

BREACH OF RESEARCH INTEGRITY PROCEDURE

Procedure Section:	Student and Academic Support Services	Effective Date:	May 27, 2025
Policy Owner:	Vice President, Academic and Student Experience	Last Revised:	April 14, 2025
Policy Administrator:	Director, Academic Experience	Review Scheduled:	Every 4 years
Approver:	Dean's Council Academic Council		
<i>The official controlled version of this document is held with the Legislative Compliance / Policy & Procedure Coordinator.</i>			

A. PROCEDURES

The intent of this procedure is to outline the actions necessary to respond to an alleged breach of the Integrity in Research and Scholarly Activity Policy. It is also in place to ensure that the College responds in a timely manner to reports of this kind. The College wishes to instill confidence that it will respond and address these matters in an unbiased and fair manner.

1. MAKING A REPORT

A complaint concerning a breach of Integrity in Research and Scholarly Activity will be made in writing to the institution where the respondent who is suspected of the breach is currently employed, enrolled as a student, or has a formal association.

- 1.1. The report will be sent directly to the Vice President, Academic.
 - a. The Vice President, Academic, will identify a delegate to be responsible for investigating and reporting back to the Vice President on the allegation of research misconduct. This individual:
 - i. Will have understanding of and expertise in research integrity, including a Tri-Council Policy Statement: Course on Research Ethics certification;
 - ii. Will be operating under the authority of the Vice President, Academic;
 - iii. Will be a neutral party to the allegation under investigation;
 - iv. May receive the designation permanently or for a time limited period;
 - v. Will not have a conflict of interest that may limit their ability to investigate the allegation of research misconduct, e.g. by being involved in the research or scholarly activity project or through direct report structure, and may be asked to sign a conflict-of-interest declaration.
 - b. The role of the delegate is distinct from other roles an individual may hold the College.

- 1.2. The report will include the following:
 - a. Reportee's name;
 - b. Reportee's contact information;
 - c. A factual description of the alleged breach, including the title of the research, relevant details and context if available;
 - d. Any supporting evidence relating to the alleged breach;
 - e. The approximate date(s) of the alleged breach; and
 - f. The name(s) of the respondent(s) suspected of the breach.
- 1.3. Should a Reportee not wish to be identified, they may issue an anonymous report to the Vice President, Academic with the following information:
 - a. A factual description of the alleged breach, including the title of research, relevant details and context, if available;
 - b. Any supporting evidence relating to the alleged breach;
 - c. The approximate date(s) of the alleged breach; and
 - d. The name(s) of the respondent(s) suspected of the breach.
- 1.4. The College will, to the best of their ability, investigate the allegation of misconduct or breach. However, without the capacity to gather additional information from the Reportee, a comprehensive investigation will be more difficult to ensure.
- 1.5. The College will protect, to the best of its ability, the Reportee making an allegation in good faith or providing information related to an allegation from reprisals in a manner consistent with relevant legislation.
- 1.6. The confidentiality of both the Reportee and the respondent will be maintained throughout the process, except for the situation that disclosure is required by law or necessary to ensure procedural fairness.

2. RECEIVING A REPORT

- 2.1. The Vice President, Academic, or their delegate is the designated point of contact at Keyano College. As such is responsible to:
 - a. Receive confidential enquiries, allegations of policy breaches and information related to reports;
 - b. Hold the official report file in accordance with the College's record management policies;
 - c. Provide reporting as required by the Tri-Agency Framework;
 - d. Inform the respondent that a report has been received; and
 - e. Provide the respondent with a copy of the written report without identifying the Reportee, the Integrity in Research & Scholarly Activity Policy, the Breach of Integrity Procedure, and the Tri-Agency Framework.
- 2.2. If the Vice President, Academic, or their delegate is:
 - a. Unable to fulfill their responsibilities with respect to a particular report, or
 - b. The subject matter of a report is such that it would be inappropriate for them to manage the matter for reason of real, potential, or perceived conflict of interest or any other reason, an interim designated member of senior administration will be appointed to manage the report.
- 2.3. The Vice President, Academic, or their delegate, may delegate some or all their responsibility under this Procedure, either generally or with respect to a particular

Reportee. Any delegation under Section 2 regarding a particular report will be made with notice to the parties.

