TORONTO METROPOLITAN UNIVERSITY
POLICY OF SENATE

SCHOLARLY, RESEARCH AND CREATIVE ACTIVITY (SRC) INTEGRITY POLICY

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Responsible Office: Vice-President, Research and Innovation

1.0 Preamble

Toronto Metropolitan University recognizes the importance of the advancement of knowledge and research for the benefit of society. Intellectual and academic freedom, and honesty are essential to the creation and sharing of knowledge. In order to demonstrate Toronto Metropolitan's adherence to these fundamental values, all members of the Toronto Metropolitan community must strive to achieve the highest standards of integrity in their Scholarly, Research and Creative (SRC) activity.

All members of the Toronto Metropolitan community engaged in SRC activity have a responsibility to be vigilant regarding the conduct of SRC activity and to avoid, minimize, or manage any conflict of interest. This applies to all aspects of SRC activity including applications for funding, the activity itself, and any resulting reports and publications.

2.0 Purpose

The purpose of this policy is to:

2.1 Promote a culture of SRC integrity among Toronto Metropolitan's community members;

2.2 Provide guidance for the Toronto Metropolitan community regarding what may constitute a breach of the policy;

2.3 Ensure compliance with the standards of granting agencies;

2.4 Provide a process for dealing with allegations of a breach of the policy and conflicts of interest in a fair, transparent and timely manner in accordance with principles of natural justice.

3.0 Applicability, Scope and Relationship to Other Policies

This policy applies to all individuals undertaking SRC activity under the auspices of the University no matter where the research is undertaken, including, but not limited to, faculty, undergraduate students, graduate students, law students, postdoctoral fellows, research assistants and associates, technical staff, adjunct professors, librarians, professors of distinction, distinguished visiting professors, visiting scholars and students, and institutional administrators and officials representing the University.

This policy does not apply to students (undergraduate, graduate, law, continuing education, or exchange) who are alleged to have committed a breach of SRC integrity in the course of their academic work for credit. Those allegations will be dealt with in accordance with the procedures set out in the appropriate policy. Where it is unclear whether the breach was committed in the course of academic work, the Vice-President, Research and Innovation (VPRI) or designate will determine if the case will be adjudicated under this policy and/or under the appropriate policy.

This policy is to be read in conjunction with existing applicable University policies, guidelines, statements and collective agreements.

4.0 Definitions

Within this policy:

4.1 "administrative decision maker" is a senior academic or administrator who has SRC responsibility including but is not limited to the positions of associate vice president, research and innovation, vice provost, vice president, dean, associate dean, and senior director.

4.2 "allegation" means an assertion submitted in writing that a breach has occurred or is occurring;

4.3 "breach" means a failure to comply with the standards of SRC integrity as outlined in this policy;

4.4 "complainant" means the individual making an allegation;

4.5 "conflict of interest" means an apparent or perceived conflict between the interests related to SRC activity and other interests;

4.7 "inquiry" means the review process outlined below that determines if an allegation is responsible and substantiated;

4.8 "investigation" means the review process (resulting in a recommendation) outlined below.

4.9 "investigative committee" means those individuals (minimum of three) appointed by the VPRI to undertake an investigation. Members of the committee shall include individuals who have the necessary expertise, including at least one individual working in the relevant discipline/field of study, and who are without apparent or perceived conflict of interest. One member of the investigation committee must be external to the University with no current affiliation to Toronto Metropolitan;

4.10 "natural justice" includes four (4) principles: the right to know the case against you; the right to an impartial and unbiased decision maker; the opportunity to be heard; the right to a timely decision and the rationale for that decision.

4.11 "respondent" means the individual(s) alleged to have committed a breach.

5.0 Fair Process

The University recognizes that it is a serious matter for individuals undertaking SRC activity to be involved in a research integrity investigation and is therefore committed to handling these matters in a respectful, timely, and thoughtful manner. The University will apply the policy in a non-adversarial, investigative manner that is consistent with the principles of natural justice, including the right to be heard and the right to a timely and fair decision based on the merits of each individual case.

Within the decision-making processes associated with the implementation of this policy all decision makers will make reasonable efforts to acquire all the information needed to make a fair decision, and will do so in an unbiased manner. The standard of proof is the balance of probabilities. This means that, for a finding of a breach to be supported, based on the information presented, it is more likely than not that the individual(s) breached the policy.

