



**POLICY FOR RESPONDING TO
ALLEGATIONS OF RESEARCH MISCONDUCT
(ARMP)**

**Submitted to the Dublin City University
Executive Group**

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Policy for Responding to Allegations of Research Misconduct

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DEFINITIONS

- A. *Allegation* means any written or oral statement or other indication of possible research misconduct made to the Chief Operating Officer. Allegations based on conduct, which occurred 5 years or more prior to the making of the allegation will not be inquired into. An allegation is not in good faith if it is made with reckless disregard for or willful ignorance of facts that would disprove the allegation. An information sheet, which provides a summary of the full policy is available to any staff member considering making an allegation of research misconduct (attached as appendix 1).
- B. *Inquiry* means gathering information and initial fact-finding to determine whether an allegation or apparent instance of research misconduct warrants an investigation.
- C. *Investigation* means the formal examination and evaluation of all relevant facts to determine if misconduct has occurred, and, if so, to determine the responsible person and the seriousness of the misconduct.
- D. *Research record* means any data, document, computer file, computer diskette, or any other written or non-written account or object that reasonably may be expected to provide evidence or information regarding the proposed, conducted, or reported research that constitutes the subject of an allegation of research misconduct. A research record includes, but is not limited to, grant or contract applications, whether funded or unfunded; grant or contract progress and other reports; laboratory notebooks; notes; correspondence; videos; photographs; X-ray film; slides; biological materials; computer files and printouts; manuscripts and publications; equipment use logs; laboratory procurement records; animal facility records; human and animal subject protocols; consent forms; medical charts; and patient research files.
- E. *Respondent* means the person(s) against whom an allegation of research misconduct is directed or the person whose actions are the subject of the inquiry or investigation. There can be more than one Respondent in any inquiry or investigation. Where there is more than one Respondent, each may be separately or jointly considered in an inquiry or investigation and may be considered jointly or individually in any resulting report.
- F. *Research misconduct* means fabrication, falsification, plagiarism, or other questionable research practices that seriously deviate from those that are commonly accepted within the research community for proposing, conducting, or reporting research. It does not include honest error or honest differences in interpretations or judgments of data.
- G. *Complainant* means a person who makes an allegation of research misconduct. Dublin City University will not normally accept or pursue anonymous allegations of research misconduct. All staff members are expected to report research misconduct. Any person, whether employed by Dublin City University or not, may make an allegation of research misconduct under this policy.
- H. *Conflict of interest* means the real or apparent interference of one person's interests with the interests of another person, where potential bias may occur due to prior or existing personal or professional relationships.

I. Introduction

Dublin City University is committed to enabling and supporting the highest standards of practice in the conduct of research. The purpose of this policy is to detail the procedures the University will undertake in response to an allegation made of research misconduct. Through clarifying what is meant by research misconduct and clearly defining the responsibilities of those involved in research to report and deal with any breach of ethical practice, it is intended that this policy will help to prevent research misconduct from occurring. As a member institution of the Irish Universities Association (IUA), DCU is committed to the [National Policy Statement on Ensuring Research Integrity in Ireland](#), which clarifies policy and sets out agreed good practice in promoting and ensuring research integrity. The Policy for Responding to Allegations of Research Misconduct is a companion document to the Dublin City University Code of Good Research Practice and should be read in conjunction with it. An information sheet summarising this policy for anyone considering making an allegation of research misconduct is also available to researchers (appendix 2).

II. Scope of the Policy

This policy and the associated procedures apply to all individuals at Dublin City University (DCU) engaged in research. It is expected that any person to whom this policy applies, who finds evidence of research misconduct, will report this evidence and will co-operate with the procedures described herein. The policy may be initiated by any person (or persons) paid by, under the control of, or affiliated with Dublin City University, such as staff researchers, research fellows, research study participants, postgraduate researchers, technicians and other staff members, students, fellows, guest researchers, or collaborators at Dublin City University. Any person, whether employed by Dublin City University or not, may make an allegation of research misconduct.

