Responsible Executive: Vice President for Research

Responsible Office: Research Office

Effective: August 26, 2022

Last Revised: August 26, 2022

University Policy 06-100

Research Misconduct

1. Policy Statement

1.1. All employees, officers, students, and volunteers acting on behalf of Oregon State University ("university") have a responsibility to work towards the fulfillment of the university's mission and conduct themselves ethically, with the highest integrity, and in compliance with all applicable laws, regulations, and policies. As such, university research shall be conducted with integrity and in accordance with the values and professional norms of individual disciplines and those agreed upon by the research community.

1.2. Concerns about research practices that do not meet these expectations should be reported to the university's Research Integrity Officer (RIO). Allegations of research misconduct will be reviewed by the Research Office as described in this policy and in accordance with federal regulations. In instances where requirements from sponsoring or oversight agencies are more restrictive than the university policy, those requirements will govern.

1.3. Research misconduct is fabrication, falsification, or plagiarism in proposing, performing, or reviewing research, or in reporting research results. This policy describes the university's responsibilities under the regulations put forth by our federal partners and outlines a thorough and transparent approach that balances the interests of all parties, including those of the general scientific community.

1.4. This policy aims to ensure a consistent and effective approach to the three formal stages of the university's response to alleged or apparent misconduct involving university research: assessment, inquiry, and investigation. This policy is intended to uphold the integrity of the scientific record and is separate from personnel matters.

2. Reason for Policy

2.1. Research misconduct betrays the public's trust in scholarship and damages the reputation of the entire research community. The university is committed to fostering an environment that promotes integrity in all aspects of research. Further, as a research institution and recipient of federal funding, the university

is obligated to demonstrate that research integrity is central to the university's mission and to abide by the terms and conditions of awards, as well as federal regulations and guidelines.

2.2. This policy, and the related standard operating procedures, are consistent with the requirements set forth by the federal regulations.

3. Scope & Audience

3.1. This policy applies to all individuals involved in university research activities, including trainees, those with unpaid appointments, and those affiliated by contract or agreement with the university.

3.2. This policy applies whether or not the research activities are federally funded. However, the sections related to reporting to federal agencies will only apply when an allegation involves past, current, or pending federal support.

3.3. **Students**. Irrespective of employment status with the university, allegations of research misconduct committed by students are only covered by this policy in the context of federally funded research. All other such matters will be referred to the Office of Student Conduct and Community Standards and the Graduate School, as applicable.

3.4. **Not Covered**. This policy is limited to addressing misconduct related to the conduct and reporting of research, as distinct from misconduct that may occur in the research setting but that does not affect the integrity of the research record, such as misallocation of funds, sexual harassment, and discrimination.

3.5. **Authorship Disputes**. Authorship disputes and failure to acknowledge the contributions of another are not covered by this policy unless they involve research misconduct.

3.6. **Time Limitations and Subsequent Use**. The RIO may dismiss an allegation brought more than six years after the alleged research misconduct occurred, unless the respondent continues or renews any incident through citation, re-publication, or other use of the research recordthat is alleged to have been fabricated, falsified, or plagiarized; or the alleged misconduct, would possibly have an adverse effect on the health or safety of the public.

4. Definitions

4.1. **Adjudication**: Review of recommendations and determination of appropriate corrective actions.

4.2. **Allegation**: A written or verbal report of possible research misconduct.

4.3. **Assessment**: A preliminary evaluation of an allegation of research misconduct to determine whether it is within the definition of misconduct and if it is sufficiently credible and specific so that potential evidence of research misconduct may be identified.

4.4. **Fabrication**: Making up data or results and recording or reporting them.

4.5. **Falsification**: 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. While there are circumstances under which it may be appropriate to omit data in reporting research results, omission of data is considered falsification when it misleads the reader about the results of the research.

4.6. **Inquiry**: The assessment of whether the allegation has substance and if an investigation is warranted.

4.7. **Investigation**: The formal development of a factual record and the examination of that record leading to dismissal of the case or to a recommendation for a finding of research misconduct or other appropriate remedies.

4.8. **Plagiarism**: The appropriation of another person's ideas, processes, results, or words without giving appropriate credit.

4.9. **Preponderance of the Evidence:** Proof by information that, compared with that opposing it, leads to the conclusion that the fact at issue is more probably true than not.

4.10. **Research**: A systematic experiment, study, evaluation, demonstration or survey designed to develop or contribute to general knowledge (basic research) or specific knowledge (applied research) relating broadly to public health by establishing, discovering, developing, elucidating or confirming information about, or the underlying mechanism relating to, biological causes, functions or effects, diseases, treatments, or related matters to be studied. This includes all basic, applied, and demonstration research in all fields of science, engineering, and mathematics. This includes, but is not limited to, research in economics, education, linguistics, medicine, psychology, social sciences, statistics, and research involving human subjects or animals.

4.11. **Research Misconduct**: Fabrication, falsification, or plagiarism in proposing, performing, or reviewing research, or in reporting research results. Research misconduct does not include honest error or differences of opinion.

