

ADMINISTRATIVE DIVISION RSCH Office of Research		POLICY NUMBER RSCH 1.00
POLICY TITLE Misconduct in Research and Scholarship		
SCOPE OF POLICY USC System		DATE OF REVISION August 18, 2022
RESPONSIBLE OFFICER Vice President for Research		ADMINISTRATIVE OFFICE Office of Research

PURPOSE

The university is dedicated to truth in pursuit of knowledge through research and to the transmission of knowledge through teaching. A spirit of mutual respect and a broad trust that all faculty members, students and staff share this dedication to the truth are essential to the functioning of the university. Nevertheless, from time to time some member of the community may appear to have disregarded accepted norms of professional behavior.

The integrity of the programs of the university requires that faculty, students and staff be aware of potential misconduct in themselves and in others, and that allegations of misconduct be resolved in a just manner, ensuring that there are no recriminations for a person bringing an allegation in good faith.

Disregard of established norms of conduct may be intentional or may be unwitting. In either case, public trust and the pursuit of truth are endangered, and the university has an obligation to act. It may be appropriate, however, for the university to respond differently to different sorts of misconduct.

DEFINITIONS

Allegation: any written or oral statement or other indication of possible scientific misconduct made to a university official.

Complainant: a person who makes an allegation of scientific misconduct.

Conflict of Interest: the real or apparent interference of one person's interests with the interests of another person or entity, where the potential bias may occur due to prior or existing personal or professional relationships.

Deciding Official (DO): the institutional official who makes final determinations on allegations of research misconduct and any institutional administrative actions. The DO will not be the same individual as the Research Integrity Officer and should have no direct prior involvement in the institution’s inquiry, investigation, or allegation assessment. A DO’s appointment of an individual to assess allegations of research misconduct, or to serve on an Inquiry or investigation committee, is not considered to be direct prior involvement. The DO is the Provost or his/her designee.

Good Faith Allegation: an allegation made with the honest belief that scientific misconduct may have occurred. An allegation is not in good faith if made with reckless disregard for or willful ignorance of facts that would disprove the allegation.

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

Investigation: 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.

ORI: the Office of Research Integrity in the U.S. Department of Health and Human Services (DHHS). ORI is responsible for the scientific misconduct and research integrity activities of the U.S. Public Health Services (PHS). Any reference to ORI or PHS in this policy applies only in cases where PHS funding is involved.

Research Integrity Officer (RIO): the institutional official responsible for (1) assessing allegations of research misconduct to determine if they fall within the definition of research misconduct, are covered by this policy, and warrant an inquiry on the basis that the allegation is sufficiently credible and specific so that potential evidence of research misconduct may be identified; (2) overseeing inquiries and investigations; and (3) the other responsibilities described in this policy. The Vice President for Research shall appoint the RIO.

Research Misconduct: fabrication, falsification, or plagiarism in proposing, performing or reviewing research results, or in reporting research results. A finding of misconduct requires that there be a significant departure from accepted practices of the relevant research community, that the misconduct be committed intentionally, knowingly, or recklessly, and the allegation be proven by the preponderance of evidence. Ordinary errors, good faith differences in interpretations or judgments of data, scholarly or political disagreements, good faith personal or professional opinions, or private moral or ethical behavior or views are not misconduct under this definition.

Research Record: 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, and/or reported research that constitutes the subject of an allegation of scientific 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.

Respondent: the person against whom an allegation of scientific 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.

Retaliation: any action taken by the University that adversely affects the employment or other institutional status of a complainant, who, acting in good faith, has made an allegation of scientific misconduct. Adverse actions taken against any individual who has cooperated in good faith with an investigation of alleged misconduct also constitute retaliation.