The policy and associated procedures will normally be followed when an allegation of possible research misconduct is received in writing by the Chief Operating Officer (or a nominated staff member). An oral allegation may be made, but must be followed by a written allegation submitted to the Chief Operating Officer. The University will protect the confidentiality of those making allegations as far as is reasonably possible under the policy and in the context of the Freedom of Information Act, 1997.

Research misconduct means fabrication, falsification, plagiarism, or other questionable research practices that seriously deviate from those that are commonly accepted within the research community for proposing, conducting, or reporting research. It does **not** include honest error or honest differences in interpretations or judgments of data.

This policy will be reviewed as needed, but at least every 3 years, to ensure its continuing relevance. Such review will be based on analysis and experiential learning arising from cases covered by the policy in the intervening period, as well as the relevant external policy environment.

III. Rights and Responsibilities

A. Chief Operating Officer

The Chief Operating Officer and his/her staff will have primary responsibility for implementation of the procedures set out in this policy. The Chief Operating Officer will appoint the Inquiry and

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Investigation Committees and will ensure that necessary and appropriate expertise is secured to carry out a thorough and authoritative evaluation of the relevant evidence in an inquiry or investigation.

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The Chief Operating Officer, or a nominated staff member, will assist Inquiry and Investigation Committees and all institutional personnel in complying with this policy and with applicable standards imposed by government or external funding sources. The Chief Operating Officer is the deciding University official under this Policy, but may call on other institutional officials as necessary, and in particular, where he/she could be deemed to have a conflict of interest in the case of a particular allegation made. The Office of the Chief Operating Officer is also responsible for maintaining files of all documents and evidence and for the confidentiality and the security of these files.

In the event that an allegation of Research Misconduct is made concerning the Chief Operating Officer, the university President shall have primary responsibility for implementation of the procedures set out in this policy.

In the event that an allegation of Research Misconduct is made concerning the university President, the Chairman of the Governing Authority shall have primary responsibility for implementation of the procedures set out in this policy.

B. Complainant

The Complainant will have an opportunity to testify before the Inquiry and Investigation Committees, to review portions of the inquiry and investigation reports pertinent to his/her allegations or testimony, to be informed of the results of the inquiry and investigation, and to be protected from retaliation. The Complainant is responsible for making allegations in good faith, maintaining confidentiality, and co-operating with an inquiry or investigation. No payment will be made by Dublin City University for any advice sought by a Complainant as a result of the implementation of the policy. Dublin City University will make diligent efforts to protect the position and reputation of a good faith Complainant. If an allegation is deemed to have been made in bad faith through implementation of this Policy, i.e. is made in order to cause harm to the Respondent, or wilfully disregards facts which would disprove the allegation, then the University may seek to apply disciplinary procedures set out in the Dublin City University Disciplinary Policy and Procedures under University Statute No. 3 of 2001: 'Suspension and Dismissal of Employees'.

C. Respondent

The Respondent will be informed of the allegations when an inquiry is opened and notified in writing of the final determinations and resulting actions. The Respondent will also have the opportunity to be interviewed by and present evidence to the Inquiry and Investigation committees, to review the draft inquiry and investigation reports, and to take appropriate advice. No payment will be made by Dublin City University for any advice sought by a Respondent as a result of the implementation of the policy. The Respondent is responsible for maintaining confidentiality and cooperating with the conduct of an inquiry or investigation. Dublin City University will make diligent efforts to protect the position and reputation of Respondents against unsubstantiated claims.

IV. Conducting the Inquiry

A. Initiation and Purpose of the Inquiry

An allegation of research misconduct must first issue to the Chief Operating Officer (or to a nominated staff member). Following the preliminary assessment, if the Chief Operating Officer

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determines that the allegation provides sufficient information, s/he will initiate an inquiry process including sequestration of research records as appropriate.

At that time, the Chief Operating Officer will also notify the appropriate Executive Dean of Faculty that an allegation has been made, the basis for the allegation and the name of the person against whom an allegation has been made. The Executive Dean will maintain the confidentiality of the process of inquiry and investigation. The sponsoring body for any research project, which is the subject of an inquiry or investigation, will usually be informed of the outcomes of the initial inquiry. Dublin City University will adhere to any specific requirements of the external sponsor in respect of allegations of research misconduct agreed to under the Terms and Conditions of the research contract entered into by the Institution.

