Vice President for Research and Innovation.

April 8, 2021
Onur Arugaslan, Chair, Research Policies Council — Date

☐ Approve ☐ Disapprove ☐ Other Action
Comments:

Marilyn S. Kritzman, WMU Faculty Senate President — Date

☐ Approve ☐ Disapprove ☐ Other Action
Comments:

Terri Goss Kinzy, Vice President for Research — Date

☐ Approve ☐ Disapprove ☐ Other Action
Comments:

Jennifer P. Bott, Provost and Vice President for Academic Affairs — Date

☐ Approve ☐ Disapprove ☐ Other Action
Comments:

Edward B. Montgomery, WMU President — Date

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RATIONALE/PURPOSE
This policy establishes the means to ensure Western Michigan University's (WMU) research standards are upheld with integrity for WMU, those associated with WMU, and the disciplines involved. This policy is designed to comply with federal regulations and specific policies of the Department of Health and Human Services.

STAKEHOLDERS
This policy applies to all personnel (employees, faculty, students, research staff, contractors, visitors, and collaborators) engaged in research or projects conducted under the auspices of Western Michigan University whether the research is conducted on or off campus.

- These include projects, facility use or use of University resources whether the research is funded or unfunded.
- It is the responsibility of faculty and administrators to be aware of and comply with the law relative to their work, students assisting them in their work or research, agreements and collaborations with others, and foreigners who may have access to their research or labs to ensure no conduct is contrary to law and the University's policies, procedures, guidelines and instructions.

HISTORY:

a) Effective date of current version: July 2, 2019
b) Date first adopted: Not known
c) Revision history: March 16, 2016; approved by the Research Policies Council: October 8, 2015, MOA-16/07; approved by the Faculty Senate: March 3, 2016 MOA-16/07; approved by the Provost and President: March 16, 2016.
d) Proposed date of next review: July 1, 2022

CURRENT POLICY MODIFICATION (additions in bold and deletions with strikethrough)
RESEARCH MISCONDUCT POLICY ~~AND PROCEDURES~~
~~I. Introduction~~
~~Research rests on a foundation of public support and mutual trust. Therefore, any allegation of research misconduct, irrespective of discipline, is a serious matter to be dealt with deliberately. This is necessary to reassure the public and ourselves that our traditional standards are upheld, for the integrity of Western Michigan University (WMU), those associated with it, and the discipline involved. This document contains the University's Research Misconduct Policy and specifies the procedures and appropriate safeguards for responding to allegations of research misconduct.~~
~~This policy and procedures are designed to comply with federal regulations. Policies and regulations specific to the Department of Health and Human Services (HHS) can be found at: https://ori.hhs.gov/. These policies and regulations are generally applied in all cases of research misconduct, in addition to HHS.~~

~~II. Definition of Research Misconduct~~

According to the relevant federal regulations, research misconduct is fabrication, falsification, plagiarism, or other practices that seriously deviate from those commonly accepted within the academic community for proposing, performing, reviewing or in reporting research results. Research misconduct is to be distinguished from honest error and differences of interpretation. A finding of research misconduct requires that: a) there is a significant departure from accepted practices of the relevant research community; b) the misconduct is committed intentionally, knowingly, or recklessly; and c) the allegation is demonstrated by a preponderance of the evidence. (§ 93.103, 42 CFR Part 93)

Research Misconduct at WMU includes, but is not limited to the following:

A. Fabrication: Making up data or results and recording or reporting them.
B. Falsification: 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.
C. Plagiarism: The appropriation of another person's ideas, processes, results, or words without giving appropriate credit.
D. Abuse of confidentiality, including use of ideas and preliminary data gained from:
    1. Access to privileged information through the opportunity for editorial review of manuscripts submitted to journals, and
    2. The peer review of proposals being considered for external funding or by internal committees, such as the **Western Michigan University Institutional Review Board (WMU IRB)** ~~Human Subjects Institutional Review Board (HSIRB)~~, Faculty Research and Creative Activities Support Fund (FRACASF), or Institutional Animal Care and Use Committee (IACUC).
E. Misuse of data, including the reporting of incomplete results where the reporting of all results would influence any conclusions that might be drawn.
F. Failure to comply with policies on human subjects, radiation use, or animal care and use.

