

COLLEGE AND ADMINISTRATIVE POLICY

Policy Title:	Research Misconduct Policy
Type or category of Policy:	College/Administrative/Departmental
Approval Authority:	Provost and Senior Vice President
Responsible Executive:	Margaret Madden, Provost and Senior Vice President
Responsible Office:	Office of Grants and Sponsored Research
Owner Contact:	Director of Grants and Sponsored Research sponsoredresearch@siena.edu , 783-2322
Reviewed By:	Margaret Madden, Provost and Senior Vice President
Reviewed Date:	April 2024
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Brief Overview of the Policy

Siena College complies with federal agencies' requirements to establish and maintain policies and procedures regarding the inquiry, investigation, and reporting of alleged research misconduct as well as the sanctions when sufficient evidence has been collected and reviewed to indicate research misconduct.

Reason for Policy

The policy meets federal agencies' requirements and upholds the College's expectations that research and scholarly activity be conducted with integrity and ethical standards consistent with institutional mission and vision.

Scope of the Policy: Entities or Individuals affected by this policy

- *All faculty, administration, and staff members*

The Official Policy

Overview

Research and scholarship at Siena College are expected to be conducted with integrity and at the highest ethical standard. The purpose of the Research Misconduct Policy is to provide guidelines regarding the inquiry, investigation, and reporting of alleged research misconduct as well as the sanctions when sufficient evidence has been collected and reviewed to indicate research misconduct. For the purpose of this policy, Siena College considers the term "research" to encompass all forms of research (basic and applied), scholarly inquiry, and creative activity.

In accordance with the U.S. Department of Health and Human Services (DHHS), [42 CFR Parts 50 and 93](#), applicant and grantee organizations are required to establish a set of administrative procedures for investigating reports of misconduct in research occurring within the organization. The requirements of the National Science Foundation and other federal granting agencies may be found at <https://ori.hhs.gov/federal-policies>.

The National Institutes of Health (NIH), Office of Extramural Research, defines research misconduct as "fabrication, falsification, or plagiarism in proposing, performing, or reviewing research, or in reporting research results." NIH defines *fabrication* as the manufacture of data or results and recording or reporting them. *Falsification* is manipulating research materials, equipment, or processes, or changing or omitting data or results such that the research is not accurately represented in the research record. *Plagiarism* is the appropriation of another person's ideas, processes, results, or words without giving appropriate credit. Research misconduct does not include honest error or differences of opinion.

A finding of research misconduct requires that

- a.) there be a significant departure from accepted practices of the relevant research community,
- b.) the misconduct is committed intentionally, knowingly, or recklessly, and
- c.) the allegation be proven by a preponderance of the evidence.

PROCESS

I. Inquiry

Suspected research misconduct should be reported in writing to the Provost and Senior Vice President (Provost), who will appoint a research integrity officer (RIO) for the case. When notified, the RIO will initiate an inquiry to determine whether or not there is sufficient evidence of possible research misconduct to conduct a formal investigation of the charges. Person(s) suspected (hereafter "the respondent") will be notified in writing of the inquiry. All reasonable and practical steps must be taken to obtain all research records and other evidence needed to conduct the research misconduct proceeding. Records must be cataloged and that inventory along with the evidence must be secured. If the research records or evidence encompass scientific instrumentation shared by a number of users, custody may be limited to copies of the data. This is acceptable if those copies are substantially equivalent to the evidentiary value of the instruments.

The inquiry should begin as quickly as possible, and a written report of the findings will be completed within 60 days of receipt of the allegation. If the inquiry takes longer than 60 days to complete, the inquiry record must include documentation of the reasons for exceeding the 60-day period.

The respondent must be notified of the inquiry findings if an investigation is warranted and that notice must include a copy of the inquiry report. The respondent is provided an opportunity to review and comment on the

inquiry report. The complainant may be notified whether the inquiry warranted an investigation. Relevant portions of the report can be provided to the complainant.

If the information provided is not sufficient to substantiate the allegation, the inquiry is complete, but all material related to the allegation and inquiry will be maintained as stated below (reporting and record keeping). If there is sufficient preliminary evidence of alleged research misconduct at the conclusion of the inquiry to warrant an investigation, the RIO will inform the Provost in writing. The Provost will determine if a formal investigation will be conducted. If the Provost concludes that a formal investigation is not needed, the inquiry is complete.

The respondent should be given the opportunity to admit that research misconduct occurred. With the advice of the RIO and/or other institutional officials, the Provost may terminate the institution's review of an allegation that has been admitted, and any proposed settlement is approved by ORI.

II. Investigation

If the Provost concludes that a formal investigation is justified, the Provost will notify the respondent in writing of the decision prior to the start of the investigation and will establish a committee. The investigation will begin within 30 days of the completion of the inquiry and will be completed, including preparation of the written final report, no later than 120 days after the investigation began. If the investigation cannot be completed in 120 days and involves **external** funding, the College will ask ORI in writing for an extension.

The committee or investigatory panel will comprise the following members:

- a.) the Provost,
- b.) the appropriate academic dean,
- c.) the department head of respondent,
- d.) one faculty member chosen by the academic dean, and
- e.) one faculty member chosen by the respondent.

The two faculty members should be persons familiar with the alleged research misconduct discipline, but must not be involved in the research or have any other apparent conflict of interest.

