

## **SOUTHWEST MISSOURI STATE UNIVERSITY Statements and Procedures for Handling Allegations of Misconduct in Science**

### **I. Introduction**

To implement section 493 of the Public Health Service Act and section 2058 (a) (2) (c) of the Anti Drug Abuse Act of 1988, the University in seeking Federal funds is required to establish and abide by uniform policies and procedures for investigation and reporting instances of alleged or apparent misconduct involving research, training, or related research activities. The procedures described herein are in accordance with 42 CFR Part 50, Subpart A. This policy applies to all individuals who may be involved with a research project supported by the Public Health Service (PHS) or for which an application has been submitted. Unit Administration shall inform faculty, students and staff of the content of this document and of the University's expectation of maintenance of the highest standards of scientific integrity.

### **II. Definitions**

Inquiry - means information gathering and initial fact finding to determine whether an allegation or apparent instance of misconduct warrants an investigation.

Investigation - means the formal examination and evaluation of all relevant facts to determine if misconduct occurred.

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

### **III. Assurances**

Each applicant institution that applies for or receives assistance under the Public Health Service Act for the conduct of biomedical or behavioral research must have assurance satisfactory to the Secretary of HHS that the applicant:

- has established an administrative process that meets the requirements; and
- will comply with its' own administrative procedures.

Each applicant or recipient institution shall make an annual submission to the Office of Research Integrity (ORI) of the Public Health Service (PHS) of the Department of Health and Human Services (HHS) as follows:

- Its formal assurance of compliance; and

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- Such aggregate information on allegations, inquiries and investigations as the Secretary may prescribe.

### IV. Compliance

#### A. Criteria

The institution will be in compliance if it:

- Establishes, keeps current and, upon request, provides ORI and other authorized HHS officials the required policies and procedures.
- Informs its scientific and administrative staff of these policies and procedures and the importance of compliance therewith.
- Takes immediate and appropriate action as soon as misconduct on the part of employees or persons within the organization's control is suspected or alleged.
- Informs and cooperates with ORI with regard to each investigation of possible misconduct.

The following paragraphs describe the existing relevant Southwest Missouri State University policies and procedures.

#### B. Research at Southwest Missouri State University

The role of research at Southwest Missouri State University includes those activities designed to produce one or more outcomes including the discovery, organization, and application of knowledge.

While a blend of both basic and applied research is essential to the mission of the University, the principal focus of the research program is directed to the solution of problems relevant to the constituencies served by the University (SMSU Faculty Handbook, July 2000, Section 1.2.4.2).

#### C. Administrative Organization

**President** - The President is the chief executive officer of the University, responsible to the Board of Governors for the administration of all policies adopted by the Board and for the execution of all acts of the Board (ibid, Section 1.4.1).

**Vice President for Academic Affairs** - The Vice President for Academic Affairs is the senior academic officer of the University. Responsibilities include, but are not limited to, the overall direction, development, and administration of all academic and scholarly programs of the University, including the seven academic colleges, the Graduate College, Library Services, and Continuing Education (ibid, Section 1.4.5).

**Associate Vice Presidents for Academic Affairs** - The Associate Vice Presidents for Academic Affairs serve as deputies to the Vice President for Academic Affairs in all functions, with special responsibility for summer programs, assessment and instructional support, the Writing Center, program review, academic support services, the SMSU Research Campus at Mountain Grove, and the Graduate College (ibid, Section 1.4.5.1).

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Dean of Graduate College - The Associate Vice President and Dean of the Graduate College is responsible for administration of graduate programs, internal research funds, and external grants (ibid, Section 1.4.5.2).

College Deans - Each of the College Deans is responsible for the administration of one of the seven undergraduate colleges. Responsibilities include faculty recruitment and development, faculty evaluation, program development, program review, student advisement, collegiate budgeting and budget control, class schedule planning, and general supervision of the research, instructional, and service activities of the college (ibid, Section 1.4.5.3).

Department Heads and School Directors - Each Department Head is responsible for administering one of the academic departments of the University. Responsibilities include faculty recruitment and development, faculty evaluation, program development, program review, student advisement, departmental budgeting and budget control, class schedule planning, and general supervision of the research activities of the department. The Director of a School is expected to fulfill the same role as a Department Head. The faculty and programs in an academic unit are designated as a School primarily upon the recommendation of an accrediting agency, and such designation indicates the unit's involvement in and integration into an external professional environment that usually requires specific standards for licensure. A School is a professional unit that in all respects has the same status, responsibilities, and benefits as an academic department (ibid, Section 1.4.5.7).