POLICY STATEMENT

PROCEDURES

A. Reporting Responsibility and Procedure

1. All employees or individuals associated with the university will report observed, apparent or suspected, research misconduct to the RIO. If an individual is unsure whether a suspected incident falls within the definition of research misconduct, he or she may meet with or contact the RIO to discuss the suspected research misconduct informally, which may include discussing it anonymously and/or hypothetically. If the circumstances described by the individual do not meet the definition of research misconduct, the RIO will refer the individual or allegation to other offices or officials with responsibility for resolving the problem.

Reports can be made on an informal (oral) or formal (written) basis. Formal allegations should be submitted in sufficient detail to permit a preliminary inquiry into whether an investigation is warranted. Reasonable efforts will be made to review and resolve informal reports of alleged misconduct; however, such reports will not be processed through the procedures set out below unless they are submitted in writing or confirmed separately through available evidence.

2. If there is evidence that the alleged misconduct involves any of the following conditions below, the RIO will report the alleged misconduct to the sponsoring agency as required by agency policies. In the case of the Public Health Service, it shall be reported to the Office of Research Integrity (ORI) in accordance with 42 CFR 93.318.
 - a. There is an immediate health hazard;
 - b. there is an immediate need to protect Federal funds or equipment;
 - c. there is an immediate need to protect the interests of the person(s) making the allegations or of the individual(s) who is the subject of the allegations as well as his/her associates, if any;
 - d. it is probable that the alleged incident is going to be reported publicly; or
 - e. there is reasonable indication of possible criminal violation.

B. Action by the RIO

1. Assessment of Allegations

Upon receiving an allegation of research misconduct, the RIO will immediately assess the allegation to determine whether it is sufficiently credible and specific so that potential evidence of research misconduct may be identified, whether it is within the jurisdictional criteria of this policy, and whether the allegation falls within the definition of research misconduct. An inquiry must be conducted if these criteria are met.

The assessment period should be brief, preferably concluded within a week. In conducting the assessment, the RIO need not interview the complainant, respondent, or other witnesses, or gather data beyond any that may have been submitted with the allegation, except as necessary to determine whether the allegation is sufficiently credible and specific so that potential evidence of research misconduct may be identified. The RIO shall, on or before the date on which the respondent is notified of the allegation, obtain custody of, inventory, and sequester all research records and evidence needed to conduct the research misconduct proceeding, as provided in paragraph 3 of this section.

2. Inquiry – Purpose and Initiation

If the RIO determines that the criteria for an inquiry are met, he or she will immediately initiate the inquiry process. The purpose of the inquiry is to conduct an initial review of the available evidence to determine whether to conduct an investigation. An inquiry does not require a full review of all the evidence related to the allegation.

3. Notice to Respondent; Sequestration of Research Records

At the time of or before beginning an inquiry, the RIO must make a good faith effort to notify the respondent in writing, if the respondent is known. If the inquiry subsequently identifies additional respondents, they must be notified in writing. On or before the date on which the respondent is notified, or the inquiry begins, whichever is earlier, the RIO must take all reasonable and practical steps to obtain custody of all the research records and evidence needed to conduct the research misconduct proceeding, inventory the records and evidence and sequester them in a secure manner, except that where the research records or evidence encompass scientific instruments shared by a number of users, custody may be limited to copies of the data or evidence on such instruments, so long as those copies are substantially equivalent to the evidentiary value of the instruments.

4. Appointment of the Inquiry Panel

The RIO, in consultation with other institutional officials as appropriate, will appoint an inquiry panel as soon after the initiation of the inquiry as is practical. The inquiry panel must consist of individuals who do not have personal, professional, or financial conflicts of interest with those involved with the inquiry and should include individuals with the appropriate scientific expertise to evaluate the evidence and issues related to the allegation, interview the principals and key witnesses, and conduct the inquiry.