The purpose of the inquiry is to make a preliminary evaluation of the available evidence and testimony of the Respondent, Complainant, and key witnesses to determine whether there is sufficient evidence of possible research misconduct to warrant an investigation. The purpose of the inquiry is **not** to reach a final conclusion about whether misconduct definitely occurred or who was responsible.

The Inquiry Committee will normally interview the Complainant, Respondent and key witnesses, as well as examining relevant research records and materials. The findings of the inquiry must be set forth in an inquiry report, which is submitted to the Chief Operating Officer.

B. Membership of the Inquiry Committee

The Chief Operating Officer will appoint an Inquiry Committee and committee chair, not more than 20 working days following initiation of the inquiry. The Inquiry Committee should consist of at least 3 individuals who do not have real or apparent conflicts of interest in the case and are impartial. These individuals may be peer researchers, administrators, or other qualified persons, and they may be from inside or outside the institution. It is expected that the Inquiry Committee will include at least one peer researcher.

V. The Inquiry Report

A. Elements of the Inquiry Report

Within 60 working days of its first meeting, a written inquiry report must be prepared that states the name and title of the committee members and experts, if any; the allegations; a summary of the inquiry process used; a list of the research records reviewed; summaries of any interviews; a description of the evidence in sufficient detail to demonstrate whether and investigation is warranted or not; and the committee's determination as to whether an investigation is recommended and whether any other actions should be taken if an investigation is not recommended.

In the event of unavoidable delays in gathering testimony and/or other evidence the duration of the Committee's work can be extended on request by the Chief Operating Officer. However, it is at the discretion of the Inquiry Committee to submit a report that is incomplete in so far it has not been possible to obtain testimony from the complainant, respondent or other witness where the committee believes alternative evidence is sufficient to issue recommendations.

B. Comments on the Draft Report by the Respondent and the Complainant

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The Chief Operating Officer will provide the Respondent with a copy of the draft inquiry report for comment and rebuttal and will provide the Complainant with portions of the draft inquiry report that address the Complainant's role and opinions in the investigation.

1. Confidentiality

The Chief Operating Officer may establish reasonable conditions for review to protect the confidentiality of the draft report.

2. Receipt of Comments

Within 15 working days of their receipt of the draft report, the Complainant and Respondent will provide their comments, if any, to the Inquiry Committee. Any comments that the Complainant or Respondent submits on the draft report will become part of the final inquiry report and record. Based on the comments, the Inquiry Committee may revise the report as appropriate.

C. Inquiry Decision and Notification

1. Decision by the Chief Operating Officer

The final report and any comments will be transmitted to the Chief Operating Officer, who will make the determination of whether findings from the inquiry provide sufficient evidence of possible research misconduct to justify conducting an investigation, within 15 working days of receipt of the final report. The inquiry is completed when the Chief Operating Officer makes this determination.

The Chief Operating Officer will notify both the Respondent and the Complainant in writing of his/her decision of whether to proceed to an investigation and will remind them of their obligation to cooperate in the event an investigation is opened. The Chief Operating Officer will also notify all appropriate institutional officials of his/her decision, including the Director of Human Resources, the Executive Dean of the relevant Faculty, the Deputy President and the Vice President for Research and Innovation.

VI. Conducting the Investigation

A. Purpose of the Investigation

The purpose of the investigation is to explore in detail the allegations, to examine the evidence in depth, and to determine specifically whether misconduct has been committed, by whom, and to what extent. The investigation will also determine whether there are additional instances of possible misconduct that would justify broadening the scope beyond the initial allegations. The findings of the investigation will be set forth in an investigation report.

B. Appointment of the Investigation Committee

The Chief Operating Officer will appoint an Investigation Committee and the Committee Chair to conduct the investigation. The Investigation Committee should consist of at least three individuals who do not have real or apparent conflicts of interest in the case, are impartial, and have the necessary expertise to evaluate the evidence and issues related to the allegations, interview the principals and key witnesses, and conduct the investigation. These individuals may be researchers, administrators, subject matter experts, lawyers, or other qualified persons, and they may be from inside or outside the institution. Individuals appointed to the Investigation Committee

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will not also have served on the Inquiry Committee.