### D. Faculty Responsibility

Research continues to be an essential faculty role. Faculty members must be engaged in sustained scholarship that will assist them in maintaining competence in the material to be taught and that will contribute to the education and good of the students, peers, and public. Beyond these basic requirements, scholarship may take many forms. Using the classification of Ernest Boyer, these forms include original research or creative expression (scholarship of discovery), review and integration of prior research (scholarship of integration), applying current knowledge and innovations to important practices (scholarship of application), or dialectical engagement of students in the process of inquiry and discovery (scholarship of teaching). In all types of scholarship, direct and indirect involvement of students teaches them about the process and inspires them to be ongoing participants (ibid, Section 2.3.1.2.1).

### E. Procedures

In addition to procedures for dealing with specific personnel matters, the SMSU Faculty Handbook contains a section devoted to Academic Personnel Grievance procedures. (ibid, Section 2.15)

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## V. Procedures

### A. Initial Inquiry

1. Allegations of misconduct in science shall be referred to the appropriate department head (or school director) or dean for prompt inquiry into the facts. This individual is designated as the “Administrator.” The Administrator should be the lowest level with appropriate authority and has the dual responsibility of inquiring into an alleged misconduct and protecting the rights of the individual(s) named in the allegation. The Administrator shall also report the allegation to the Associate Vice President for Academic Affairs and Dean of the Graduate College who will consult with the University Legal Counsel and the Vice President for Academic Affairs for guidance in responding to the allegation.
2. ORI must be notified in those instances where there is an immediate health hazard, need to protect Federal funds or equipment and individuals affected by the inquiry, and that the alleged incident will probably be publicly reported. If reasonable indication of possible criminal violations is found, ORI must be notified within 24 hours. Should it become apparent there is a need to protect Federal funds; immediate action will be taken by the University to protect Federal funds and insure that the purposes of the Federal financial assistance are being carried out.
3. A discussion concerning details of the apparent misconduct should be undertaken between the Administrator and those who have reported it. The Administrator will protect, to the maximum extent possible, the privacy of those who in good faith report the apparent misconduct. The Administrator will then explore the matter informally but in detail with the individual(s) against whom the allegation has been made. The Administrator will afford the affected individual confidential treatment to the maximum extent possible.
4. In consultation with other institutional officials, the Administrator will appoint members to an Inquiry Committee that will consist of at least three members who have the special scientific and technical expertise to evaluate the evidence and issues related to the investigation and who do not have real or apparent conflicts of interest in the case and are unbiased.
5. The initial inquiry shall be completed in 60 days of its initiation unless circumstances clearly warrant a longer period. A written report of the inquiry shall be prepared that states what evidence was reviewed, summarizes relevant interviews, and includes the conclusions of the inquiry. The individual(s) against whom the allegation was made shall have an opportunity to comment on the allegations, findings of the inquiry, and the report. If they comment on the report, their comments will be made part of the record. In the event a longer period is required, the Administrator making the inquiry shall report in writing to the Associate Vice President for Academic Affairs and Dean of the Graduate College the reason for the delay and provide an estimate of the

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date on which the inquiry will be completed. The record of the inquiry shall include documentation of the reasons for exceeding the 60-day period.

6. If the University plans on terminating the inquiry for any reason without completing all relevant requirements, a report of such planned termination, including a description of the reasons for such termination, shall be made to ORI, which will then decide whether further investigation should be undertaken.
7. The record of the inquiry shall be maintained in a secure place for a period of at least three years after termination of the inquiry. This record should be sufficient to support the basis for a decision that a follow-up investigation and report to ORI was not carried out. If requested, this record shall be available to the Director, ORI and other authorized HHS personnel.
8. The Administrator and others will make diligent efforts, as appropriate, to restore the reputations of persons alleged to have engaged in misconduct when allegations are not confirmed. The Administrator and others will also make diligent efforts to protect the positions and reputations of individuals who, in good faith, made the allegations.

### B. Follow-up Investigation

1. A follow-up investigation will be undertaken if the initial inquiry uncovers sufficient basis to warrant a formal investigation. The Administrator of the unit involved must initiate this process within 30 days of such finding.
2. The investigation must be preceded by prompt notification by the unit Administrator to the Associate Vice President for Academic Affairs and Dean of the Graduate College and then the University Legal Counsel who will formally notify the ORI in writing on or before the date the investigation begins. Such notification must include the names(s) of the person(s) against whom the allegations have been made, the general nature of the allegation, and the PHS/NIH application or grant number(s).
3. The investigation must be conducted in a manner consistent with the provisions of the University Faculty Handbook and in keeping with any other documents, board actions, contracts and agreements governing the individuals involved.
4. In consultation with other institutional officials, the Administrator will appoint members to an Investigative Committee that will consist of at least three members who have expertise to evaluate the evidence and issues related to the investigation and who do not have real or apparent conflicts of interest in the case and are unbiased.
5. The Administrator conducting the investigation and others involved shall protect to them maximum extent possible the privacy of those who in good faith report

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apparent misconduct in science. The affected individual(s) shall also be accorded confidential treatment to the maximum extent possible.