- 2.4. Where the College receives a report relating to conduct that occurred at another institution, (whether as an employee, a student, or in some other capacity), the Vice President, Academic, or their delegate will:
 - a. Contact the other institution's designated point of contact and jointly determine which institution is best placed to conduct the inquiry and investigation if warranted; and
 - b. Inform the Reportee and respondent which institution will be the point of contact for the report.
- 2.5. The Vice President, Academic, or their delegated will notify the relevant granting Agency and the Secretariat on Responsible Conduct of Research (SRCR) immediately if a report relates to activities funded by a Tri-Council Agency that may involve significant financial, health and safety, or other risks. The notification will include the name of the respondent and the nature of the allegations.
- 2.6. In cases where the allegation is severe and, if proven, presents a significant financial, health and safety, and/or legal risk to the research participants, the community, the research team, or the College, the College reserves the right to:
 - a. Pause the research project underway until the investigation is completed;
 - b. Suspend access to research funding until the investigation is completed; and
 - c. Place the accused on paid administrative leave until the investigation is completed.

3. INITIAL INQUIRY

- 3.1. Upon receipt of a written report, the Vice President, Academic, or their delegate will conduct a preliminary review of the information in the report to:
 - a. Establish whether the report describes allegations which fall within the definition of misconduct in the Integrity in Research, Scholarly Activity, and Scholarship Policy, the Tri-Agency Framework, or a related research directive;
 - b. Identify which institutional or funding agency policy may have been breached;
 - c. Assess the nature and seriousness of the report; and
 - d. Determine whether an investigation of the report, or any portion of the report is warranted.
- 3.2. Within ten business days of the receipt of the report, the Vice President, Academic, or their delegate will contact the respondent and provide them an opportunity to respond in writing or via a meeting at which official notes are taken. The respondent may have a third-party present at this meeting and any future meetings.
- 3.3. At the conclusion of the initial inquiry, and no later than two months following the receipt of the report, the Vice President, Academic, or their delegate must complete an inquiry report summarizing:
 - a. The specific allegations, the findings, and the rationale for any related decisions;
 - b. The process and timeline for the inquiry;
 - c. The respondent's response to the allegation and, if applicable, any steps taken to rectify any breach;

- 3.4. The report will be provided to the Reportee and respondent in accordance with the Access to Information and Protection of Privacy Acts.
- 3.5. If the SRCR has been notified of an allegation, the Vice President, Academic, or their designate will inform the SRCR whether the College is proceeding with a formal investigation.
- 3.6. The College will submit inquiry reports to the SRCR within two months of receipt of an allegation.
- 3.7. If an investigation is warranted, the College has an additional five months following the end of the inquiry to investigate and submit its report to the SRCR. The College therefore has a total of seven months from the date of receipt of an allegation that results in an investigation to report to the SRCR. 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 the College.
- 3.8. If necessary, the Research Ethics Board Chair may be notified and may recommend the temporary suspension, modification, or withdrawal of Research Ethics Board approval, if relevant, for the research project.

4. FORMAL INVESTIGATION

- 4.1. If the Vice President, Academic, or their delegate determines that an investigation into the report or any portion of the report is warranted, the Vice President, Academic, or their delegate will appoint a minimum of three individuals to form a committee to conduct the investigation and decide whether a breach occurred.
- 4.2. The committee will conduct the investigation in accordance with the principles of procedural fairness and natural justice, ensuring the respondent is informed of the details of the allegations, the evidence relied upon by the committee, and is given an opportunity to respond to the allegations.
- 4.3. The committee will ensure the Reportee is given an opportunity to give evidence in support of the allegations.
- 4.4. The Vice President, Academic, or their delegate will consider the skills and expertise necessary to conduct the investigation. The committee will include individual who are without conflict of interest, whether real, potential, or perceiving.
- 4.5. Each committee member will self-examine for any real or apparent conflict of interest and will declare any conflicts of interest to the Chairperson (or Vice President, Academic, or their delegate if the Chairperson makes a declaration).
- 4.6. The decision of the Chairperson or Vice President, Academic, or their delegate regarding any conflict of interest is **final**.
- 4.7. The committee must consist of a minimum of two individuals employed at the College and at least one external member who has no current affiliation with the College.
- 4.8. The committee may invite an external specialist, with relevant subject-matter expertise and with no conflict of interest, to provide specialist insights if the nature of the allegation requires knowledge beyond that held by current committee members.

This individual will serve in an advisory capacity and will not hold voting rights in the committee's final determination.