C. Investigation Process

The Investigation Committee will be appointed and the process initiated within 30 working days of the completion of the inquiry, if findings from that inquiry provide a sufficient basis for conducting an investigation.

The investigation will normally involve examination of all documentation including, but not necessarily limited to, relevant research records, computer files, financial records, proposals, manuscripts, publications, correspondence, memoranda, and notes of telephone calls.

Additional research records, not previously considered may be sequestered by the committee.

Whenever possible, the committee will interview the Complainant, the Respondent, and other individuals who might have information regarding aspects of the allegations. Interviews may be taped or transcribed. The Respondent may take appropriate advice and have an advisor present during investigation interviews.

VII. The Investigation Report

A. Elements of the Investigation Report

The Investigation Committee will submit the final report to the Chief Operating Officer within 60 working days of its first meeting. In the event of unavoidable delays in gathering testimony and/or other evidence the duration of the Committee's work can be extended on request by the Chief Operating Officer. The final report must describe the policies and procedures under which the investigation was conducted, describe how and from whom information relevant to the investigation was obtained, state the findings, and explain the basis for the findings.

The report will include the actual text or an accurate summary of the views of any individual(s) found to have engaged in misconduct. The Investigation Committee may decide to produce a separate report for each Respondent, or to differentiate and detail the responsibilities of each Respondent in a single report.

1. Copy of the Report to the Respondent

The Chief Operating Officer will provide the Respondent with a copy of the draft investigation report for comment and rebuttal. The Respondent will be allowed to review and comment within 14 working days of receipt of the draft report. The Respondent's comments will be attached to the final report. The findings of the final report should take into account the Respondent's comments in addition to all the other evidence.

2. Copy of the Report to the Complainant

The Chief Operating Officer will provide the Complainant, if he or she is identifiable, with those portions of the draft investigation report that address the Complainant's role and opinions in the investigation. The report should be modified, as appropriate, based on the Complainant's comments.

3. Confidentiality

In distributing the draft report, or portions thereof, to the Respondent and Complainant, the Chief Operating Officer will inform the recipient of the confidentiality under which the draft report is made available and may establish reasonable conditions to ensure such confidentiality. For example, the Chief Operating Officer may request the recipient to sign a confidentiality statement or to come to his or her office to review the report.

B. Institutional Review and Decision

Based on a preponderance of the evidence, the Chief Operating Officer along with other institutional officials, to include the Director of Human Resources, the relevant Executive Dean of Faculty, the Vice President for Research and Innovation and the President will make the final determination whether to accept the investigation report and its findings.

If this determination varies from that of the Investigation Committee, the Chief Operating Officer will explain in detail the basis for rendering a decision different from that of the Investigation Committee. The Chief Operating Officer may also return the report to the Investigation Committee with a request for further fact-finding or analysis. The determination issued by the Chief Operating Officer, together with the Investigation Committee's report, constitutes the final investigation report.

When a final decision on the case has been reached, the Chief Operating Officer will notify both the Respondent and the Complainant in writing. Following a period of time to permit the submission and consideration of an appeal, the Chief Operating Officer will determine whether external agencies such as; the Gardai, professional societies, editors of journals in which falsified reports may have been published, collaborators of the Respondent in the research, external funding agencies or other relevant parties should be notified of the outcome of the case. The Chief Operating Officer is responsible for ensuring compliance with the requirements, including reporting and notification requirements, of external funding or sponsoring agencies in respect of investigations of research misconduct.

VIII. Right to Appeal

The Respondent has the right to appeal on grounds which include (but are not restricted to): Failure to follow appropriate procedures in the investigation; new evidence; arbitrary, capricious or erroneous decision-making, and; inappropriate disciplinary action. An appeal must be filed within 14 working days of receipt of the final determination by the Chief Operating Officer.

The Deputy President of Dublin City University is the institution official responsible for conducting the appeal. In order to make an appeal, the Respondent must prepare an appeal submission for issue to the Deputy President, which clearly states the basis for and nature of the appeal and which includes all relevant evidence. During the appeal process, the Deputy President may interview any party involved in the original investigation and will take appropriate actions to consider any new evidence.

