

PROCEDURE FOR POLICY 7.0 – Procedures for Addressing Breach Allegations

Everyone in the University community plays an important role in the process for addressing an Allegation of a Breach of MAPP 7.0 (the Policy) and in helping to ensure that an Allegation is addressed appropriately and in a timely manner. This document outlines procedures to be followed for those making or involved in resolving an Allegation of a Breach of the Policy.

I. REPORTING AN ALLEGATION

- 1.1 Anyone who has reasonable grounds to suspect a Breach has occurred is expected to bring forward an Allegation promptly, in writing, as follows:

To the Vice-President (Research)

- for Respondents who are staff, faculty members, librarians, archivists, graduate students, postdoctoral scholars, professors emeriti, visiting professors or other individuals under contract to the University.

To the Dean of the Respondent's home faculty

- for Respondents who are undergraduate students.

- 1.2 Any member of the administration of the University or other member of the University community who receives an Allegation of a Breach must refer it as specified in Section 1.1 above.

- 1.3 The balance of these procedures applies to Allegations made to the Vice-President (Research) and not to Allegations made to the Dean of the Respondent's home faculty.

- 1.4 Every Allegation should include:

- the name of the Complainant and their contact information;
- a summary of the nature of the alleged Breach(es);
- approximate date(s) of the alleged Breach(es);
- information about any related funding sources (if applicable);
- all available supporting documentation and information related to the alleged Breach(es);
- the name of the Respondent and their contact information, if available.

- 1.5 Anyone making an Allegation that is reckless, malicious or not in good faith may be subject to discipline or other recourse.

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- 1.6 Complainants, Respondents or others involved in an Initial Inquiry or Investigation under this Policy must follow the Policy and these Procedures.
- 1.7 The Vice-President (Research) may decline to review or investigate an Allegation which has not been made in a timely manner on the grounds that such delay materially prejudices (i) the ability of the University to gather evidence relating to the Allegation; and/or (ii) the ability of the Respondent to respond to the Allegation.
- 1.8 On receipt of an Allegation and pending its resolution, the University may independently, or at an Agency's request, take interim measures to protect the health and safety of people or animals, property (including, but not limited to, intellectual property or reputation), or the administration of University or Agency funds.

Confidentiality

- 1.9 While an Allegation cannot be fully confidential, an Allegation and information arising from the review process will not be shared with persons who are not directly involved in the review and adjudication of the Allegation except as required by law, the Policy, a collective agreement, or an Agency agreement. Information must be given to those responsible for reviewing the matter and to the Respondent. Information may also be shared with the Complainant and with others, as appropriate.
- 1.9.1 The Administrator will ensure the Complainant, the Respondent and any other recipients of documents are informed of their responsibility to maintain strict confidentiality of all records, to honour the privacy of individuals and to protect the reputation of the parties involved in the application of the Policy.

Reprisal

- 1.10 Any person who has made an Allegation in good faith or provided information related to an Allegation in good faith will not be subject to reprisal. Anyone who engages in reprisal against such a person may be subject to discipline or other recourse.

Anonymous Allegations

- 1.11 An Allegation made anonymously will be considered only if accompanied by sufficient information or if all relevant facts are publicly available to enable the assessment of the Allegation and credibility of the facts and evidence on which the Allegation is based without the need for further information from the Complainant.
- 1.11.1 If the University decides to proceed with an anonymous Allegation, the source of the Allegation will not be entitled to participate or receive information on the status of the Allegation or information concerning the outcome of any Initial Inquiry or Investigation conducted in respect of the Allegation.

Multiple Institutions

- 1.12 If the Allegation involves collaborative Research conducted at multiple institutions or if the Allegation is also being investigated at another institution, the procedures laid out in this document may be modified to facilitate joint or parallel review processes.

Mediation

- 1.13 At any point after receiving an Allegation and before completing an Investigation, the Vice-President (Research) may elect to offer the parties mediation services to enable a resolution. Mediation cannot replace adjudication of a matter involving Agency funding.