5. Charging the Panel

The RIO will prepare a charge for the inquiry panel that:

- a. sets forth the time for completion of the inquiry;
- b. describes the allegations and any related issues identified during the allegation assessment;
- c. states that the purpose of the inquiry is to conduct an initial review of the evidence, including the testimony of the respondent, complainant and key witnesses, to determine whether an investigation is warranted, not to determine whether research misconduct definitely occurred or who was responsible;
- d. states that an investigation is warranted if the panel determines:
 - i. there is a reasonable basis for concluding that the allegation falls within the definition of research misconduct and is within the jurisdictional criteria of this policy; and,
 - ii. the allegation may have substance, based on the panel's review during the inquiry; and
- e. informs the inquiry panel that they are responsible for preparing or directing the preparation of a written report of the inquiry that meets the requirements of this policy.

At the panel's first meeting, the RIO will review the charge with the committee, discuss the allegations, any related issues, and the appropriate procedures for conducting the inquiry, assist the panel with organizing plans for the inquiry, and answer any questions raised by the committee. The RIO will be present or available throughout the inquiry to advise the panel as needed.

C. Inquiry Process

The inquiry panel normally will interview the complainant, the respondent, and key witnesses as well as examining relevant research records and materials. The inquiry panel then will evaluate the evidence, including the testimony obtained during the interviews. After consultation with the RIO, the panel members will decide whether an investigation is warranted based on the criteria in this policy, and as appropriate, 42 CFR § 93.307(d).

The scope of the inquiry is not required to and does not normally include deciding whether misconduct definitely occurred, or conducting exhaustive interviews and analyses; however, if a legally sufficient admission of research misconduct is made by the respondent, misconduct may be determined at the inquiry stage if all relevant issues are resolved. If PHS

funding is involved, the institution shall promptly consult with ORI to determine the next steps that should be taken.

1. Time for Completion

The inquiry, including preparation of the final inquiry report and the decision on whether an investigation is warranted, must be completed within 60 calendar days of initiation of the inquiry, unless the RIO determines that circumstances clearly warrant a longer period. If the RIO approves an extension, the inquiry record must include documentation of the reasons for exceeding the 60-day period. The respondent will be notified of the extension.

2. Elements of the Inquiry Report

A written inquiry report must be prepared that includes the following information:

- a. the name and position of the respondent;
- b. a description of the allegations of research misconduct;
- c. if applicable, information relevant to PHS support, including, grant numbers, grant applications, contracts and publications;
- d. the basis for recommending or not recommending that the allegations warrant an investigation;
- e. any comments on the draft report by the respondent or complainant.

Institutional counsel may review the report for legal sufficiency. Modifications should be made as appropriate in consultation with the RIO and the inquiry panel. The inquiry report should include: the names and titles of the panel members and experts who conducted the inquiry; a summary of the inquiry process used; a list of the research records reviewed; summaries of any interviews; and whether any other actions should be taken if an investigation is not recommended.

3. Notification to the Respondent and Opportunity to Comment

The RIO shall notify the respondent whether the inquiry found an investigation to be warranted, include a copy of the draft inquiry report for comment within 10 days, and include a copy of or refer to this policy.

4. Inquiry Decision and Notification

The RIO shall prepare and transmit an inquiry report to the appropriate dean and the respondent. This report shall state whether an investigation into the allegations is warranted. Within 30 calendar days of the institution's decision that an investigation is warranted, the RIO will notify those institutional officers who need to know of the

decision. When applicable, the RIO must provide the following information to ORI upon request:

- a. the institutional policies and procedures under which the inquiry was conducted;
- b. the research records and evidence reviewed, transcripts or recordings of any interviews, and copies of all relevant documents; and
- c. the charges to be considered in the investigation.

5. Documentation of Decision Not to Investigate

If it is decided that an investigation is not warranted, the RIO shall secure and maintain for seven (7) years after the termination of the inquiry sufficiently detailed documentation of the inquiry to permit a later assessment by ORI of the reasons why an investigation was not conducted. These documents must be provided to ORI or other HHS personnel upon request.