4.11.1. A finding of research misconduct requires that there be a significant departure from accepted practices of the relevant research community; the misconduct be committed intentionally, knowingly or recklessly; and the allegation be proven by a preponderance of evidence.

4.11.2. Misrepresentation of a researcher's qualifications or ability to perform the research in grant applications or similar submissions may constitute falsification or fabrication in proposing research (*see section on Related Information*).

4.12. **Research Record**: Research records and data are anything that may be necessary for the reconstruction and evaluation of research results and the events and processes leading to those results, regardless of the form of the media on which they are recorded. This includes all data or results that embody the facts resulting from scientific inquiry (*adapted from the Federal Research Misconduct Policy 65 Fed. Reg. 76,260 (2000) and Ohio State University's policy on research misconduct*). Examples include but are not limited to research proposals, primary or secondary data and related documentation (analyzed or not), images, slides, recordings, laboratory and field notebooks (physical and electronic), progress or internal reports, theses and dissertations, abstracts, journal articles, presentations of the data or results (including those given during lab meetings), and any information needed to interpret such data or presentation of that data.

4.13. **Retaliation**: An adverse action taken against a complainant, witness, or committee member by an institution or one of its members in response to a good faith allegation of research misconduct or good faith cooperation with a research misconduct proceeding. Retaliation is a serious violation that can subject the offender to disciplinary action.

4.14. **Sequestration**. Reasonable steps taken to obtain custody of the research records and evidence needed to conduct the research misconduct proceedings. This process is in the best interest of all parties, as it protects against claims that the research record was altered after the process was initiated. Research records and data are owned by the university, wherever it is located (e.g., personal computers, cloud storage, electronic notebooks, etc.). All records relevant to a research misconduct proceeding must be surrendered to the RIO upon request. The RIO may engage the services of University Information Technology or others to secure or take possession of potentially relevant records.

5. Responsibilities & Procedures

5.1. Roles and Responsibilities

5.1.1. Everyone affiliated with the university has an ethical responsibility to act when they suspect that research misconduct has occurred and to report their concerns either to the university's RIO or through the university's Accountability and Integrity Hotline: EthicsPoint. The individuals and administrative units listed below have additional roles and responsibilities.

a. **Chief Information Security Officer (CISO)** or designee assists in preservation and sequestration of evidence related to a research misconduct allegation and advises on maintaining the security and confidentiality of those records.

b. **Complainant** is the person who makes an allegation of research misconduct. There can be more than one complainant in a single case. The complainant is expected to maintain confidentiality and cooperate with the process until it is complete. After making an allegation, the complainant's role is to serve as a witness. Complainants may not receive updates or reports and have no legal standing in the process. When a complainant's identity is known, the RIO will typically notify them of the final outcome of the research misconduct proceedings as it pertains to their allegation(s).

c. Vice President for Research (VPR) will serve as the **Deciding Official** (DO) and make the determinations as to whether an inquiry and subsequent investigation is warranted. The DO appoints the panel members and makes the final determination as to whether to accept their final recommendations. The DO determines the appropriate administrative actions within their scope of authority and may make recommendations to the provost, the Dean of the Graduate School, or others for additional corrective actions. If the respondent is someone who reports directly to the VPR or another potential conflict of interest exists, the provost will assume the role and authority of the DO. The VPR cannot serve on the inquiry or investigation panel, whether or not they are serving as the DO.

d. **Office of General Counsel (OGC)** may provide advice throughout the process. Representatives from the OGC may be present to observe the proceedings of an inquiry or investigation panel but may not address the panel members, witnesses, outside counsel, or otherwise participate in the proceedings, except to answer procedural questions. When a legal matter, complaint, whistleblower claim, audit, or other similar process involves an allegation of research misconduct, OGC will refer that aspect of the matter to the RIO for assessment. Similarly, when the handling of an allegation of research misconduct involves a legal matter, the RIO will refer that aspect of the case to OGC. All aspects of the case may be handled in parallel.

e. **Provost** shall serve as the DO when the VPR is unable to do so.

f. **Research Integrity Officer (RIO)** is designated by the VPR to oversee the university's research misconduct process. The RIO serves as the intake point for allegations of research misconduct and is responsible for making a recommendation to the DO about whether an allegation warrants an inquiry.

i. The RIO assists panels in complying with this policy and provides reports to applicable funding and oversight agencies when required by regulation. The RIO may provide training, coordination, and advice to panel members throughout the process.

ii. The RIO, in collaboration with the Office of Information Security, is responsible for securing and maintaining documents and evidence related to the proceedings.

iii. The RIO also has the authority and responsibility to investigate instances of possible bad faith on the part of a complainant, witness, or committee member and to provide evidence of bad faith acts to the adjudicating authority.

g. **Respondent** is the person against whom an allegation of research misconduct is directed or the person who is the subject of the inquiry or investigation. There can be more than one respondent in a single case. The respondent is responsible for maintaining confidentiality and cooperating with the process until it is complete.