The Deputy President will issue a decision to the Respondent and Complainant within 60 working days. In the event that an appeal is successful, the University will make all reasonable efforts to ensure that the reputation of the Respondent is restored.

IX. Institutional Administrative Actions

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Dublin City University will take appropriate administrative actions against individuals when an allegation of misconduct has been substantiated. Any administrative actions taken by the institution with respect to DCU staff and students will be initiated in accordance with the appropriate DCU regulations and disciplinary procedures.

Administrative actions taken with respect to persons, who are not DCU employees, will be initiated in accordance with DCU policies and codes of practice, the terms and conditions of external sponsors and in compliance with relevant national legislation.

Administrative actions may include (but are not restricted to) any of the following:

1. The initiation of steps for implementation of the Dublin City University disciplinary procedures under Dublin City University Statute No. 3 of 2001: 'Suspension and Dismissal of Employees' leading to demotion or dismissal (relevant to Dublin City University employees only).
2. The initiation of steps for implementation of the Dublin City University disciplinary procedures under the terms of the University Regulations for undergraduate and postgraduate students.
3. Withdrawal or correction of all pending or published abstracts and papers emanating from the research where research misconduct was found.
4. Removal of the responsible person from the particular project, letter of reprimand, special monitoring of future work and / or restitution of funds as appropriate.
5. Publication of the final Investigation Committee report and final determination by the Vice-President for Research, in accordance with the Freedom of Information Act (1997).
6. Notification to research sponsors, external agencies and appropriate authorities as appropriate of the determination of the Inquiry Committee, the Investigation Committee and / or the final determination.

X. Record Retention

All records relating to the case will be maintained for a period of three years, for the purposes of reporting and case evaluation. Relevant data relating to the case may also be maintained in a database to facilitate case evaluation. The Office of the Chief Operating Officer will maintain all data relating to allegations of research misconduct. Information may be presented in aggregate form during case evaluation and reporting, following publication of individual case reports. The University is subject to the provisions of the Freedom of Information Act (1997).

An Information Sheet summarising this policy for researchers is attached as appendix 2. The Dublin City University Code of Good Research Practice is available via the Office of the Vice-President for Research and Innovation website at https://www4.dcu.ie/researchsupport/research_policies.shtml

APPENDIX 1 - Policy Implementation and Indicative Timeline

#	Action	Responsibility	Timeframe (in working days)
1	Appointment of Inquiry Committee.	Chief Operating Officer	Within 21 days of initiation of policy.
2	Production of Draft Inquiry Report.	Inquiry Committee	Within 60 days of first meeting of Inquiry Committee
3	Comments on Draft Inquiry Report.	Respondent and Complainant	Within 15 days of receipt of draft inquiry report.
4	Determination following Final Inquiry Report	Chief Operating Officer	Within 15 days of receipt of final inquiry report.
5	Appointment of Investigation Committee	Chief Operating Officer	Within 30 days of completion of the inquiry.
6	Production of Draft Investigation Report	Investigation Committee	Within 60 days of first meeting of the Investigation Committee.
7	Comments on Draft Investigation Report	Respondent and Complainant	Within 14 days of receipt of investigation report.
8	Determination following Final Investigation Report	Chief Operating Officer	Within 14 days of receipt of Final Investigation Report.
9	Filing of an Appeal	Respondent	Within 14 days of receipt of the final determination.
10	Determination following Appeal	Deputy President	Within 60 days of receipt of appeal submission.
			Total possible no. of days: 303

APPENDIX 2 Making an Allegation of Research Misconduct Information Sheet for Researchers.

This information sheet is available to anyone considering making an allegation of research misconduct under the Policy for Responding to Allegations of Research Misconduct (the ARM policy for short). It should help you to make a decision on whether this is the right policy to address your concerns and will explain to you what steps the University will take in response to an allegation of research misconduct.