II. RECEIVING AN ALLEGATION

Notifying the Administrator

- 2.1 Following the receipt of an Allegation, the Vice-President (Research) will forward the Allegation to the Administrator. Upon receipt of the Allegation, the Administrator will complete the following steps to begin the review process:
- a. Obtain additional information, as required.
 - b. Determine if the Respondent is subject to the Policy.
 - If the Respondent is subject to the Policy, notify the Respondent and begin the Initial Inquiry process.
 - If the Respondent is not subject to the Policy, the Vice-President (Research) may forward the Allegation to a

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- relevant unit of the University for review.
- b. Determine if other relevant parties are required to be involved in the process or conduct a parallel review.
 - c. Begin communication with relevant parties to request assistance or to obtain evidentiary or supporting documentation.
 - d. Provide the Complainant with a copy of the Policy and explain the process for dealing with Allegations under the Policy.
 - e. Ensure that relevant requirements of any policy or collective agreement in relation to the Respondent are met.

Notifying the Respondent

- 2.2 If the Respondent is subject to the Policy, within fifteen business days following the receipt of an Allegation, the Vice-President (Research) will notify the Respondent of the Allegation. The notice shall include a summary of all the allegations, describe any interim measures under Section 1.8, and include any documents or other evidence submitted as part of the Allegation.

Response

- 2.3 The Respondent may submit a response to the Allegation within ten business days of this notification. The deadline for the Respondent's submissions may be extended by the Vice-President (Research) on the written request of the Respondent.
- 2.4 Once notified of an Allegation, the Respondent shall not destroy, discard, or otherwise alter any potentially relevant data or other form of information relevant to the Allegation. The Respondent shall also not discuss the Allegation and matters under review with any potential witnesses. The University may take any action necessary to maintain the integrity of the evidence relevant to the Allegation.

Notifying other Relevant Parties

- 2.5 Subject to any applicable laws, including privacy laws:
- Where the Respondent to the Allegation is a faculty member, librarian, or archivist, the Office of Faculty Relations shall be notified.
 - Where the Allegation involves financial misconduct, the University's Internal Audit office shall be notified.
 - Where the Allegation involves human participants or animal Research, the applicable University Research Ethics Board chair and/or the Animal Care Committee chair and Director, Research Ethics and Compliance Office shall be notified.
 - Where the Allegation involves hospital property or personnel,

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Lawson Health Research Institute, London Health Sciences Centre and/or St. Joseph's Health Care London shall be notified.

- Where the Allegation is related to activities funded by Tri-Council Agency funds and may involve significant financial, health and safety, or other risks, the Secretariat on Responsible Conduct of Research shall be notified.

III. INITIAL INQUIRY

3.1 Within ten business days of receipt of the response, or following the expiration of the response period in Section 2.3 above, the Vice-President (Research) shall appoint up to three qualified individuals to each conduct an independent, parallel Initial Inquiry. It is not the purpose of the reviewers in the Initial Inquiry process to determine whether a Breach has occurred; rather it is an opportunity to gather and review information to assess whether the Allegation is a Responsible Allegation and whether an Investigation is warranted.

3.1.1 The reviewers conducting the Initial Inquiry:

- a. May include the Administrator and/or other individuals qualified to assess whether the Allegation is a Responsible Allegation;
- b. May include individuals required to provide supporting information in a specific area of expertise (e.g., human and/or animal ethics, finance);
- c. Must be without bias or conflict of interest, whether real, potential or perceived;
- d. Where possible, shall represent a diversity of perspectives;
- e. Must sign a privacy and confidentiality agreement prior to commencing the review, unless conducting such inquiries is within the normal scope of their responsibilities.

3.2 At the conclusion of the Initial Inquiry, each reviewer should provide a summary of their review to the Vice-President (Research) which includes:

- The reviewer's name and credentials
- A declaration that as a reviewer they are not in a conflict of interest in relation to either the Respondent, Complainant, and/or any Agency related to the matter, if applicable;
- A description of the process used to conduct the Initial Inquiry, including timelines and documents reviewed;
- A decision as to whether they consider the Allegation to be a Responsible Allegation requiring an Investigation and the evidentiary basis or rationale for this determination.