6.0 Integrity in SRC Activity

There is a broad range of SRC activities that contribute to the creation, enhancement, and dissemination of knowledge that may be carried out in the course of an individual's work or studies at the University. All SRC activity at Toronto Metropolitan University is expected to demonstrate the highest standard of integrity and proper conduct, including:

6.1 providing accurate information in applications for funding such that personal accomplishments and research are completely and truthfully represented;

6.2 employment of rigorous methods and procedures in the gathering, analysis, retention, and dissemination of information that are appropriate to the current standard of conduct in the discipline/field;

6.3 ensuring that the SRC activity is undertaken with independence and impartiality, free of any undue influence or conflict of interest;

6.4 open and formal acknowledgement and citation of all contributors and sources, commensurate with the magnitude and importance of their contributions and prevailing standards and practice in disciplines/fields;

6.5 appropriate supervision of students, staff or any visiting personnel engaged in SRC activities at Toronto Metropolitan during the course of an SRC activity;

6.6 due regard to ownership and confidentiality of all materials, obtained either through the peer review process, private conversations, or any other manner;

6.7 the appropriate use of funding or other resources supplied for SRC purposes;

6.8 obtaining any required approvals for research involving human participants, human biological materials and animals.

Individuals are personally responsible for the integrity of their work and must ensure that their SRC activity meets University standards, the standards of those entities sponsoring any component of the work, and the current standards of conduct in their discipline/field.

7.0 SRC Integrity Breaches

A breach of SRC integrity occurs when the activity deviates from the commonly accepted standard of conduct in the discipline/field, in accordance with the University and the funder guidelines. A breach can occur at any stage of SRC activity from conceptualization to dissemination. In determining whether conduct deviates from relevant SRC community standards or practice, due regard is given for what the individual reasonably ought to have known, the possibility of reasonable and honest error, and potential differences in the interpretation of data and research designs.

A breach of SRC integrity includes the following:

7.1 Fabrication: Making up any aspect of the research, including data and results;

7.2 Falsification: Willfully misrepresenting, misinterpreting, or omitting any aspect of the research, including data and results;

7.3 Plagiarism: Falsely claiming someone else's words, work or ideas as one's own, for example:

7.3.1 Claiming, submitting or presenting the words, ideas, artistry, drawings, images or data of another person, including unpublished materials, as if they are one's own, without appropriate referencing;

7.3.2 Claiming, submitting or presenting someone else's work, ideas, opinions or theories as if they are one's own, without proper referencing;

7.3.3 Claiming, submitting or presenting another person's substantial compositional contributions, assistance, edits or changes as one's own;

7.3.4 Claiming, submitting or presenting collaborative work as if it were created solely by oneself or one's group;

7.3.5 Minimally paraphrasing someone else's work by changing only a few words and not citing the original source;

7.4 Self-Plagiarism: Publishing your own previously published research results, ideas, opinions or theories as new without proper citation or referencing of the prior work.

7.5 Disregard for confidentiality: Failure to honour confidentiality that the individual promised or was contracted to as a way to gain valuable information from a party internal or external to the University;

7.6 Misuse of funds acquired for the support of SRC activities, for example:

7.6.1 Failure to comply with the terms and conditions of grants and contracts;

7.6.2 Misuse of University resources, facilities and equipment;

7.6.3 Failure to identify correctly the source of research funds;

7.6.4 Failure to use the funds in support of the SRC activity for which they were received.

7.7 Destroying research data or records to avoid the detection of wrongdoing;

7.8 Failure to act in accordance with relevant federal or provincial statutes or regulations and university policies applicable to the conduct of and reporting of research;

7.9 Failure to seek Toronto Metropolitan's Research Ethics Board (REB) approval for research involving human participants or human biological materials when it is required under the Tri-Council policy Statement and Senate policy 51;

7.10 Failure to seek Toronto Metropolitan's Animal Care Committee (ACC) approval for research involving animals when it is required under the Canadian Council on Animal Care and Senate policy 52;

7.11 Failure to comply with a direction of Toronto Metropolitan's REB, ACC or Biosafety Committee under its mandate to approve, reject, propose modification to, or terminate any proposed or ongoing research involving human participants or human biological materials, or animals as appropriate;

7.12 Failure to provide Toronto Metropolitan's REB, Biosafety Committee and/or ACC with any materials relevant to its decision-making, or failure to notify Toronto Metropolitan's REB or ACC of adverse events or significant changes to the research as required in the terms of approval;