D. Conducting the Investigation

1. Initiation and Purpose

The investigation must begin within 30 calendar days after the determination that an investigation is warranted. The purpose of the investigation is to develop a factual record by exploring the allegations in detail and examining the evidence in depth, leading to recommended findings on whether research misconduct has been committed, by whom, and to what extent. The investigation will also determine whether there are additional instances of possible research misconduct that would justify broadening the scope beyond the initial allegations. This is particularly important where the alleged research misconduct involves clinical trials or potential harm to human subjects or the general public or if it affects research that forms the basis for public policy, clinical practice, or public health practice. The findings of the investigation must be set forth in an investigation report.

2. Notifying ORI and Respondent; Sequestration of Research Records

On or before the date on which the investigation begins, the RIO must:

- a. notify the ORI Director, if applicable, of the decision to begin the investigation and provide ORI a copy of the inquiry report; and
- b. notify the respondent in writing of the allegations to be investigated.

The RIO must also give the respondent written notice of any new allegations of research misconduct within a reasonable amount of time of deciding to pursue allegations not addressed during the inquiry or in the initial notice of the investigation.

The RIO will, prior to notifying respondent of the allegations, take all reasonable and practical steps to obtain custody of and sequester in a secure manner all research records and evidence needed to conduct the research misconduct proceeding that were not previously sequestered during the inquiry. The need for additional sequestration of records for the investigation may occur for any number of reasons, including the institution's decision to investigate additional allegations not considered during the inquiry stage or the identification of records during the inquiry process that had not been previously secured. The procedures to be followed for sequestration during the investigation are the same procedures that apply during the inquiry.

3. Appointment of the Investigation Committee

- a. The RIO, in consultation with other institutional officials will appoint an investigation committee within fifteen (15) days of the notification to the respondent that an investigation is planned, or as soon thereafter as is practicable. Such committees will be composed of at least three (3) persons, including a committee chair. At least one (1) university faculty member shall be appointed to each such committee. No committee members shall have real or apparent conflicts of interest in the case. Committee members shall be unbiased and have the necessary expertise to effectively interview the principals and other witnesses and to evaluate the evidence and issues related to the allegations. Committee members may be scientists, subject matter experts, administrators, lawyers, or other qualified persons within or outside the university. Members of the investigation committee may also have assisted in the earlier inquiry concerning the allegations.
- b. The RIO will notify the respondent of the proposed committee membership. If the respondent submits a written objection to any appointed member of the inquiry committee based upon bias or conflict of interest within five (5) days, the Vice President for Research will determine whether to replace the challenged member with a qualified substitute.
- c. The RIO will prepare a charge for the investigation committee that describes the allegations and any related issues identified during the inquiry, defines scientific misconduct, and identifies the name of the respondent. The charge will state that the committee is to evaluate the evidence and testimony of the respondent, complainant, and witnesses to determine whether, based upon a preponderance of the evidence, scientific misconduct occurred and, if so, to what extent, who was responsible, and its seriousness.
- d. If during the investigation additional information becomes available that substantially changes the subject matter of the investigation or would suggest additional respondents, the committee will notify the RIO who will then determine whether it is necessary to notify the respondent of the new subject matter or to provide notice to additional respondents.

- e. The RIO, with the assistance of the university General Counsel, will convene the first meeting of the investigation committee to review the charge, the inquiry report, and the prescribed procedures and standards for the conduct of the investigation, including the necessity for confidentiality and for developing a specific investigation plan. The investigation committee will be provided with a copy of these instructions and, where PHS funding is involved, the PHS regulations.

4. Investigation Process

The investigation committee will be appointed and the investigation process initiated within thirty (30) days of the completion of the inquiry. The investigation normally will involve examination of all documentation including, but not necessarily limited to, relevant research records, computer files, proposals, manuscripts, publications, correspondence, memoranda, and notes of telephone calls. The committee should, when possible, interview the complainant(s), the respondent(s), and other individuals who might have information regarding aspects of the allegations. All interviews should be audio recorded and transcribed. Transcripts of the interviews should be prepared, provided to the interviewed party for comment or revision, and included as part of the investigation file. An investigation normally should be completed within one hundred twenty (120) days of its initiation, with the initiation being defined as the first meeting of the investigation committee. This includes: conducting the investigation; preparing the report of findings; making the draft report available to the respondent for comment; and submitting the report to the DO for final action.