~~III.~~ Conditions

At WMU, research misconduct as defined by this document is prohibited. Researchers shall comply with all applicable local, state, and federal laws, regulations and guidelines, and University policies, as well as contractual and grant requirements.

~~A. This policy applies to all persons affiliated with WMU – including, but not limited to, faculty, students, trainees, and all members of the research staff. In addition, allegations of research misconduct involving students are subject to the normal disciplinary rules governing students, but will be reviewed, as appropriate, under this policy.~~

B. The policy applies to: (a) the conduct of research and/or related activities, whether or not the research is externally funded; (b) the presentation and/or publication of research results; and (c) the process of applying for research funds. Persons found to have committed research misconduct are subject to discipline, up to and including discharge or expulsion. In addition, the findings will, where appropriate, be reported to external entities or authorities and the external entity or authority may take additional action. Disciplinary action proceedings shall be in accordance with applicable University policies, codes, procedures, and/or collective bargaining agreements.
C. This policy is limited to research misconduct occurring within six years of the date on which the Vice President for Research **and Innovation** (VPR) receives an allegation of misconduct. Exceptions to the six-year limit include renewed allegations of misconduct and those having substantial effect on the health or safety of the public.

~~IV.~~ Confidentiality of Respondents and Complainants

Once an allegation of academic misconduct has been received by the VPR, to the extent possible, the University shall maintain the identity of Respondent(s) and Complainant(s) securely and confidentially and shall not disclose any identifying information except to:

A. Those who need to know in order to carry out a thorough, competent, objective and fair research misconduct proceeding.
B. If appropriate, the PHS Office of Research Integrity ~~(ORI)~~ as it conducts its review of the research misconduct proceedings and any subsequent proceedings.

For research involving human subjects, to the extent allowed by law, records or evidence obtained during the research misconduct proceeding that might identify the subjects of research shall be maintained securely and confidentially and shall not be disclosed, except to those who need to know in order to carry out the research misconduct proceeding or as otherwise required by law.

~~PROCEDURES~~

Allegations of Misconduct

~~I. Phases~~

Phases. In the event an allegation of research misconduct is reported to the VPR, the ensuing procedure consists of two primary phases:

A. **Inquiry**. A preliminary review to determine whether the accusations constitute good faith allegations of research misconduct (See 93.200), and an initial review of the evidence to determine if the criteria for conducting an investigation have been met. (See 93.212)

~~B. **Investigation**— an Investigative Committee is appointed to determine whether it is more likely than not that research misconduct has occurred and, if so, to make recommendations with respect to the imposition of disciplinary sanctions. (See 93.215)~~