7.13 Failure to comply with, provide relevant materials to, or failure to notify of significant changes to the Biosafety Committee or the Office of the Vice President, Research and Innovation, or the Office of Environmental Health and Safety;

7.14 Mismanagement of conflict of interest: Failure to disclose and/or address material conflicts of interest to the University, sponsors, colleagues or journal editors when submitting a grant, protocol, manuscript or when asked to undertake a review of research grant applications, manuscripts or to test or distribute products;

7.15 Misleading publication; for example:

7.15.1 Failing to appropriately include as authors other collaborators who prepared their contributions with the understanding and intention that it would be a joint publication;

7.15.2 Failing to provide collaborators with an opportunity to contribute as an author in a joint publication when they contributed to the research with the understanding and intention that they would be offered this opportunity;

7.15.3 Preventing access to research data to a legitimate collaborator who contributed to the research with the explicit understanding and intention that the data was their own or would be appropriately shared;

7.15.4 Giving or receiving honourary authorship or inventorship;

7.15.5 Misattributing or denying authorship or inventorship;

7.15.6 Knowingly agreeing to publish as a co-author without reviewing the work including reviewing the final draft of the manuscript;

7.15.7 Failing to obtain consent from a co-author before naming them as such in the work;

7.15.8 Portraying one's own work as original or novel without acknowledgement of prior publication or publication of data for a second time without justification or reference to the first;

7.16 Contributing to a breach: Encouraging, directing or advising another researcher to commit a breach (e.g. a supervisor telling a graduate student to falsify data); or otherwise creating an environment that promotes a breach by another;

7.17 Misrepresentation in a grant application or related document including:

7.17.1 Knowingly providing incomplete, inaccurate or false information in a grant or award application or related document, such as a letter of support or a progress report.

7.17.2 Knowingly applying for and/or holding research funding when deemed ineligible by the research funding organization.

7.17.3 Listing of co-applicants, collaborators or partners without their agreement.

7.18 Making an allegation in bad faith: Making false or misleading statements that are contrary to good faith reporting of allegations or failing to declare any conflicts of interest when reporting an allegation;

8.0 Allegations of SRC Integrity Breach

Allegations of SRC integrity breaches will be taken seriously. The University will respond to allegations in a timely, impartial, fair and transparent manner. Appropriate confidentiality of the complainant(s) and respondent(s) will be maintained during the inquiry, investigation and appeal stages to the extent possible. The review of allegations will be carried out carefully, thoroughly and as promptly as possible, to resolve all questions regarding the integrity of the SRC activity and the respective responsibilities of individuals that may be involved in the allegation.

All persons involved (complainants, respondents, and those who assist in the process) shall be treated with respect and fairness.

To the extent possible, the University will protect individuals who have made allegations in good faith or have provided information related to an allegation from reprisal. Any retaliation against such a person will be addressed under the applicable policy or collective agreement. Making an allegation in bad faith is, in and of itself, a breach of SRC Integrity under this policy.

While timelines are set out in the procedures below, requests for extensions of any time limit should not be reasonably denied.

8.1 Representation

If an individual involved in an allegation (either as a complainant, respondent or witness) is a member of a union which has a collective agreement with the University, the individual has the right to be represented by a legal bargaining agent at any stage of the process. Such representative may raise questions of the decision maker and speak during all stages of the process, but respondents are expected to be present, and to speak for themselves with respect to matters of fact.

8.2 Allegations

8.2.1 Any individual, including those not part of the University community, may make an allegation according to the process contained herein. All Allegations must be made in good faith. The VPRI will not advance an allegation that has already been determined under the policy unless new and compelling information that could not reasonably have been available at the time of the original allegation is brought forward.

8.2.2. The Vice-President, Research and Innovation (VPRI) is the single point of contact for receiving allegations at Toronto Metropolitan. All allegations must be made in writing (hardcopy or via email) to the VPRI and must be dated. The allegation must contain a description of the suspected breach and must include all relevant information and include supporting evidence, if available. Allegations made anonymously will be accepted 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 without the need for further information from the source of the allegation. Anyone who makes an allegation is required to declare any conflicts of interest they may have related to that claim.

8.2.3. The Vice-President, Research and Innovation (VPRI) (or their designate), will, upon receipt of an Allegation, acknowledge receipt, review and log all such allegations.