- 4.9. The Committee will select a chairperson from among its members.
- 4.10. The Chairperson will provide to the respondent written notice of the following:
 - a. Details of the report being investigated;
 - b. The appointment of a committee to investigate the report in accordance with the Integrity in Research and Scholarly Activity policy and the Breach of Research Integrity Procedure.
 - c. The name of each committee member;
 - d. The request that the respondent immediately identify to the Chairperson if they have any objection to any members of the committee based on reasons of conflict of interest or other sources of potential bias;
 - e. The respondent will have an opportunity to respond to the report and may seek advice and representation in doing so;
 - f. The matter may be considered without the respondent's involvement for failure to respond; and
 - g. Applicable collective agreements and the other college policies and procedures that may be relevant to.
- 4.11. The committee may:
 - a. Elect a Committee Chair;
 - b. Question witnesses, the respondent, and the Reportee, in person, in writing or via phone, virtual conferencing, email or in urgent or extenuating circumstances, multiplatform message application;
 - c. Review evidence; and
 - d. Consult with relevant College departments, considering confidentiality.
- 4.12. The committee will prepare an investigation report containing a decision supported by the majority of committee members. If the committee is unable to reach such consensus, the Committee Chair will advise the Vice President, Academic, or their delegate.
- 4.13. In reporting to the SRCR, the College's investigation report will omit:
 - a. Information that is not related specifically to agency funding and policies
 - b. Personal information about the respondent, or any other person, that is not material to the College's findings and its report to the SRCR.
- 4.14. The investigation report will contain:
 - a. A brief statement of the facts;
 - b. Reference to specific allegations;
 - c. A summary of the process and key timelines in the investigation
 - d. A summary of key evidence relating to each allegation, including any response from the respondent;
 - e. Reference to the strength or weakness of the evidence;
 - f. A determination whether a breach is likely to have been committed, with reasons for the determination;
 - g. A description of any remedial measures to be taken, if applicable; and
 - h. A recommendation to the Vice President, Academic, or their delegate about what recourse the College should take.

- 4.15. The Vice President, Academic, or their delegate will provide a copy of the investigation report, and their final decision, to the respondent within 10 days of receiving it from the committee.
- 4.16. Considering applicable privacy laws, the Vice President, Academic, or their delegate will provide to the Reportee a summary of the investigation report including the decision reached by the investigation committee and any recourse to be taken, if applicable.
- 4.17. A summary may also be provided to all such individuals the Vice President, Academic, or their delegate believes necessary to:
 - a. Decide upon and implement discipline, mitigation steps, or remedial measures.
 - b. Protect or restore the reputation of the respondent for allegations determined to be unfounded;
 - c. Comply with legal, regulatory, or contractual requirement of any applicable funding agency or the SRCR;
 - d. Outline the measures being taken to improve processes, including training, because of the allegation.
- 4.18. Subject to any applicable laws, including privacy laws, and section 12 of “Formal Investigation,” any summary or report that the College provides to a funding agency or the SRCR will include the details set out this Procedure (section 13 of “formal investigation”).
- 4.19. Where an inquiry or investigation relates to activities funded by a Tri-Council Agency, the respondent, and the Polytechnic, may not enter into confidentiality agreements or other agreements that prevent the College from reporting to the Agencies through the SCRC.
- 4.20. In cases where the source of funding is unclear, the SRCR reserves the right to request information and reports from the College.

5. REMEDIAL MEASURES

- 5.1. Considering the severity of the breach, the College may make decisions regarding remedial measures in accordance with applicable collective agreements, policies, and applicable law.
 - a. Where the investigation reveals a lack of knowledge or awareness of requirements, the College will undertake education with the researcher and will also review its existing processes, supports, and training to reduce the possibility of other researchers similarly being unaware of requirements.
 - b. Where an investigation reveals knowing and willful misconduct on the part of the researcher, the College will respond according to the severity of the misconduct and the *College’s Code of Conduct Policy*.
- 5.2. The agencies may address an allegation of a breach of an agency policy on the part of the College pursuant to an agreement between the agencies and the College. The agreement may also address recourse that the agencies may exercise, commensurate with the severity of a confirmed breach.

6. RECORDS

- 6.1. The College retains an official record of materials generated during the investigation in accordance with the College's record management policies.
- 6.2. Any hard copy and electronic records generated, other than those that form the official record, will be destroyed.

7. REVIEW OR COMPLIANCE AUDIT

- 7.1. The College may be subject to an Agency review, or compliance audit or require the College to conduct an independent review or audit with respect to an institutional or funding agency policy breach.
- 7.2. The Agency will consider the investigation already planned, underway or completed by the College. The Agency will also consider the investigation findings.

8. AWARENESS AND EDUCATION

- 8.1. Subject to applicable laws, including privacy laws, the College is responsible for:
 - a. Promoting awareness of what constitutes the responsible conduct of research, including agency requirements and the consequences of failing to meet them, as well as the process for addressing allegations, to all those engaged in research activities at the College,
 - b. Communicating its policy on the responsible conduct of research within the College, and posting annually on its website information on confirmed findings of breaches of its policy (e.g., the number and general nature of the breaches);
 - c. Reporting annually to the SRCR on the total number of allegations received involving agency funds, the number of confirmed breaches and the nature of those breaches; and
 - d. Communicating with the College that the Vice President, Academic, or their delegate is the first point of contact responsible for receiving confidential enquires, reports and information about breaches of Agency policies.
- 8.2. Following the conclusion of a formal investigation, the College may determine that the nature of the breach requires college-wide process improvement to prevent future reoccurrences by other researchers. The College may choose to provide or require new or revised education for all researchers, new or revised review and approval processes, increased supports, etc.