1. The Vice President for Research **and Innovation** (VPR), who is the University's research integrity officer (RIO), initially assesses the reported incident to determine if it constitutes a good faith allegation of research misconduct. This initial assessment shall be completed within 30 business days of the receipt of the report or the event giving rise to the report. In the event circumstances prevent the VPR from completing the assessment within that time frame, the VPR shall document the reasons for the delay and complete the assessment as soon as is practical.
2. After receiving an allegation of research misconduct, the VPR, in consultation with the appropriate University official(s), **including the Office of Student Conduct if the allegation involves a student,** shall assess the allegation to determine **whether the investigation should proceed under this Research Misconduct Policy of under other governing policies and procedures (e.g. academic misconduct).** if ~~it meets the definition of research misconduct, and also that the allegation is sufficiently credible and specific so potential evidence of the alleged research misconduct may be identified~~.
3. **The VPR shall also determine whether the allegation is sufficiently credible and specific in order to identify potential evidence of the alleged research misconduct.**
4. If the VPR determines that continuing an Inquiry is not warranted, the VPR shall so inform the Complainant(s) and Respondent(s) in writing, and the matter is closed (subject to section below). If it is concluded by the VPR that a good faith allegation of research misconduct has been made and continuing an Inquiry is warranted, the VPR initiates a process, beginning with the notification of the Complainant(s) and Respondent(s), which must be completed within 60 calendar days. The purpose of this part of the Inquiry is to conduct an initial review of the available evidence to determine whether an allegation warrants an Investigation, and what additional records may be needed.
5. Notification of Complainant(s) and Respondent(s), and Maintenance and Custody of Research Records and Evidence**—**The VPR will notify the Complainant(s) and Respondent(s) in writing that an Inquiry has been initiated. The Respondent(s) will also be provided with the institutional policies and procedures for the handling of research misconduct allegations.
6. The VPR shall take the following specific steps to obtain, secure, and maintain the pertinent research records and evidence:
    i. Either before or when the University notifies the Respondent(s) of the Inquiry, the VPR shall promptly take all reasonable and practical steps to obtain custody of all research records and evidence needed to conduct a complete research misconduct proceeding, inventory those materials, and sequester them in a secure manner. In those cases where the research records or evidence encompass scientific instruments shared by a number of users, custody may be limited to copies of the data or evidence on such instruments, so long as those copies are substantially equivalent to the evidentiary value of the instruments themselves.

ii. Confidentiality of the research records and evidence will be maintained.
iii. When appropriate, the Respondent(s) will be given copies of, or reasonable, supervised access to, the research records.
iv. The University shall undertake every reasonable and practical effort to take custody of additional research records and evidence that are discovered during the course of the research misconduct proceeding, including any new allegations as may arise, subject to the exception for scientific instruments (in section above).
v. The University shall maintain all records of the research misconduct proceeding, as defined in 42 CFR Section §93.317(a), for seven years after completion of the proceeding, or any **PHS Office of Research Integrity** ~~ORI~~ or HHS proceeding under Subparts D and E of 42 CFR Part 93, whichever is later, unless the VPR has transferred custody of the records and evidence to HHS, or **PHS Office of Research Integrity** ~~ORI~~ has advised the University that the VPR no longer needs to retain the records.

7. Appointment of the Inquiry Committee—The VPR will appoint an Inquiry Committee and designate the chair within 10 business days of notifying the Respondent of the Inquiry. The Inquiry Committee should consist of three individuals who do not have real or apparent conflicts of interest in the case, are unbiased, and have the necessary expertise. They will evaluate the evidence and issues related to the allegation, interview the principals and key witnesses, conduct the balance of the Inquiry, and prepare a report of their findings. These individuals may be subject matter experts, administrators, lawyers, or other qualified persons.
8. Notification to Respondent(s) of Committee Members—The VPR will notify the Respondent(s) of the proposed committee membership. The Respondent(s) then has 7 business days to challenge, in writing, the committee's membership, based on bias or conflict of interest. The VPR will determine whether the evidence of perceived bias or conflict warrants replacement of the challenged member.
9. Inquiry Report**—**The inquiry report shall contain the following information:
    i. The name and position of the Respondent(s);
    ii. A description of the allegation of research misconduct;
    iii. If appropriate, the grant support involved, including, for example, grant numbers, grant applications, contracts, and publications listing grant support;
    iv. Description of data reviewed and interviews;
    v. If applicable, the basis for recommending that the alleged actions warrant an investigation;
10. The Inquiry Committee will provide the Respondent(s) 7 business days to comment on the draft Inquiry Report. The Inquiry Committee may either attach the comments to the report and/or make the corrections in the final report as necessary. The VPR may grant additional time to respond if circumstances warrant.
    i. In its final report, the Inquiry Committee will include a determination of whether an Investigation is warranted, based on the Inquiry and the Federal guidelines Sec. 93.307. The VPR shall notify the Respondent(s) of the result of the Inquiry and attach to the notification copies of the final Inquiry Report.
    ii. If the Committee determines that an Investigation is warranted, the VPR shall begin an Investigation within 30 calendar days of that determination.