WHAT *is research misconduct?*

Research misconduct covers issues that are serious enough to put the legitimacy of research outcomes in doubt. Examples of research misconduct include **falsifying or fabricating data, plagiarism, or misusing research funding**. . In addition this policy also covers Questionable Research Practices, which includes:

- Non retention of primary data
- Withholding of data from the scientific community
- Claiming undeserved authorship
- Denying authorship to contributors
- Misuse of research funds for unauthorized purchases or for personal gain
- Violation of human subjects protocols
- Abuse of laboratory animals

A more comprehensive list is referenced in the National Policy Statement on Ensuring Research Integrity in Ireland (<https://www4.dcu.ie/sites/default/files/research/National-Policy-Statement-on-Ensuring-Research-Integrity-in-Ireland-2014%20%281%29.pdf>)

Research misconduct does **not** include honest errors or differences of interpretation. Nor does it include issues that are already covered under another policy. Examples of existing policies that cover related issues include policies for students published by the Registry. You should first check that your allegation does not fall under one of these other policies. Making an allegation of research misconduct in good faith is a serious step and will be treated as confidentially and as rigorously as possible by Dublin City University.

WHO *can make an allegation of research misconduct ?*

Anyone can make an allegation of research misconduct, whether or not they are employed by DCU. Examples include: an academic; an administrator; a researcher; research partner; research sponsor; postgraduate student; or research study participant. It is expected that the allegation will relate to research conducted by or primarily involving a DCU researcher and will be made in good faith, i.e. not made to cause harm to a researcher or to ignore facts which would disprove the allegation. We all share a responsibility to report research misconduct.

If you are making an allegation of research misconduct, you will not normally be able to do so anonymously and will have to identify yourself. You will be asked to attend at investigation meetings to discuss your allegation and to provide any evidence to back up your statements. Other colleagues connected with the research project or programme may also be asked to provide evidence and to speak to investigating University officials.

HOW will my confidentiality be protected if I do make an allegation of research misconduct?

During any inquiry and investigation into your allegation, the Chief Operations Officer (COO) will take all reasonable steps to protect your confidentiality. You will not be asked to discuss your allegation in the presence of the person against whom you are making the allegation. The Office of the Chief Operations Officer will securely store the information relating to the allegation and will not release information, which could identify you. Your name will be deleted from written documentation and published reports.

WHAT will happen if I make an allegation of research misconduct?

Having received your allegation and discussed it with you, the COO first makes a decision about whether it is appropriate to implement the ARM policy. If the issues are relevant to the policy, he or she will establish an Inquiry Committee to determine whether a full investigation is warranted. The Inquiry Committee will have the right to seek any information or evidence necessary to conduct its work and to hold interviews with relevant individuals. During the inquiry, you will be asked to meet with the Inquiry Committee membership to discuss your allegation and to provide any evidence you have to support your allegation.

Following the initial inquiry, if there is enough evidence that research misconduct may have taken place, an Investigation Committee will be set up by the COO to determine the facts, the nature and the degree of seriousness of the misconduct. The Investigation Committee will seek any information necessary to conduct its work and to hold interviews with relevant individuals. During the inquiry, you will be asked to meet with the Investigation Committee membership to discuss your allegation and to provide any evidence you have to support your allegation.

Following consideration of the evidence available, the Investigation Committee will prepare a report for submission to the COO. You and the person who is the subject of the investigation will receive a copy and will be able to add comments to it. The COO will consider the report and will take decisions on actions to be taken in consultation with the DCU President, relevant Executive Dean of Faculty, Vice President of Research and Innovation and the Director of Human Resources.

If an appeal is not made to the Deputy President, then the report becomes the official record of your allegation and the investigation of your allegation. Your name will be deleted from the published report. If an appeal is lodged, the Deputy President of the University will lead the appeals procedure and may seek to interview you once more. Any sanctions to be taken following the implementation of the policy will be decided by senior University officials, in accordance with the University regulations and disciplinary procedures.

Where do I go to make an allegation of research misconduct ?

The first steps in the process are to read this information sheet, the DCU Policy for Responding to Allegations of Research Misconduct and the DCU Code of Good Research Practice. Then check out the research website for information on research ethics and integrity at https://www.dcu.ie/researchsupport/research_integrity_ethics.shtml

If you now want to discuss your allegation initially in confidence before making an official allegation – contact the Chief Operating Officer at 01 7005117 or by email.. An allegation of research misconduct may be made first orally and then in writing to the Chief Operating Officer, Dublin City University.