9. APPEALS

- 9.1. Appeals will be reviewed by either the President or their delegate. If the delegate was part of the initial investigation, the President will review the appeal, and vice versa.
- 9.2. A respondent will make a written request for appeal to the Vice President, Academic within ten days of the respondent receiving the investigation report.
- 9.3. The Vice President, Academic, or their delegate will review the appeal, consult with the College's legal counsel, and an Appeal Committee compiled of relevant Deans, Chairs and Directors and may consult with such others as they feel necessary.

- 9.4. The Vice President, Academic, will either:
- Allow the appeal and overturn the finding of a breach, or
 - Dismiss the appeal and uphold the finding of a breach.
 - And provide written reasons for the decision within ten days receiving the appeal request.
- 9.5. The Appeals Committee's decision will be final.
- 9.6. Where the findings of a breach are overturned under section 3(a), the Vice President, Academic, or their delegate will provide written notice to the funding agency or the SCRC, as applicable.

10. REFERRAL TO LEGAL AUTHORITIES

- 10.1. Where dismissal from the College is recommended by the Committee, the Vice President, Academic, will refer the issue and all gathered information to Human Resources.
- 10.2. Where the results of the investigation suggest that the laws of Canada or the Province of Canada were breached, the College reserves the right to refer the case to local law enforcement for formal investigation. In such cases, the SCRC will be immediately informed of the referral.

B. DEFINITIONS

- (1) **Accountable:** means required or expected to justify actions or decisions; responsible.
- (2) **Agencies:** means Canada's three federal granting agencies:
- The Canadian Institutes of Health Research (CIHR)
 - The Natural Sciences and Engineering Research Council of Canada (NSERC)
 - The Social Sciences and Humanities Research Council of Canada (SSHRC)
- (3) **Allegation:** means a claim or assertion in writing that someone has breached the code of Conduct to the College or the Agency.
- (4) **Breach:** means an act of breaking or failing to observe a law, agreement, or code of conduct.
- (5) **Conflict of Interest:** means a conflict of interest or a potential conflict of interest exists when a member of the College is in, or may be in, a position to use research, knowledge, authority, or influence for personal or family gain or to benefit others with a personal connection, to the detriment of the institution or its research partners or clients.
- (6) **Integrity:** means the quality of being honest and having strong moral principles; moral uprightness.

- (7) **Research:** means as an activity designed to test a hypothesis, permit conclusions to be drawn and develop or contribute to generalizable knowledge, using scientific methods and standardized protocols. Generalizable knowledge consists of theories, principles or relationships, or the accumulation of information on which they are based, that can be corroborated by accepted scientific methods of observation and inference.
- (8) **Researcher:** means as a person who anticipates undertaking or in any way being engaged with research of any type involving human participants; conducts academic or scientific research on behalf of Keyano College. For example, but not limited to, full-time or part-time employees, contract employees, unpaid associates, volunteers, students, industry partners, etc.
- (9) **Scholarly Activity:** means a creative work that is peer reviewed and publicly disseminated. There are several basic forms of scholarship, which are: discovery of new knowledge; development of innovative technologies, methods, materials, or uses; and Integration of knowledge leading to new understanding.

C. RELATED LEGISLATION

- *Access to Information Act*
- *Copyright Act*
- *Post-Secondary Learning Act*
- *Protection of Privacy Act*

D. RELATED DOCUMENTS

- Keyano College Research Data Management Institutional Strategic Plan
- Research Integrity Authorship Procedure
- Research Integrity Authorship Procedure
- External Requests for College Participation in Research Projects Policy & Procedure
- Code of Conduct Policy
- Student Code of Conduct Policy
- Integrity in Research & Scholarly Activities Policy
- Ethical Conduct for Research Involving Humans Policy & Procedure
- Intellectual Property and Ownership Policy
- Institutional Agreements with granting agencies
- Institutional Eligibility Requirements

E. REVISION HISTORY

Date (mm/dd/yyyy)	Description of Change	Sections	Person who Entered Revision (Position Title)	Person who Authorized Revision (Position Title)
04/14/2025	New Procedure		Research Chair, Scholarship of Teaching & Learning	Director, Academic Experience