C. **Investigation. An Investigation Committee is appointed to determine whether it is more likely than not that research misconduct has occurred and, if so, to make recommendations with respect to the imposition of disciplinary sanctions.**
    1. After determination that an Investigation is warranted, but not later than 30 calendar days after that determination, the VPR shall constitute an Investigative Committee.
    2. Appointment of the Investigative Committee—The VPR shall select those individuals constituting the Investigative Committee on the basis of pertinent research expertise and who do not have personal, professional, or financial conflicts of interest with the Respondent(s), Complainant(s) or others involved in the matter. Any such conflict which a reasonable person would consider to demonstrate potential bias shall disqualify the

individual from selection. The members of the Investigative Committee shall select the member to Chair the committee. It is the responsibility of the Chair to issue all required communications, and to schedule all necessary meetings, interviews, and other events. The composition of the Investigative Committee differs depending upon the status of the Respondent(s).

i. In the case of bargaining unit faculty members, the Investigative Committee will be constituted from tenured WMU faculty, and contain at least three members.
ii. In the case of other academic researchers (e.g., visiting scholars, post-doctorate fellows, professional researchers, non-faculty academics), the Investigative Committee will include a member of the researcher's relevant peer group plus one or two tenured faculty.
iii. In the case of a student, the Investigative Committee will include from one to three tenured faculty members and a designee from the Office of **Student Conduct** ~~the Associate Dean of Students~~.

3. In all cases, the VPR will notify the Respondent(s) of the composition of the Investigative Committee and the procedures that will be followed in the course of the Investigation. The Respondent(s) has 7 business days to challenge, in writing, the membership of the Investigative Committee, based on bias or conflict of interest. The VPR will determine whether the evidence of bias or conflict of interest warrants replacement of the challenged member(s).
4. The Investigation phase must be completed within 120 calendar days from the appointment of the Investigative Committee, unless circumstances warrant a longer period. This time frame includes conducting the investigation, preparing a draft report of findings, the appeal process, and sending the final report to **PHS Office of Research Integrity** ~~ORI~~, if appropriate. If the investigation stage is extended beyond 120 calendar days, the reasons for doing so must be documented. This time period does not apply to any disciplinary hearings.
5. The VPR shall instruct the Investigative Committee to:
   i. Use diligent efforts to ensure that the Investigation is both thorough and sufficiently documented, and that it includes examination of all research records and evidence relevant to reaching a decision on the merits of the allegations.
   ii. Pursue diligently all significant issues and leads discovered that are determined relevant to the Investigation, including any evidence of additional instances of possible research misconduct, and continue the investigation to completion.
   iii. Use all reasonable steps to ensure an impartial and unbiased research misconduct proceeding to the maximum extent practicable.
   iv. Interview each Respondent, Complainant, and any other available person who has been reasonably identified as having information regarding any relevant aspects of the investigation, including witnesses identified by the Respondent(s). When interviewing, the committee should record and transcribe each interview, provide the recording and transcript to the interviewee for correction of transcription errors, and include both the recording and transcript in the record of the Investigation. The Respondent(s) shall be notified in writing no less than 5 business days in advance of the scheduling of his/her interview in the Investigation and has the option of arranging for the attendance of legal counsel. In the event a Respondent intends to have legal counsel present at the interview, the Respondent shall inform the VPR of her/his intent no later than 2 business days before the interview.
6. The Investigative Report—When the Investigation is completed, the Investigative Committee shall prepare, and submit to the VPR, a written draft report of the results, reviewing the facts, and stating the committee's findings. The VPR shall make the draft report available to the Respondent(s) for comment. The draft Investigative Report shall:
   i. Describe the nature of the allegations of research misconduct.
   ii. Describe and document any grant support including, for example, grant numbers, grant applications, contracts and publications listing grant support, if appropriate.