5.2. **Fair and Timely Process**

5.2.1. **Safeguards for Complainants and Witnesses.** Every reasonable and practical effort will be made to protect the positions and reputations of those persons who, in good faith, make allegations of research misconduct. The university maintains a policy of non-retaliation that aims to protect individuals from retaliation for a variety of activities undertaken in good faith such as filing complaints, cooperating with investigations, or engaging in a wide range of speech or whistle-blowing activities.

5.2.2. **Safeguards for Respondents.** Every reasonable and practical effort will be made to protect or restore the positions and reputations of those persons alleged to have engaged in misconduct but against whom no finding of research misconduct is made. Respondents will receive timely written notification of substantive allegations made against them; a description of all such allegations; reasonable access to the data and other evidence supporting the allegations; and the opportunity to respond to allegations, the supporting evidence, and the proposed findings of research misconduct, if any.

5.2.3. **Safeguards for Panel Members.** All reasonable and practical efforts will be taken to protect or restore the position and reputation of any panel member and to counter potential or actual retaliation against these members.

5.2.4. **Representation for Respondent(s) and Complainant(s):** The RIO will alert Employee Labor Relations (ELR) when a represented employee is to be given a Notice of Inquiry. A representative from ELR may be present when the Notice

is provided to the employee but in order to protect the integrity of the investigation, ELR must not alert the respondent prior to the Notification.

a. In addition to any rights which may be due under a collective bargaining agreement, respondents and complainants may elect to be represented by legal counsel or accompanied by an advisor of their choosing. When respondent and complainant meetings or interviews are scheduled, they may request that their representative be present to observe the proceedings. Representatives, advisors, and outside counsel may not address the panel members or otherwise participate in the proceedings.

b. If a party is represented by counsel, the university will also have counsel present.

5.2.5. **Fair Investigation**. Reasonable steps will be taken to ensure that individuals responsible for carrying out any part of a research misconduct proceeding have the appropriate expertise for their role in the process and do not have unresolved personal, professional, or financial conflicts of interest with the complainant, respondent, or witnesses.

5.2.6. **Time Limits.** Reasonable time limits will be placed on each phase of the proceeding, with allowances for extensions where appropriate. The term "day" as used in this policy refers to a "calendar day." If the last day of a time period falls on a weekend or a day on which the university is closed, the time period will expire at the close of business on the next succeeding business day.

5.3. **Reporting Procedures**

5.3.1. **Reporting Allegations of Research Misconduct**

a. Allegations of research misconduct can be reported to anyone at the university but should be promptly relayed to the RIO or to a U.S. Department of Health and Human Services official. Under no circumstances should a department or complainant pursue an investigation on their own.

b. Informal requests for information or consultation with the RIO concerning detrimental research practices or potential research misconduct will not, in and of themselves, be construed as a formal allegation research misconduct.

5.3.2. **Preliminary Assessment**

a. The preliminary assessment begins when an allegation is received by the RIO. The purpose of the assessment is to determine whether the allegation

warrants an inquiry. Notifications, interviews, and sequestration are not expected to occur during the assessment.

b. Criteria warranting an inquiry. An inquiry is warranted if the DO determines that:

   i. The allegation involves research misconduct within the purview of this policy, and

   ii. Is sufficiently credible and specific that evidence of research misconduct may be identified.

c. Categories of allegations. Allegations typically fall within one of the categories below:

   i. *Allegations of Research Misconduct*. If an allegation meets the above criteria, the RIO will recommend to the DO that an inquiry be initiated.

   ii. *Groundless Allegations*. If the RIO finds that the allegation provides insufficient information or evidence to merit further review, the RIO shall discuss this with the complainant, inform them of the decision not to proceed, and reflect this outcome in an assessment report. The RIO will not inform the respondent of the allegation.

   iii. *Dispute about Research or non-Research Practices*. If the allegation is about a practice that does not fall within the definition of research misconduct, the RIO may provide resources or refer the complainant to another resource for resolution. The RIO will not inform the respondent of the allegation.

   iv. *Multiple Policies Involved*. During this preliminary assessment, the RIO will determine which federal regulations and university policies may apply to the allegation to ensure compliance and appropriate referrals. If an allegation gives rise to matters that are outside of the RIO's purview, the RIO shall consult with other appropriate administrative offices as necessary and may connect the complainant to other administrative or academic resources, as appropriate.

   v. The complainant will be notified if the totality of the complaint is dismissed at this stage and reason for the dismissal will be provided.

d. **Timeline**. Every reasonable effort will be made to complete the assessment within 15 days of initiating this phase of the proceedings, or as soon as practicable, depending on the complexity of the complaint.

e. **Review with DO or Designee**. Allegations that do not progress beyond the assessment stage will be reviewed with the DO or designee periodically, as determined by the RIO.