Impartiality and objectivity are elemental to the investigation. As such, the investigation will pursue all significant issues and will include the examination of all available documentation including relevant research data and proposals, publication, and correspondence. The investigatory panel is permitted to obtain the advice and testimony of experts, either internally or externally, in the course of the investigation.

III. Protections

Protecting the reputation of those involved is paramount. This pertains to the positions and reputations of persons

- a.) who have in good faith brought forward allegations of scientific misconduct,
- b.) who have provided documentation, testimony, or evidence, and
- c.) against whom allegations of research misconduct have been made but not confirmed.

All inquiries and investigations of allegations of misconduct are confidential to the fullest extent allowed by law. Any person against whom allegations are made must be given the opportunity to review the evidence and respond to the allegations.

IV. Sanctions and Appeal

If there is substantial evidence to support research misconduct, the Provost will consult with the RIO and the appropriate academic dean to determine what sanction(s) or disciplinary action(s) will be imposed by the College. The Provost will notify the President of the findings at the conclusion of the investigation. The Provost will also provide written notification to the respondent and the relevant funding agency (or agencies) as required, and to other associated external entities (e. g., professional societies, journal editors and publishers of journals in which fraudulent research was published, etc.) within 10 days after a judgment of research misconduct has been rendered.

The respondent has the right to appeal the Provost's decision. The respondent should make this known to the President within 10 days of receipt of the Provost's written notice. The appeal process should be completed within 120 days unless an extension has been requested and received. The Provost will designate a separate committee to evaluate the appeal.

Reporting and Record Keeping

These reporting requirements are specific to research supported by funding agencies that are part of the PHS. Reporting to other funding agencies is similar, but will comply with their particular [regulations](#). Siena College will maintain all records in accordance with the requirements of [42 CFR 93.317\(a\)](#).

Inquiry – on or before the date on which the investigation begins (i.e., within 30 days of the decision to conduct a formal investigation), Siena College will provide the ORI with the written findings, the institutional policies under which the inquiry was conducted and a copy of the inquiry report.

Investigation – a written report will be prepared that

- a.) describes the allegations,
- b.) identifies Public Health Service (PHS) support,
- c.) describes the policies and procedures of the inquiry and investigation,
- d.) identifies the source of information used,
- e.) describes the findings and the basis for the findings, and
- f.) includes the respondent rejoinder.

The written report along with any appeals will be compiled by the RIO, and a copy of that report will be submitted to the Provost and to the appropriate academic dean. As appropriate, the report will be submitted to ORI and the external agency that funded the research under inquiry and/or investigation.

When an inquiry into an allegation of scientific misconduct concludes that there is cause for an investigation, the associated funding agency, if applicable, will immediately and automatically be notified of the College's decision to conduct an investigation. If required, findings of inquiry and investigations will also be sent to agencies that have received requests to continue funding and also for pending requests. Additionally, evidence of criminal wrongdoing found during the investigation will be forwarded to ORI and the funding agency within 24 hours of discovery. In response to final findings of research misconduct the College will cooperate with ORI and the funding agency's inquiries and investigations to the fullest extent possible.

The written report and all associated records pertaining to the investigation will be kept in the investigator's permanent personnel file unless the President grants an appeal. In the case of a successful appeal, the written report and corresponding records will be removed from the respondent's personnel file. A record of the final decision will be secured in a sealed file that will be retained by the Provost's Office separate from the personnel file.

Written reports and all materials related to allegations, inquiries, and investigations must be kept in the Provost's Office for a period of at least seven (7) years after completion of the inquiries and proceedings.

Definitions

Complainant. Person(s) that in good faith have made an allegation of research misconduct.

DHHS. U.S. Department of Health and Human Services.

DO. Deciding Officer. At Siena College this is the Provost and Senior Vice President or her appointee.

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

Investigation. Formal examination and evaluation of all relevant facts to determine if misconduct has occurred.

Misconduct in Research. The fabrication, falsification, plagiarism, or other practices that seriously deviate from those that are 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.

NSF. National Science Foundation.

ORI. Office of Research Integrity. The DHHS secretary has delegated to this office the responsibility for addressing research integrity and misconduct issues related to PHS-supported activities.

OSIR. Office of Scientific Integrity Review, a component of the Office of the Assistant Secretary for Health, which is responsible for establishing PHS policies and procedures for dealing with misconduct in science, overseeing the activities of PHS research agencies to ensure that these policies and procedures are implemented, and reviewing all final reports of investigations to assure that any findings and recommendations are sufficiently documented. The OSIR also makes final recommendations to the Assistant Secretary for Health on whether any sanctions should be imposed and, if so, what they should be in any case where scientific misconduct has been established.

NIH. National Institutes of Health oversees the implementation of all PHS policies and procedures related to scientific misconduct; monitors the individual investigations into alleged or suspected scientific misconduct conducted by institutions that receive PHS funds for biomedical or behavioral research projects or programs; and conducts investigations as necessary.

PHS. Public Health Service.

Respondent. Person(s) who have been suspected of research misconduct.

RIO. Research Integrity Officer. College employee appointed by the Provost and responsible for the equitable and fair execution of Research Misconduct inquiries and investigations in compliance with federal regulations and federal funding agencies.

Resources

- Office of Sponsored Research and Grant Compliance [website](#)
- External Grants Handbook

Adopted: originally adopted in 2014; reviewed annually; approved by Cabinet 4/26/16

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