iii. Describe the specific allegations of research misconduct considered in the investigation.
iv. Include the institutional policies and procedures under which the investigation was conducted.
v. Identify and summarize the research records and evidence.
vi. Identify any evidence taken into custody, but not reviewed. The report should also describe any relevant records and evidence not taken into custody and explain why.
vii. Provide a finding as to whether research misconduct did or did not occur for each separate allegation of research misconduct identified during the Investigation, and, if misconduct was found, identify it as falsification, fabrication, plagiarism or other, and determine whether it was intentional, knowing, or in reckless disregard.
viii. Summarize the facts and the analysis supporting the conclusion, including consideration of the merits of any explanation by the Respondent(s) as well as any evidence that rebuts any explanation by the Respondent(s).
ix. Identify any publications that need correction or retraction, and list any current support or known applications or proposals for support that the Respondent(s) has pending.

2. The Respondent(s) shall have 21 calendar days to submit to the VPR comments on the draft Investigative Report and any new evidence. The Investigative Committee shall subsequently include and consider any comments and any new evidence provided by the Respondent(s) in the Final Investigative Report which it submits to the VPR. In a separate communication to the VPR, the Investigative Committee shall offer its recommendations with respect to disciplinary sanctions, if any.
3. When the Final Investigative Report has been received, the VPR will meet with the appropriate administrative officials to discuss the report's findings so that either the disciplinary phase of the process or the restoration of reputation phase of the process can begin. If appropriate and/or required, the VPR will communicate the committee's findings to relevant agencies external to the university.

~~II.~~ **Reporting to Federal Agencies**

When federal funding is involved, the pertinent agency will be informed by the VPR within 30 calendar days of the submission of the final Inquiry Report that an Investigation will be initiated. When it is required by federal agencies (e.g., NSF, **PHS Office of Research Integrity** ~~ORI~~ or HHS), any extension of the Investigation beyond 120 calendar days must be requested in writing from the relevant agency. The extension request must include an explanation for the delay, an interim report on the progress to date, an outline of what remains to be done, and an estimated date of completion. If an Investigation is terminated before its completion, a report of the planned termination, including the reasons for such an action, must be made to those federal funding agencies that require it.

A. Notification to Federal Agency—The VPR will notify relevant federal funding agencies if, during the course of the investigation, facts are disclosed that may affect current or potential federal funding for any individuals(s) under investigation or that the federal agency needs to know to ensure the appropriate use of funds, and otherwise protect the public interest. The VPR shall maintain, and provide to the agency upon request, all relevant research records and records of the research misconduct proceeding, including results of all interviews and the transcripts of the recordings.
B. The University will follow the regulations or the relevant federal funding agency requirements in preparing its report. The final report to the relevant agency must describe the policies and procedures under which the investigation was conducted, how and from whom information was obtained, the findings, and the basis for the findings, as well as a description of any sanctions taken by the University. Documentation to substantiate the Investigation's findings will also be made available. The University will cooperate with and assist the relevant agency as needed to carry out any administrative actions that may be imposed as a result of a final finding of research misconduct.

Protection of Public Health and Resources. At any time during a research misconduct proceeding, the University shall take appropriate interim action to protect public health, federal funds and equipment, and the integrity of the grant-supported research process. The necessary actions will vary according to the circumstances of each case, but examples of actions that may be necessary include: delaying the publication of research results, providing for closer supervision of one or more researchers, requiring approval for actions relating to the research that did not previously require approval, auditing pertinent records, or taking steps to contact other institutions that might be affected by an allegation of research misconduct.