5.3.3. **Inquiry**

a. **Inquiry Initiation**. The DO shall determine, based on the assessment report, whether to initiate an inquiry. The inquiry will begin within 30 days of a determination that this next phase is warranted.

   i. The DO will direct the RIO to initiate the inquiry process if the criteria warranting an inquiry are met. The purpose of the inquiry is to evaluate whether there is sufficient evidence to initiate an investigation. Therefore, an inquiry does not require a full review of all the evidence related to the allegation, as it will not result in a final conclusion about whether misconduct occurred (exceptions noted elsewhere in this policy).

   ii. Preservation orders, sequestration, and notification to the respondent will occur in the order deemed most appropriate for each circumstance.

b. **Sequestration and Preservation Orders**. On or before the date on which the respondent is notified or the inquiry begins (whichever is earlier), the RIO will 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. When any doubt exists about the relevance of an item to the allegation, the practice will be to sequester broadly and return to the respondent any items subsequently deemed to be unrelated.

   i. Custody may be limited to copies of the data or evidence on instruments, so long as those copies are substantially equivalent to the evidentiary value of the original. Where appropriate, respondents will be given copies of, or reasonable, supervised access to the research records.

   ii. This step may require the involvement of one or more administrative units within the university, including UIT and the respondent's supervisor or dean.

c. **Notification to the Respondent**. The RIO shall provide the respondent with a copy of this policy and written notification describing the allegation. Notification to the respondent starts the inquiry timeline. If the inquiry subsequently identifies additional respondents, the RIO must notify them.

d. **Notification to Other Parties**. The RIO will notify the RIO(s) or their equivalent at other institutions if the alleged misconduct involved multiple institutions or when the respondent has a joint appointment at another institution. The RIO shall inform the relevant funding agencies, when consistent with agency requirements or contractual agreements, that an inquiry has been initiated. The RIO may notify affected units within the Research Office and others with a need to know. The RIO will notify at least one individual in a position of administrative leadership within the respondent's college at each step after assessment.

e. **Inquiry Panel**. Panel members are appointed by the DO, in consultation with the RIO. The panel shall consist of three individuals, who do not have real or apparent personal, professional or financial conflicts of interest with the complainant or respondent. At least two of the members must have the appropriate scientific expertise to evaluate the evidence and issues related to the allegation. Whenever possible, panel members will not have appointments in the same department as the respondent. The majority of members must be tenured academic faculty. The chair of the inquiry panel will be selected from the college leadership.

    i. The RIO will notify the respondent of the proposed panel membership. Within five days of notification, the respondent may submit any written objections to a proposed member based on lack of requisite expertise or on conflict of interest, as described above. If determined by the RIO to have merit, a new member will be identified to replace the challenged member.

    ii. The RIO and panel members will determine whether additional expertise regarding the analysis of specific evidence is needed. Consultants may be included in the process when the needed expertise is not available and without conflicts of interest at the university. Such experts shall serve in an advisory capacity; they do not vote and generally do not interview witnesses. Consultants need not be affiliated with the university.

f. **Inquiry Process**. The panel shall take the following actions as needed to make a recommendation to the DO regarding whether the criteria warranting an investigation are met:

    i. Examine relevant information and records.

    ii. Interview the respondent and, if necessary, the complainant and other witnesses.

    iii. Record, transcribe, and prepare summaries of each interview.

iv. Provide the respondent with an opportunity to comment on the draft report.

g. **Criteria warranting an investigation**. An investigation is warranted if the panel determines that:

i. A reasonable basis for concluding that the allegation falls within the definition of research misconduct (involving research, research training or activities related to that research or research training); and

ii. Preliminary information-gathering and preliminary fact-finding from the inquiry indicates that the allegation may have substance.

h. **Inquiry Report**. The panel will provide a report and recommendation for review by the DO. At a minimum, the report shall include:

i. The name, position, and contact information for the respondent and their attorney, if represented.

ii. A description of the allegations of research misconduct.

iii. Information about any relevant funding, including grant, grant number, lead PI, date of application.

iv. List of publications citing funding.

v. The basis for recommending whether the alleged actions warrant an investigation.

vi. Any comments on the report by the complainant or respondent.

i. **Comments.** The respondent will be provided with the draft report and with all documentary evidence for comment.

i. The complainant may be provided with the sections of the draft report that are specific to their allegation(s), or with written notice of the inquiry outcome.

ii. Other witnesses may be provided with summaries of their interviews for comment or correction.

iii. Within seven days of receiving the draft report, interviewees may submit any comments for consideration by the panel. The panel may make revisions to the report based on those comments. Comments will be appended to the final report.

j. **Recommendations to the DO.** The panel shall submit its report to the DO. In the event that the DO returns the report to the panel for additional

work, and that work results in substantive changes to the report or additional documentary evidence, the revised report will be provided to the respondent for another seven-day comment period.

k. **Timeline**. Every reasonable effort will be made to complete the inquiry within 60 days of initiating this phase of the proceedings. Extensions, which are common, require a written request, including an explanation for the delay, to be submitted by the RIO to and approved by the DO.

l. **Inquiry in Lieu of Investigation**. The DO may determine that an inquiry may serve in place of an investigation if all of the following conditions are met:

   i. The inquiry has resulted in a finding, by a preponderance of the evidence, that research misconduct occurred (all criteria met for one or more allegations), and

   ii. The inquiry has been sufficiently broad and thorough that it is unlikely that an investigation would uncover significant new information.

   iii. If the DO determines that the inquiry may serve in place of an investigation, the RIO will comply with any agency requirements for notification and proceed with any other elements of this policy, as if an investigation had been conducted.

m. **Institutional Findings**. Within 30 days of receiving the inquiry report, the DO shall either return the report to the panel or provide the RIO with documentation of acceptance or rejection of the panel's recommendation.