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- 3.3 An Initial Inquiry should generally be concluded within two months from the receipt of the Allegation by the Vice-President (Research).
- 3.4 The Vice-President (Research) makes the final determination as to whether the Allegation is a Responsible Allegation, and the Vice-President (Research) is not bound by any decision of the reviewers.
- a. If the Allegation is determined not to be a Responsible Allegation, the Allegation is dismissed and:
 - (i) no materials in relation to the Allegation or Initial Inquiry shall be placed in the University's official records related to the employment or student record of the Respondent; and
 - (ii) a decision will be issued by the Vice President (Research) with copies to the Complainant and the Respondent and to those to whom notice was given under Section 2.5 as required.
 - b. If the Allegation is determined to be a Responsible Allegation and the Respondent then indicates they accept responsibility, such that a further Investigation would not uncover any new information pertinent to the matter, the matter shall proceed under the applicable provisions set out in Article V of these Procedures. Any discipline will be determined in accordance with the Disciplinary Policy applicable to the Respondent. The University will issue any required follow-up to those to whom notice was given under Section 2.5, and reports relating to the Breach in accordance with Section 3.5.
 - c. If the Allegation is determined to be a Responsible Allegation and the Respondent does not accept responsibility or if any other issues were identified through the Initial Inquiry that warrant an Investigation as determined by the Vice-President (Research), the matter shall proceed to an Investigation and:
 - (i) the Complainant, Respondent and those to whom notice was given under Section 2.5, as required, will be notified of this decision in writing within ten business days of the decision; and
 - (ii) the Respondent will be notified that they cannot participate in a Tri-Agency review process. If they are currently participating in a Tri-Agency review they must temporarily withdraw themselves until the Investigation is complete and a determination is made by the Agency whether they can resume their participation; and
 - (iii) the Administrator will begin the Investigation process

Agency Report following Initial Inquiry

- 3.5 For an Initial Inquiry related to activities funded by Tri-Council Agency funds, the Vice- President (Research) shall provide a report to the Secretariat or Agency at the conclusion of any Initial Inquiry regardless of the finding.

IV. INVESTIGATION

- 4.1 The Investigation shall be facilitated by the Administrator.
- 4.2 Within ten business days of the determination to proceed with an Investigation under Section 3.4c, the Vice-President (Research) will appoint (i) an individual as an Investigator, or (ii) at minimum, three individuals to serve on an Investigation Committee, to conduct the Investigation.
- 4.3 The Investigator/Investigation Committee conducting the Investigation:
- Must have the necessary expertise to ascertain the matter;
 - Must be without bias or conflict of interest, whether real, potential or perceived;
 - Where possible, shall represent a diversity of perspectives;
 - Where the alleged Breach involves Tri-Council Agency funds, must include at least one external member who has no current affiliation with the University;
 - Where the alleged Breach involves a faculty member, librarian or archivist Respondent, the Investigation Committee shall be composed according to the applicable collective agreement;
 - Must sign a privacy and confidentiality agreement prior to commencing the review, unless conducting the review is within the normal scope of their responsibilities.
- 4.4 The Administrator will provide all information gathered during the Initial Inquiry to the Investigator/Investigation Committee.
- 4.5 The mandate of the Investigator/Investigation Committee is to review the evidence available to them, including the complaint, the response to the complaint, and other documentation readily available to them to decide whether a Breach has occurred. The Investigator/Investigation Committee may determine its own process in conducting the investigation, providing it is consistent with applicable university policies and/or applicable collective agreements, and the principles of natural justice.
- 4.6 The Investigator/Investigation Committee shall conduct the Investigation in a timely manner. Where the Investigation cannot be completed within 30 business days of its being initiated, the Investigator/Investigation Committee shall notify the Vice-President (Research) and advise them of the reasons

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for delay and the expected completion date. The Vice-President (Research) shall notify the Respondent and Complainant of the delay and advise them of the expected completion date. Where the Respondent has union or association representation, the union or association shall also be notified.