Notification to PHS Office of Research Integrity ~~ORI~~. At any time during a research misconduct proceeding, the VPR shall notify **PHS Office of Research Integrity** ~~ORI~~ immediately if the VPR has reason to believe that any of the following conditions exist:

A. Health or safety of the public is at risk, including an immediate need to protect human or animal subjects.
B. HHS resources or interest are threatened.
C. Research activities should be suspended.
D. There is a reasonable indication of violations of civil or criminal law.
E. Federal action is required to protect the interest of those involved in the research misconduct proceeding.

~~III.~~ **Restoration of Reputation**

WMU shall undertake all reasonable, practical and appropriate efforts to protect and restore the reputation of any Respondent alleged to have engaged in research misconduct, but against whom no finding of research misconduct was made. Such efforts might include:

A. Notifying those individuals involved in or officially notified about the Investigation regarding the final outcome;
B. Publicizing the final outcome in any forum in which the Investigation of research misconduct was previously publicized;
C. Expunging all reference to the allegation and Investigation from the personnel file of the Respondent(s).

In order for WMU to undertake such efforts, the Respondent or his/her legal counsel or other authorized representative must request the VPR to initiate those efforts.

WMU shall undertake all reasonable and practical efforts to protect the position and reputation of any Complainant, witness, or committee member and also to counter potential or actual retaliation actions against the Complainant(s), witnesses and committee members.

VPR will consult with WMU's Office of General Counsel before initiating a Restoration of Reputation ~~Hearing~~**.**

Accountability

~~IV. Disciplinary Procedures~~

When an allegation of research misconduct has been formally substantiated, WMU shall take appropriate administrative actions against the individual(s). The University has a number of sanctions and disciplinary actions available:

A. Research Sanctions—Research sanctions may include but are not limited to:
    1. Withdrawal or correction of all pending or published abstracts and papers emanating from the research where research misconduct was found
    2. Removal of the responsible person(s) from the particular project
    3. Restricting or prohibiting future grant submissions and/or reviewing grant proposals for agencies
    4. Special monitoring of future research publication
B. Disciplinary Actions—Employee related disciplinary actions may include:
    1. Discipline by documentation, including letters of reprimand

2. Suspension
    i. Salary reduction
    ii. Initiation of steps leading to possible rank reduction or termination of employment
    iii. Restitution of funds as appropriate.

C. Other Disciplinary Procedures—In the case of bargaining unit faculty member(s), the processing of charges will proceed in accordance with the provisions **applicable bargaining unit rules and procedures** ~~of Article 22~~, ~~Progressive Review and Discipline for Cause, of the Agreement between WMU and the WMU Chapter of the American Association of University Professors, or its successor. Disciplinary sanctions against members of other bargaining units will proceed in accordance with the appropriate collective bargaining agreement.~~

D. In the case of non-student, non-bargaining unit employees (staff), the researcher shall be notified in writing of the intent to initiate disciplinary action, and is invited to respond to the proposed discipline in a personal conference with the appropriate University official. The researcher and the appropriate University official shall each be entitled to bring a representative of their choice to such a conference.
    1. If the University official and the researcher arrive at a mutually agreeable settlement, the matter is disposed of in accordance therewith.
    2. If discipline is to be imposed upon the researcher pursuant to the settlement, or if there is no settlement, but the researcher has informed the University official that he/she does not intend to contest the proposed discipline, the University may thereupon impose such discipline.
    3. If discipline is imposed without the agreement of the researcher, the researcher may use any of the dispute resolution services described in the WMU Department of Human Resources Employee Handbook.

~~E. For students, the University also has a number of sanctions and disciplinary actions available. Actions for student researchers may include:~~
    ~~1. Loss of credit for research~~
    ~~2. Loss of assistantship~~
    ~~3. Suspension~~
    ~~4. Expulsion from the University.~~

F. If, in the case of a student, the Investigative Committee makes a finding of research misconduct, its report, the student's response, and the recommendation of the VPR as to appropriate sanctions, if any, are forwarded to the **Department Chair** and Office of Student Conduct. **Sanctions** ~~which~~ will determine ~~sanctions~~ from those listed in the Western Michigan University Student Code.