5.3.4. Investigation

a. **Investigation Initiation**. The DO shall determine, based on the inquiry report and the respondent's comments, whether to initiate an investigation. The investigation will begin within 30 days of a determination that this next phase is warranted.

b. **Sequestration and Preservation Orders**. Any additional pertinent records that were not previously sequestered will be secured when the investigation is initiated. When possible, sequestration will occur prior to or at the time the respondent is notified that an investigation will be conducted.

c. **Notification to the Respondent**. The RIO must provide the respondent with written notification indicating whether the inquiry found that an investigation is warranted. The notice must include a copy of the inquiry report and include a copy of this policy. Notification to the respondent starts the investigation timeline.

i. The RIO will 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 investigation.

d. **Notification to Other Parties**. The RIO may notify one or more individuals in a position of leadership within the respondent's college, including the respondent's immediate supervisor, unit or school head, associate dean for research, or academic dean. The RIO will notify the RIO(s) or their equivalent at other institutions if the alleged misconduct involved multiple institutions or when the respondent has a joint appointment at another institution. The RIO may notify others with a need to know.

e. **Notification and Reporting to Federal Agencies**. This section applies when an allegation involves federally funded research (or an application for federal funding) and meets the federal definition of research misconduct.

i. Within 30 days of finding that an investigation is warranted, the RIO must provide the relevant federal agencies with the written finding by the DO and a copy of the inquiry report.

ii. The RIO will inform the relevant federal agency when to do so is consistent with agency requirements or contractual agreements.

iii. In consultation with the DO, the RIO may inform federal partners as a courtesy at any point in the process.

iv. The RIO will keep sufficiently detailed documentation of inquiries to permit a later assessment by federal agencies of the reasons why the institution decided not to conduct an investigation.

v. At any point during the misconduct proceedings, the university will notify the relevant federal agencies of any special circumstances that may exist. *See section on Administrative Actions*.

f. **Investigation Panel**. Panel members are appointed by the DO, in consultation with the RIO. The panel shall consist of three to five individuals, who do not have real or apparent personal, professional or financial conflicts of interest with the complainant or respondent. At least two of those members must have appropriate scholarly expertise to evaluate the evidence and issues related to the allegation. Whenever possible, panel members will not have appointments in the same department as the respondent. The majority of members must be tenured academic faculty. The chair of the investigation panel will be selected from the college leadership.

i. The RIO will notify the respondent of the proposed panel membership. Within five days of notification, the respondent may submit any written objections to a proposed member based on lack of requisite expertise or on conflict of interest, as described above. If determined by the RIO to have merit, a new member will be identified to replace the challenged member.

ii. The RIO and panel members will determine whether additional expertise regarding the analysis of specific evidence is needed. Consultants may be included in the process when the needed expertise is not available and without conflicts of interest at the university. Such experts shall serve in an advisory capacity; they do not vote and generally do not interview witnesses. The consultants need not be affiliated with the university.

g. **The Investigative Process**. The panel is responsible for conducting interviews and evaluating evidence to determine whether, based on a preponderance of the evidence, research misconduct occurred. The panel will provide a report and recommendation for review by the DO. The investigation panel shall take the following actions, as appropriate:

i. Pursue diligently all significant issues and leads discovered that are determined relevant to the investigation.

ii. Examine relevant information and records as needed to determine if research misconduct has occurred.

iii. Interview each respondent, complainant, and any other available person who has been reasonably identified as having information regarding any relevant aspects of the investigation, including witnesses identified by the respondent, and record or transcribe each interview, provide the recording or transcript to the interviewee for correction, and include the recording or transcript in the record of the investigation.

iv. Provide an opportunity for the respondent to present additional information about the allegation and the evidence developed by the committee.

v. Secure any necessary and appropriate expertise in consultation with the RIO.

vi. Ensure that the investigation is thorough and sufficiently documented and includes examination of all research records and evidence relevant to reaching a decision on the merits of the allegations.

h. **Investigation Report**. The panel will provide a report for review by the DO. At a minimum, the report shall include:

i. The name, position, and contact information for the respondent and their attorney, if represented.

ii. A description of the allegations of research misconduct.

iii. Information about any relevant funding, including grant, grant number, lead PI, date of application.

iv. List of publications citing funding.

v. Institutional charge (*e.g.*, description of the specific allegations of research misconduct for consideration in the investigation).

vi. Institutional policies and procedures under which the investigation was conducted.

vii. Summary of the research records and evidence reviewed.

viii. List of any evidence taken into custody but not reviewed.

ix. Findings and the basis for each finding related to each separate allegation of research misconduct identified during the investigation. Findings may include: (1) allegation is not supported, (2) violations or detrimental practices other than research misconduct occurred, or (3) research misconduct occurred. For each finding of research misconduct, the following elements must be present:

(a) Identify whether the research misconduct was falsification, fabrication, or plagiarism, and if it was intentional, knowing, or in reckless disregard.