5. Investigation Report

The committee shall prepare a report of its investigation for submission to the DO. The report shall describe the policies and procedures under which the investigation was conducted, how and from whom information relevant to the investigation was obtained, the findings, and the basis for the findings. It shall also contain an accurate summary of the views of any person(s) found to have engaged in misconduct.

Each statement of finding of misconduct must:

- a. identify whether the research misconduct was falsification, fabrication, or plagiarism, and whether it was committed intentionally, knowingly, or recklessly;
- b. summarize the facts and the analysis that support the conclusion and consider the merits of any reasonable explanation by the respondent, including any effort by respondent to establish by a preponderance of the evidence that he or she did not engage in research misconduct because of honest error or a difference of opinion;
- c. if applicable, identify the specific PHS support;
- d. identify whether any publications need correction or retraction;

- e. identify the person(s) responsible for the misconduct; and
- f. list any current support or known applications or proposals for support that the respondent has pending with non-PHS federal agencies.

The RIO must provide the respondent with a copy of the report for comment and rebuttal, and may provide the complainant with those portions of the report that address the complainant's role and opinions. The complainant and respondent shall provide their comments, if any, to the committee within thirty (30) days of receipt of the reports or portions of it. The RIO will inform the respondent and complainant, when providing them with the reports or portions of it, that the report is confidential, and may establish reasonable conditions to ensure that confidentiality. The respondent's comments must be attached to the final report and the findings of the final report should take into account the respondent's comments as well as all other evidence. The complainant's comments should be considered by the committee and the report modified as appropriate prior to its submission. The committee's report shall be submitted to the university General Counsel for a review of its legal sufficiency prior to its submission to the DO.

6. Investigation Decision and Notification(s)

The DO will make the final determination whether to accept the investigation report, its findings, and the recommended university actions. If this determination or recommendation varies from that of the investigation committee, the DO will explain, in writing, the basis for rendering a decision or recommendation different from that of the committee. The explanation of the DO should be consistent with the definition of scientific misconduct, the university's policies and procedures, and the evidence reviewed and analyzed by the investigation committee. The DO may also return the report to the investigation committee with a request for additional fact finding and analysis. The determination of the DO, together with the report of the investigation committee, constitutes the final report and decision.

The RIO will notify the respondent and the complainant in writing of the final decision of the case. The DO will determine whether law enforcement agencies, professional societies, professional licensing boards, editors of journals in which falsified reports may have been published, collaborators of the respondent in the work, or other relevant parties should be notified of the outcome of the case. The RIO is responsible for ensuring compliance with all notification requirements of funding or sponsoring agencies, including submissions of the final report to ORI or other appropriate agencies.

For PHS funded research, unless an extension has been granted, the RIO must, within the 120-day period for completing the investigation, submit the following to ORI:

- a. a copy of the final investigation report with all attachments;
- b. a statement of whether the institution accepts the findings of the investigation;

- c. a statement of whether the institution found misconduct and, if so, who committed the misconduct; and
- d. a description of any pending or completed administrative actions against the respondent.

The RIO must maintain and provide to ORI upon request “records of research misconduct proceedings” as that term is defined by 42 CFR § 93.317. Unless custody has been transferred to HHS or ORI has advised in writing that the records no longer need to be retained, records of research misconduct proceedings must be maintained in a secure manner for 7 years after completion of the proceeding or the completion of any PHS proceeding involving the research misconduct allegation. The RIO is also responsible for providing any information, documentation, research records, evidence or clarification requested by ORI to carry out its review of an allegation of research misconduct or of the institution’s handling of such an allegation.