G. For non-student cases, VPR will consult with the Human Resources Department prior to undertaking any disciplinary action against a WMU employee. The Human Resources Department will consult with the Office of General Counsel as necessary.

H. In addition to the above, consequences of non-compliance include possible individual disciplinary procedures for failure to follow applicable University policies and requirements.

ADDITIONAL INFORMATION
Specific DHHS policies can be found at https://ori.hhs.gov/.

REFERENCES
42 CFR Part 93 Public Health Service Policies on Research Misconduct

RELATED POLICIES
Conflict of Interest for Researchers
Conflict of Interest for Employees
AAUP Collective Bargaining Agreement

KEY DEFINITIONS/GLOSSARY

The following definitions that apply to the Research Misconduct Policy are all taken from federal regulations - 42 CFR Part 93 Public Health Service Policies on Research Misconduct; Final Rule. In each instance, the appropriate regulation is noted. **Additional definitions may also follow the 42 CFR Part 93 definition.**

- **Allegation**. A disclosure of possible research misconduct through any means of communication. The disclosure may be by written or oral statement or other communication to an institutional or HHS official. (§ 93.201)
- **Complainant**. A person who, in good faith, makes an allegation of research misconduct. (§ 93.203)
- **Confidentiality of Research Misconduct Proceedings.** Disclosure of the identity of respondents and complainants in research misconduct proceedings is limited, to the extent possible, to those who need to know, consistent with a thorough, competent, objective, and fair research misconduct proceeding, and as allowed by law. Provided, however, that:
    1. The institution must disclose the identity of respondents and complainants to **PHS Office of Research Integrity** ~~ORI~~ pursuant to an **PHS Office of Research Integrity** ~~ORI~~ review of research misconduct proceedings under § 93.403.
    2. Under § 93.517(g), HHS administrative hearings must be open to the public.

  Except as may otherwise be prescribed by applicable law, confidentiality must be maintained for any records or evidence from which research subjects might be identified. Disclosure is limited to those who have a need to know to carry out a research misconduct proceeding. (§. 93.108)
- **Evidence**. Any document, tangible item, or testimony offered or obtained during a research misconduct proceeding that tends to prove or disprove the existence of an alleged fact. (§ 93.208)
- **Fabrication**. Making up data or results, and recording or reporting them. (§. 93.103)
- **Falsification**. 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. (§ 93.103)
- **Funding component**. Any organizational unit of the PHS authorized to award grants, contracts, or cooperative agreements for any activity that involves the conduct of biomedical or behavioral research, research training or activities related to that research or research training (e.g., agencies, bureaus, centers, institutes, divisions, or offices and other awarding units within the PHS). (§. 93.209)
- **Good faith: as applied to a complainant or witness**. Having a belief in the truth of one's allegation or testimony that a reasonable person in the complainant's or witness's position could have, based on the information known to the complainant or witness at the time. An allegation or cooperation with a research misconduct proceeding is not in good faith if made with knowing or reckless disregard for information that would negate the allegation or testimony. (§. 93.210)
- **Good faith as applied to a committee member**. Cooperating with the research misconduct proceeding by impartially carrying out the duties assigned for the purpose of helping an institution meet its responsibilities. A committee member does not act in good faith if his/her acts or omissions on the committee are dishonest or influenced by personal, professional, or financial conflicts of interest with those involved in the research misconduct proceeding. (§. 93.210)
- **Inquiry**. Preliminary information-gathering and preliminary fact-finding that meets the criteria and follows the procedures of § 93.307-93.309. (§ 93.212)
- **Investigation**. The formal development of a factual record and the examination of that record. It should lead to a decision not to make a finding of research misconduct or to a recommendation for a finding of research misconduct, which may include a recommendation for other appropriate actions, including administrative actions. (§ 93.215)
- **Notice**. A written communication served in person, sent by mail or its equivalent to the last known street address, facsimile number or e-mail address of the addressee. Several sections of Subpart E of this part have special notice requirements. (§ 93.216)
- **Office of Research Integrity ~~(ORI)~~**. The office **within Public Health Services (PHS)** to which the HHS Secretary has delegated responsibility for addressing research integrity and misconduct issues related to PHS supported activities. (§ 93.217)