(b) Summarize the facts and the analysis which support the conclusion and consider the merits of any reasonable explanation by the respondent.

(c) Identify the specific PHS, NSF, or other federal support.

(d) Identify whether any publications need correction or retraction.

(e) Identify the person(s) responsible for the misconduct.

(f) List any current support or known applications or proposals for support that the respondent has pending with non-PHS Federal agencies.

x. Comments made by the respondent and complainant on the draft investigation report.

xi. Overall conclusion as to whether research misconduct occurred.

xii. Recommendations for institutional action.

xiii. Appendices that include all significant documentary evidence referenced in the report.

i. **Comments.** The respondent(s) will be provided with the draft report with all documentary evidence for comment.

i. The complainant(s) may be provided with the relevant sections of the draft report specific to their allegation(s), or written notice of the outcome.

ii. Within 30 days of receiving the draft report, the respondent and complainant may submit any comments for consideration by the panel. The panel may make revisions to the report based on those comments. Those comments will be appended to the final report. The inquiry panel may make revisions after review of the respondent's comments.

j. **Recommendations to the DO.** The panel shall submit its report to the DO. In the event that the DO returns the report to the panel for additional work, the revised report will be provided to the respondent for a seven-day comment period. The investigation panel may again make revisions after review of the respondent's comments. Comments will be appended to the final report.

k. **Institutional Findings**. Within 30 days of receiving the investigation report, the DO shall either return the report to the panel or provide the RIO with documentation of acceptance or rejection of the panel's recommendation.

l. **Final Report**. Whether or not there are findings of research misconduct, the RIO shall provide a final report to the applicable oversight agencies (as required), the respondent's supervisor, the vice provost and dean of the Graduate School or the director of student conduct and community standards (when either the respondent or the complainant is a student). The final report shall include the following:

i. The report from the investigation panel, all attachments, and any appeals.

ii. A statement indicating whether the panel found research misconduct, and if so, who committed the misconduct.

iii. A statement of whether the DO accepts the findings of the investigation panel.

iv. A description of any pending or completed administrative actions against the respondent.

v. Identification of any detrimental research practices identified during the investigation that do not constitute misconduct.

vi. Recommendations for additional administrative actions or sanctions, if any.

m. **Notification of Case Closure**. The RIO must notify the relevant federal agencies in advance if the institution plans to close a case at the inquiry, investigation, or appeal stage on the basis that the respondent has admitted guilt, or a settlement with the respondent has been reached.

n. **Timeline**. Every reasonable effort will be made to complete all aspects of the investigation within 120 days of initiating this phase of the proceedings, including conducting the investigation, preparing the report of findings, providing the draft report for the respondent's comment, and sending the final report to ORI or the applicable oversight agency.

o. **Extensions**. Extensions are common and require a written request to be submitted to and approved by the DO and, when funded, the applicable oversight agency. Request for extensions will include an explanation for the delay, an interim report on the progress to-date, and an estimated date of completion for the final investigation report and issuance of a determination regarding institutional findings from the DO.

p. **Ongoing Cooperation with Federal Agencies**. The university will cooperate with the applicable oversight agency during their review and any subsequent administrative hearings or appeals. This includes providing all research records and evidence under the university's control, custody, or possession and access to all persons within its authority necessary to develop a complete record of relevant evidence.

5.3.5. **Admission**

a. Except in rare and specific circumstances, all inquiries and investigations will be carried through to completion, and all plausible and significant concerns of possible research misconduct will be reviewed. Qualifying admissions of research misconduct made by a respondent may result in the process proceeding directly to an investigation or to a case closure.

b. **Criteria for Admission**. An acceptable admission of research misconduct requires specific admission of all elements of the evidentiary standard and must:

   i. Be made in writing, signed, and dated,

   ii. Identify the specific instances of fabrication, falsification, or plagiarism,

   iii. Explicitly acknowledge that the conduct admitted constitutes research misconduct, and

   iv. Explain the manner in which the fabrication, falsification, or plagiarism was conducted or included in the research record.

c. **Proceeding to Investigation**. An admission of research misconduct may be a sufficient basis for proceeding directly to the investigation stage. An investigation is typically still required when there is an admission because the investigation is used to determine (or confirm) the extent of the research misconduct or to explore other possible instances of fabrication, falsification, or plagiarism or other possible respondents who may share in the responsibility for research misconduct. An admission of research misconduct during the early stages of a research misconduct proceeding does not eliminate the need for the RIO to gather information or sequester evidence confirming the extent of the research misconduct.

d. **Case Closure**. An admission may be used as a basis for recommending that a case be closed if it is unlikely that further investigation would uncover new information. In proceedings where federal oversight officials (particularly PHS-ORI and NSF-OIG) have jurisdiction, the university is not permitted to close a case as a result of an admission of guilt or other settlement arrangement without advance approval from oversight officials. If the RIO finds that it may be appropriate to negotiate a resolution or close a case prior to completion of the investigation, the case will first be reviewed with the OGC and the relevant federal oversight officials.

i. If the research misconduct proceeding is closed based on a qualifying admission, the panel will provide the DO with a summary of the steps taken in accepting the admission, including documentation of approval of the admission by federal oversight officials, when applicable. The summary will include any recommendations for administrative action or sanctions.