8.2.4. Pending the resolution of an allegation, the VPRI (or their designate), may, at their discretion, take immediate action to protect the administration of funds, preserve evidence, and prevent possible further questionable conduct. Actions may include, but are not limited to, freezing grant accounts, requiring a second authorized signature from a University representative on all expenses charged to the researcher's grantaccounts, securing relevant documentation and ordering the cessation of the SRC activity.

8.2.5 Subject to any applicable laws, including privacy laws, the VPRI (or their designate), will advise the relevant funding sponsor(s) immediately of any allegations related to activities funded by the sponsor that may involve significant financial, health safety, or other risks.

8.2.6 For allegations related to conduct that occurred at another institution, the point of contact at the institution receiving the allegation will coordinate with the point of contact at the other institution to determine which institution is best placed to conduct the inquiry and Investigation. This decision regarding the designated point of contact will be communicated to the complainant.

8.3 Inquiries

8.3.1 Within 10 business days of receipt of an allegation the VPRI (or their designate), will appoint an administrative decision maker with no bias or conflict of interest, apparent, perceived or actual, to conduct an inquiry to establish whether the allegation is responsible. In undertaking the inquiry, the administrative decision maker will not decide if a breach occurred, but rather whether there is sufficient evidence to indicate a situation may exist that would constitute a breach and therefore requires further investigation.

8.3.2 In conducting the inquiry, the administrative decision maker may contact the complainant and the respondent, and may consult confidentially within the University and externally if appropriate, to assist in the assessment.

8.3.3 The administrative decision maker will provide the VPRI with written findings and a recommendation as to whether the allegation is responsible within 45 business days of commencement of the inquiry.

8.3.4 In the event the: i) allegation is found to be not responsible; or ii) the allegation is found to be responsible but a breach is not substantiated; the matter concludes.

8.3.5 In the event that the allegation is found to be responsible, a breach is substantiated and the respondent accepts responsibility, the matter will proceed directly to the outcome stage.

8.4 Investigations

8.4.1 Allegations determined to be responsible that are not concluded at the inquiry stage will be investigated by an investigative committee consisting of at least 3 individuals. The respondent will be notified of the proposed names of the investigative committee members and will be given 10 business days to protest their inclusion on the grounds of bias or conflict of interest. All investigative committee members will be asked to sign a confidentiality statement prior to the disclosure of any details regarding the allegation to them and will be asked to declare any conflicts prior to commencement of the investigation.

8.4.2 The investigative committee will be tasked with undertaking an investigation. The investigative committee will determine its own investigative process, so long as the complainant and respondent are provided with an opportunity to be heard.

8.4.3 Upon conclusion of the investigation, the investigative committee will prepare a preliminary written report of the investigation and provide it to the VPRI and the respondent. This should normally occur within five months of appointment of the investigative committee. The report will summarize content of interviews conducted and the documents reviewed, a finding as to whether a breach has occurred, and will include key considerations, and/or mitigating factors. The report may also include any recommendations with respect to University processes or practices which the University will review and consider.

8.4.4 The respondent will have 10 business days to respond to the preliminary report.

8.4.5 The investigative committee will issue its final report to the VPRI within 10 business days of receipt of the response from the respondent.

8.4.6 The VPRI will provide the respondent with a copy of the final report within 10 business days of their receipt of the final report.

8.5 Appeal

If a breach of the policy is confirmed the respondent has 10 business days from the date that the notification of findings was sent to them to request an appeal in writing to the VPRI.

The right to appeal is limited and the onus is on the respondent to make a case for why the appeal should be heard based on one or more of the three (3) grounds set out below:

8.5.1 New Evidence: there is new evidence submitted with the appeal package that was not available during the investigation stage and which has a reasonable possibility of affecting the decision. The appeal should state what the evidence is and briefly give reasons as to how and/or why it might affect the finding;

8.5.2 Substantial Procedural Error: when it is believed there has been a substantial error in how this policy was applied, which could have affected the decision reached by the investigation committee. The appeal should state what the procedural error was and give reasons regarding how and/or why it may have affected the finding and/or reasons why its correction would reasonably be expected to do so;

8.5.3 Evidence Not Previously Considered: evidence submitted, or stated verbally, as part of the investigation that was not considered by the investigation committee. The appeal should identify the evidence not considered, provide evidence that it was not considered, and give reasons why consideration of it would be reasonably likely to affect the finding and/or alter the penalty assigned.