- 4.7 At the conclusion of the Investigation, the Investigator/Investigation Committee shall provide their investigative findings to the Vice-President (Research) as a report including:
- (i) the name of the Investigator or the names of those serving on the Investigating Committee and their credentials;
 - (ii) a statement declaring that the Investigator or members of the Investigating Committee members are not in a conflict of interest in relation to either the Respondent, Complainant, and/or any Agency related to the matter, if applicable;
 - (iii) a summary of the finding(s) and reason(s) supporting the finding(s);
 - (iv) a description of the process used to conduct the Investigation, including timelines;
 - (v) a list of documents and supporting evidence reviewed;
 - (vi) a decision as to whether a Breach occurred and the rationale for this determination; and
 - (vii) if a Breach has occurred,
 - an assessment of its extent and seriousness; and
 - recommendations on any remedial action to be taken to correct the scientific or scholarly record in the matter in question and/or recommendations of changes to procedures or practices to avoid similar situations in the future, provided however such recommendations should not be in respect to disciplinary actions.
- 4.8 Investigative findings, the decision and rationale for the decision of the Investigator/Investigation Committee shall be reported by the Vice-President (Research) to the Respondent and the Complainant within twenty business days following receipt of the report of the Investigator/Investigation Committee. Should a Breach be found, the Vice-President (Research) shall also refer the matter for discipline under Article V, as follows:
- for faculty member, librarian and archivist Respondents to the Office of Faculty Relations;
 - for staff and independent contractor Respondents to Staff Relations, Human Resources;
 - for graduate student and postdoctoral scholar Respondents to the Vice- Provost (School of Graduate and Postdoctoral Services).

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- 4.9 Should the Breach found be in relation to misuse of research funds, a notification shall be sent to the University's Internal Audit office.
- 4.10 Should the Breach found be in relation to human or animal ethics, a notification shall be sent to the applicable University Research Ethics Board chair and/or the Animal Care Committee chair and Director, Research Ethics and Compliance Office.
- 4.11 Should the Breach found be in relation to an affiliated hospital personnel or property, a notification shall be sent to Lawson Health Research Institute, London Health Sciences Centre and/or St. Joseph's Health Care London.
- 4.12 If an Allegation is determined to be unfounded, reasonable efforts will be made by the University to protect or restore the reputation of the Respondent(s).

Agency Report following Investigation

- 4.13 For an investigation related to activities funded by Tri-Council Agency funds, the Vice- President (Research) shall provide a report to the Secretariat on Responsible Conduct of Research at the conclusion of any Investigation regardless of the finding.

V. DISCIPLINE

- 5.1 Any disciplinary proceedings arising from a Breach shall be conducted in accordance with the applicable provisions of any applicable Disciplinary Policy.

VI. GRIEVANCE/APPEAL PROCEEDINGS

- 6.1 Appeals or grievances in relation to findings of a Breach or disciplinary actions assessed, are to be undertaken in accordance with the appeal or grievance procedures established under the applicable Disciplinary Policy.
- 6.2 Should the Respondent not be subject to a Disciplinary Policy containing appeal or grievance procedures, the following appeal procedure shall apply:
 - Within ten business days of receipt of the discipline decision, the Respondent may appeal either the investigative findings or the discipline.
 - Any such appeal is to be made in writing to the President & Vice-Chancellor and is to include a clear statement of the grounds for

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the appeal, and any evidence being relied upon in support of the appeal. The President may appoint a designate to hear an appeal.

- At the request of the Respondent, the President or designate shall convene a meeting to hear oral submissions in respect of the appeal.
- The appeal normally shall be heard within thirty business days of receipt of the appeal and a decision shall be made as expeditiously as possible. The decision shall be communicated to the Complainant, Respondent, and where required, the Agency.

VII. EDUCATION

7.1 To promote education on, and awareness of, the importance of the Responsible Conduct of Research, the University will:

- Include a reference to the Responsible Conduct of Research Policy (MAPP 7.0) and these Procedures on the University Secretariat web page.
- Promote awareness and appreciation of the principles of research and scholarly integrity prescribed by the Policy through information sessions, training, or other suitable means.