5.3.6. **Appeals**

a. A respondent may appeal to the provost for reconsideration of the DO's final determination. The request for an appeal must include specific justification on at least one of the following grounds:

i. Procedural irregularity that affected the outcome of the matter;

ii. New evidence that was not reasonably available to the panel prior to the determination, and that could affect the outcome of the matter;

iii. The determination was arbitrary, capricious, or an abuse of discretion. The process for appealing personnel actions is not covered by this policy.

b. **Timeline**. Every reasonable effort will be made to complete all aspects of the appeals process within 60 days of its filing. Appeals from personnel or similar actions that would not result in a reversal or modification of the findings of research misconduct are excluded from the 120-day limit. When federally funded, extensions require a written request to be submitted by the RIO to the applicable oversight agency.

5.3.7. **Administrative Actions**

a. At any stage in the proceedings, the university may take administrative actions to protect the welfare of human or animal research subjects or to prevent misuse of funds.

b. The university will immediately notify the relevant federal agencies if:

i. Public health or safety is at risk.

ii. Federal agency resources or interests are threatened.

iii. Research activities should be suspended.

iv. There is reasonable indication of possible violations of civil or criminal law.

v. Federal action is required to protect the interests of those involved in the investigation.

vi. The university believes the inquiry or investigation may be made public prematurely so that appropriate steps can be taken to safeguard evidence and protect the rights of those involved.

vii. The research community or public should be informed.

c. The DO will decide what administrative actions are appropriate if a finding of research misconduct is made. Examples of administrative actions include:

i. Monitoring of future research activities.

ii. Participation in training programs.

iii. Adjustment of authorship.

iv. Corrections or retractions to manuscripts or grant applications requiring changes to funded awards.

v. Imposing oversight or limitations to pending or future applications for funding.

d. The DO is responsible for ensuring that the appropriate administrative actions are enforced.

5.3.8. **Recommendations for Disciplinary Actions or Sanctions**

a. The DO will make recommendations to the respondent's supervisor and may make recommendations to the provost, the vice provost for faculty affairs, or the vice provost and dean of the Graduate School, or the director of student conduct and community standards, as appropriate. Examples of such recommendations include:

i. Pre-review of proposals or publications for specified duration before submission to agencies or journals.

ii. Verification of corrections and retractions.

iii. Modification to lab structures and record keeping for quality control of manuscript and image preparation.

iv. Random sampling of publications.

v. Required downsizing of lab or responsibilities for improved oversight and mentoring.

vi. Dismissal.

5.3.9. **General Provisions and Considerations**

a. **Confidentiality**. The RIO, in consultation with the DO and the OGC, is responsible for determining when a release of information is necessary or appropriate. Disclosures are made in the course of gathering information essential to a determination, to obtain necessary guidance, or to enable others to take appropriate action. Such disclosures are critical to ensuring that science does not rely on incorrect, false, or plagiarized records.

i. The goal of maintaining confidentiality does not prohibit university officials from consulting, on a confidential basis and to the extent necessary, with persons within or outside the university community with relevant experience or expertise to thoroughly investigate the allegations. The RIO may communicate any aspect of the matters covered by this policy with other agencies, institutions, departments, and offices whose jurisdiction or interests are impacted by the alleged misconduct.

ii. To the extent possible and consistent with a fair and thorough investigation, knowledge about substance of the allegations and the identity of the parties involved in the proceedings will be limited to those who need to know. Examples of those with a potential need to know include (not an exhaustive list):

(1) Affected units within the Research Office and in Environmental Health and Safety.

(2) Panel members convened to conduct inquiries and investigations.

(3) Individuals responsible for oversight of the respondent's research activities, such as deans or others in positions of administrative leadership within the respondent's college.

(4) Other units within the university that may play a role in one or more aspects of the investigation or resolution of the allegations.

(5) Relevant funding sources and oversight agencies.

(6) Agencies, organizations, or journals for which the respondent is a reviewer.

(7) The respondent's former or current employer(s), if not the university; whenever possible this will be the RIO, Vice President for Research, provost, or equivalents at the external institution or organization.

(8) Editors of journals that have received and/or published relevant manuscripts.

(9) Collaborating institutions employing affected or implicated co-authors or study team members.

(10) Law enforcement agencies.