- **Plagiarism**. The appropriation of another person's ideas, processes, results, or words without giving appropriate credit. (§ 93.103)
- **Preponderance of the evidence**. Proof by information that, compared with that opposing it, leads to the conclusion that the fact at issue is more probably true than not. (§ 93.219)
- **Public Health Service (PHS)**. The unit within the Department of Health and Human Services that includes the Office of Public Health and Science and the following Operating Divisions: Agency for Healthcare Research and Quality, Agency for Toxic Substances and Disease Registry, Centers for Disease Control and Prevention, Food and Drug Administration, Health Resources and Services Administration, Indian Health Service, National Institutes of Health, and the Substance Abuse and Mental Health Services Administration, and the offices of the Regional Health Administrators. (§ 93.220)
- **PHS support**. PHS funding, or applications or proposals therefor, for biomedical or behavioral research, biomedical or behavioral research training, or activities related to that research or training, that may be provided through: Funding for PHS intramural research; PHS grants, cooperative agreements, or contracts or subgrants or subcontracts under those PHS funding instruments; or salary or other payments under PHS grants, cooperative agreements or contracts. (§ 93.221)
- **Research**. A systematic experiment, study, evaluation, demonstration, or survey designed to develop or contribute to general knowledge (basic research) or specific knowledge (applied research) relating broadly to public health by establishing, discovering, developing, elucidating or confirming information about, or the underlying mechanism relating to, biological causes, functions or effects, diseases, treatments, or related matters to be studied. (§ 93.222). **Research would also include the systematic experiment, study, evaluation, demonstration, or survey designed to develop or contribute to general knowledge (basic research) or specific knowledge (applied research) of any discipline by establishing, discovering, developing, elucidating or confirming information about, or the underlying mechanism relating to, or related matters to the discipline studied.**
- **Research record**. The record of data or results that embody the facts resulting from scientific inquiry, including but not limited to, research proposals, laboratory records, both physical and electronic, progress reports, abstracts, theses, oral presentations, internal reports, journal articles, and any documents and materials provided to HHS or an institutional official by a respondent in the course of the research misconduct proceeding. (§ 93.224)
- **Respondent**. The person against whom an allegation of research misconduct is directed or who is the subject of a research misconduct proceeding. (§ 93.225) It is recognized that in some cases there may be multiple respondents.
- **Retaliation**. An adverse action taken against a complainant, witness, or committee member by an institution or one of its members in response to either a good faith allegation of research misconduct; or good faith cooperation with a research misconduct proceeding. (§ 93.226)

FAQs

Q: To whom can I report research misconduct?
A: Contact the Vice President of Research (i.e.,WMU's Research Integrity Officer) directly at 269-387-8294 or 269-387-8298.

Q: How will my privacy and confidentiality be protected?
A: See section Confidentiality of Respondents and Complaints.

Q: What is the difference between Complainant and Respondent?
A: See definitions in Key Definitions.

Q: What are the procedures and who is involved in the investigation of a research misconduct allegation?
A: See section Allegations of Misconduct.

Q: What is my role if an allegation is directed toward me?

A: As the respondent you will have multiple opportunities to participate and respond during the process, see section Allegations of Misconduct.

Q: What are the main components of the investigation?
A: It is a multistep process. The first is the initial assessment by the RIO, the second step if appropriate is the inquiry, and the third step if required is the investigation followed by either the restoration of reputation or disciplinary procedures.

Q: What are the possible outcomes of the research misconduct investigation?
A: See sections Restoration of Reputation and Accountability.