6. The investigation shall include examination of all documentation including but not necessarily limited to:
  - proposals and comments thereon;
  - relevant research data;
  - laboratory notebooks;
  - telephone logs and memos of calls;
  - correspondence; and
  - manuscripts, posters, publications, and tapes of oral presentations.
7. Whenever possible, interviews should be conducted of all individuals involved either in making the allegations or against whom the allegations are made, as well as others who might have information regarding key aspects of the allegations. Complete written summaries or tapes of these interviews should be prepared, shared with the interviewee and made part of the investigation record.
8. The ORI, the Associate Vice President for Academic Affairs and Dean of the Graduate College, and the University Legal Counsel must be kept informed of progress in the investigation.
9. ORI must be notified in those instances where there is an immediate health hazard, need to protect Federal funds or equipment and individuals affected by the inquiry, and that the alleged incident will probably be publicly reported. If reasonable indication of possible criminal violations is found, ORI must be notified within 24 hours. Should it become apparent there is a need to protect Federal funds, immediate action will be taken by the University to protect Federal funds and insure that the purposes of the Federal financial assistance are being carried out.
10. The University will promptly advise ORI of any developments during the course of the investigation that disclose facts that may affect current or potential HHS funding for the individual(s) under investigation or that the PHS needs to know to ensure appropriate use of Federal funds and otherwise protect public interest.
11. The ORI will move to protect the public and the Agency and will notify the Office of the Inspector General if there is reasonable indication of possible criminal violation. The Director of ORI may choose to have that office pursue an independent investigation at any point in the process or it may accept the findings of the University's investigation.
12. The University is expected to carry its investigation through to completion. If the investigation is halted, the ORI must be promptly informed of the date and the reason for such action. The ORI has the option of requiring continuation of the

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investigation.

13. Investigations should normally be completed in 120 days, including preparation of the report and forwarding to ORI. If they can be identified, the person(s) who raised the allegation should be provided with those portions of the report that address their role and opinions in the investigation.
14. If the investigation cannot be completed in 120 days, the University must request from ORI an extension, explain reasons why this is necessary, and provide a progress report of activities to date and estimate the completion date.
15. The final report of the investigation shall be prepared and maintained by the Administrator conducting the investigation. The individual(s) against whom the allegation was made will have an opportunity to comment on the allegations, the findings of the investigation and the report. Comments on the report will be included in the final report.
16. The report will be presented to the University Legal Counsel, and the Associate Vice President for Academic Affairs and Dean of the Graduate College. It shall be the responsibility of the Associate Vice President for Academic Affairs and Dean of the Graduate College to forward the report to the ORI.
17. The final report shall include:
  - Name(s) of the individual(s) against whom the allegations were made;
  - the PHS proposal(s) or grant number(s) involved;
  - the nature of the allegations and the name(s), if known, of the individuals who made them;
  - the University policies and procedures under which the investigation was conducted;
  - how and from whom the information was obtained in the investigation;
  - the findings of the investigation and their basis;
  - an accurate summary or the text of views of the individual(s) engaged in misconduct; and
  - a description of sanctions taken by the institution against the individual(s) when the allegations of misconduct have been substantiated.
18. Upon receipt of the University's report, the ORI may accept it, ask for clarification or additional information, or conduct its own further investigation. In addition to sanctions imposed by the University, the Department of Health and Human Services may impose sanctions of its own on the investigator(s) or the University if such action seems appropriate.
19. In consultation with the Associate Vice President for Academic Affairs and Dean of the Graduate College, and the University Legal Counsel, sanctions appropriate to the

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findings and in keeping with the governing University documents, policies, practices and agreements shall be imposed by the unit Administrator or other cognizant University officer when the allegation or misconduct has been sustained.

20. The Administrator and others will make diligent efforts, as appropriate, to restore the reputations of persons alleged to have engaged in misconduct when allegations are not confirmed. The Administrator and others will make diligent efforts to protect the positions and reputations of individuals who, in good faith, made the allegations.
21. The record of the investigation and the final report shall be maintained in a secure place for a period of at least three years after termination of the investigation. This record should be sufficient to substantiate an investigation's findings. If requested, this record shall be available to the Director, ORI and other authorized HHS personnel.

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