An appeal, if accepted as meeting one or more of the stated grounds, will be considered by an appeal committee appointed by the VPRI consisting of at least 3 people. No person can serve as a member of the appeal committee if such person was a participant in the original inquiry or investigation.

In their deliberations, the appeal committee is limited to consideration of the ground under which the appeal has been made. The appeal committee may not undertake a de novo investigation. The decision made by the appeal committee is final and shall be communicated at the same time in writing to the respondent and to the VPRI.

9.0 Outcome

If an allegation of misconduct is not substantiated, to the extent possible the University will protect the reputation and credibility of the respondent, including written notification of findings to all agencies, publishers, or individuals who are known by the University to have been informed of the allegation.

Any discipline arising from a finding of a breach shall be decided in accordance with the provisions of the collective agreement, employment agreement, or personnel policy that governs the respondent. Decisions regarding discipline of students will be undertaken by the relevant Dean of the faculty to which they belong.

The nature of the breach will be taken into account when deciding the severity of the consequences. Mitigating factors that should be taken into consideration when deciding the severity of the consequences include, but are not limited to: what the individual reasonably ought to have known, research experience, past breaches, and intent (to the extent that it can be determined).

10.0 Reporting

If a funding sponsor was copied on an allegation, the VPRI will promptly provide the funding sponsor with a written report of the findings following the determination of any disciplinary action and once any associated appeals and/or grievances have been concluded. In the instance that a breach is found to have occurred, any such notification will include a summary of recommendations and actions taken by the University in response to the finding.

The OVPRI will prepare and publish summaries of outcomes in an annual report to the Senate (with identifying information removed) for the purpose of educating University members on acceptable and unacceptable practices for scholarly, research and creative integrity and research ethics activities.

11.0 Conflict of Interest in Scholarly, Research and Creative Activity (SRC)

A conflict of interest may arise when activities or situations place an individual in a real, potential or perceived conflict between the duties or responsibilities related to research, and personal, institutional or other interests. These interests include, but are not limited to, business, commercial or financial interests pertaining to the individual, their family members, friends, or their former, current or prospective professional associates.

11.1 Duty to Report

1111 All persons engaged in SRC activities at the University, as defined in section 4.0 of this policy, have a duty to report any conflicts of interest, or possible

conflicts of interest that might impact on their SRC activities prior to the commencement of any SRC activity including the commitment of or expenditure of SRC funds.

1112 All conflicts of interest that may affect a decision about a specific application or request for a grant or award must be disclosed in writing to the relevant funding sponsor by the applicant.

1113 Failure to report a conflict of interest, or possible conflict of interest, may result in disciplinary measures.

11.2 Procedures

1121 Any individual engaged in SRC activities at the University who has, or believes they have, a conflict of interest in respect of an SRC activity, must declare that conflict to the project's Principal Investigator as soon as they become aware of the conflict. If the Principal Investigator is the one with a conflict, then the Principal Investigator must report that conflict to the Dean of their Faculty or the OVPRI.

1122 In the instance of an individual other than the Principal Investigator having a conflict, the Principal Investigator must review the conflict of interest situation and determine if the individual can continue to be involved in the SRC activity, and/or any controls that should be put in place to govern the individual's continued participation in the SRC activity in a manner that mitigates the conflict. In undertaking this determination, the Principal Investigator may consult their Dean, Associate Dean Research, and/or the OVPRI. If the matter remains unresolved, the VPRI has final approval.

1123 In the instance of a Principal Investigator having a conflict, the Dean, in consultation with the OVPRI, must review the conflict of interest situation and therefore whether to approve or prohibit the SRC activity in question and/or any controls that should be put in place to govern the Principal Investigator's continued participation in the activity in a manner that mitigates the conflict. If the matter remains unresolved, the VPRI has final approval.

1124 Individuals should be aware that they may have obligations with regards to the disclosure of conflicts of interest under the Toronto Metropolitan Board of Governors Conflict of Interest Policy separate from the obligations set out herein.

12.0 Accountability, Transparency, and Education

To promote an understanding of SRC integrity issues across the University, the OVPRI will use appropriate vehicles such as: workshops, seminars, written materials and orientation for new faculty, staff and student members to ensure that Toronto Metropolitan community members are informed and educated as to the values of SRC integrity and issues relating to best practices.