7. Completion of Cases and Reporting Premature Closures

Generally, all inquiries and investigations will be carried through to completion and all significant issues will be pursued diligently. The RIO must notify ORI in advance if there are plans to close a case at the inquiry or investigation stage based on an admission of guilt by the respondent, or for any other reason, except:

- a. closing of a case at the inquiry stage on the basis that an investigation is not warranted; or
- b. a finding of no misconduct at the investigation stage, which must be reported to ORI.

E. Institutional Administrative Actions

If the DO determines that research misconduct is substantiated by the findings, he or she will decide on the appropriate actions to be taken, after consultation with the RIO. The administrative actions may include:

1. withdrawal or correction of all pending or published abstracts and papers emanating from the research where research misconduct was found;
2. removal of the responsible person from the particular project, letter of reprimand, special monitoring of future work, probation, suspension, salary reduction, or initiation of steps leading to possible rank reduction or termination of employment;
3. restitution of funds to the grantor agency as appropriate; and
4. other action appropriate to the research misconduct.

Any personnel action directed toward the responsible person including but not limited to those listed above would follow existing Faculty Manual and human resources policies and procedures.

F. Other Considerations

1. Termination or Resignation Prior to Completing Inquiry or Investigation

The termination of the respondent's institutional employment, by resignation or otherwise, before or after an allegation of possible research misconduct has been reported, will not preclude or terminate the research misconduct proceeding or otherwise limit any of the institution's responsibilities under this policy.

If the respondent, without admitting to the misconduct, elects to resign his or her position after the institution receives an allegation of research misconduct, the assessment of the allegation will proceed, as well as the inquiry and investigation, as appropriate based on the outcome of the preceding steps. If the respondent refuses to participate in the process after resignation, the RIO and any inquiry or investigation committee will use their best efforts to reach a conclusion concerning the allegations, noting in the report the respondent's failure to cooperate and its effect on the evidence.

2. Restoration of the Respondent's Reputation

Following a final finding of no research misconduct, including ORI concurrence where required by 42 CFR Part 93, the RIO must, at the request of the respondent, undertake all reasonable and practical efforts to restore the respondent's reputation. Depending on the particular circumstances and the views of the respondent, the RIO should consider notifying those individuals aware of or involved in the investigation of the final outcome, publicizing the final outcome in any forum in which the allegation of research misconduct was previously publicized, and expunging all reference to the research misconduct allegation from the respondent's personnel file. Any institutional actions to restore the respondent's reputation should first be approved by the DO.

3. Protection of the Complainant, Witnesses and Committee Members

During the research misconduct proceeding and upon its completion, regardless of whether the institution or ORI determines that research misconduct occurred, the RIO must undertake all reasonable and practical efforts to protect the position and reputation of, or to counter potential or actual retaliation against, any complainant who made allegations of research misconduct in good faith and of any witnesses and committee members who cooperate in good faith with the research misconduct proceeding. The DO will determine, after consulting with the RIO, and with the complainant, witnesses, or committee members, respectively, what steps, if any, are needed to restore their respective positions or reputations or to counter potential or actual retaliation against them. The RIO is responsible for implementing any steps the DO approves.

4. Allegations Not Made in Good Faith

If relevant, the DO will determine whether the complainant’s allegations of research misconduct were made in good faith, or whether a witness or committee member acted in good faith. If the DO determines that there was an absence of good faith he/she will determine whether any administrative action should be taken against the person who failed to act in good faith.

RELATED UNIVERSITY, STATE AND FEDERAL POLICIES

As applicable

HISTORY OF REVISIONS

DATE OF REVISION	REASON FOR REVISION
February 8, 1991	New policy approval
November 10, 2016	Revised based upon the recommendation of ORI to ensure compliance with federal regulation and policy.
August 18, 2022	Update format; change deciding officer to the provost