(11) Any other individual deemed necessary by the Deciding Official or provost.

b. Additional considerations apply to the following:

i. *Complainants and other witnesses*. Efforts shall be made to protect the identity of the complainant, but confidentiality cannot be guaranteed. It may become necessary for the complainant to testify before an inquiry or investigation panel or, depending on the nature and specificity of the information provided by the complainant, their identity may be readily ascertainable by others. Unless the complainant requests anonymity, their identity will typically become known to the respondent when the documentary evidence is made available as part of the review of the draft inquiry and/or investigation report.

ii. *External Collaborators*. In the case of an external collaborator accused of research misconduct who is neither a university employee nor student, the RIO may refer the allegation to the collaborator's employer, affiliated institution, or to oversight officials, in lieu of conducting research misconduct proceedings at the university. The university will cooperate with any such proceeding at another institution unless doing so is prohibited by the funding agreement or applicable law.

iii. *Human Subjects*. Except as may otherwise be prescribed by applicable law, confidentiality must be maintained for any records or evidence from which human subjects participating in research might be identified. Disclosure is limited to those who have a need to know to carry out a research misconduct proceeding.

c. **Cooperation**. Individuals involved in a research misconduct proceeding are expected to participate and cooperate in good faith. Obstruction of any aspect of the proceeding may itself constitute evidence of research misconduct. Obstruction includes intentionally withholding or destroying evidence in violation of a duty to disclose or preserve; falsifying evidence; encouraging, soliciting, or giving false testimony; and attempting to intimidate witnesses, or potential witnesses. The RIO will take all reasonable and practical steps to ensure the cooperation of respondents and other institutional members with research misconduct proceedings, including, but not limited to, their providing information, research records, and evidence. The destruction, absence of, or respondent's failure to provide research records adequately documenting the questioned research is evidence of research misconduct where the university establishes by a preponderance of the evidence that the respondent:

i. Intentionally, knowingly, or recklessly had research records and destroyed them;

ii. Had the opportunity to maintain the records but did not do so; or

iii. Maintained the records and failed to produce them in a timely manner and that the respondent's conduct constitutes a significant departure from accepted practices of the relevant research community.

d. **Emergency Situations:** In the event of an emergency (e.g., public health crisis, natural disaster), the procedures referred to in this policy may be modified as appropriate for the situation. Such modifications may include alternative procedures for meetings, interviews, sequestration, and other proceedings when necessary to ensure appropriate operations. Documentation of any procedural modifications will be maintained in accordance with applicable record retention requirements.

e. **Multiple Institutions.** When multiple institutions are involved, the RIO will work with all impacted institutions to determine which will take the lead. The university will share information with impacted institutions in service to a fair and effective investigation, irrespective

of which institution is identified as having the primary responsibility.

f. **Record Retention**. All records of the research misconduct proceedings shall be retained by the Research Office for seven years after completion of the institutional or federal proceeding, whichever is later.

g. **Representation**. In any part of this process, the witnesses and respondents may be represented by an attorney or may be accompanied by another person of their choice at their expense. Counsel or other representatives for a witness or respondent may only be present to observe. Such counsel or other representatives may not address the panel or otherwise participate in the proceedings.

h. **Unavailable Respondent:** Initiation or continuation of a research misconduct proceeding will not be delayed by an unavailable respondent. The resignation or termination of employment, enrollment, or appointment of the respondent will not result in the dismissal of a proceeding. However, it will affect the imposition of actions, sanctions, and monitoring.

6. Forms & Tools

6.1. None.

7. Frequently Asked Questions

7.1. None.

8. Related Information

8.1. Regulations and Guidance

8.1.1. Health and Human Services Policy, 42 CFR 93. URL: https://ori.hhs.gov/sites/default/files/42_cfr_parts_50_and_93_2005.pdf

8.1.2. Federal Research Misconduct Policy, 65 Fed. Reg. 76, 260 (2000). URL: https://www.federalregister.gov/documents/2000/12/06/00-30852/executive-office-of- the-president-federal-policy-on-research-misconduct-preamble-for-research

8.1.3. National Science Foundation Policy, 45 CFR 689. URL: https://www.nsf.gov/oig/_pdf/cfr/45-CFR-689.pdf

8.1.4. The regulatory response to the misrepresentation of researcher qualifications varies. See the following for discussion: Open Mike from Michael Lauer, NIH's Deputy Directory for Extramural Research, May 21, 2020: https://nexus.od.nih.gov/all/2020/05/21/case- study-in-review-integrity-embellished-credentials-in-a-grant-application/

8.2. Policies and processes

8.2.1. University Code of Ethics

8.2.2. Student Code of Conduct

8.2.3. Human Research Protection Program (HRPP) and Institutional Review Board (IRB)

8.2.4. Animal Care and Use, and Institutional Animal Care and Use Committee (IACUC)

8.2.5. Acknowledgements. This policy reflects guidance provided by the U.S. Department of Health and Human Services and borrows extensively from policies and ideas freely shared between universities. This policy was made possible, in large part, by the generosity and collegiality demonstrated by the community of professionals who endeavor to enhance integrity in research.

9. History

9.1. Adopted as unit rule: The Oregon State University Research Office adopted unit rule *Research Misconduct* on November 3, 1989. This unit rule was reviewed August 1995, December 2001, and March 2006.

9.2. Revised and adopted as university policy: Research Office unit rule *Research Misconduct* was revised, renumbered, and adopted as University Policy 06-100 *Research Misconduct* on August 26, 2022.

9.3. Next scheduled review date: August 2027.

10. Website

10.1. https://policy.oregonstate.edu/policy/research-misconduct.

11. Contacts

Department	Phone Number	Website
Research Office	541-737-3467	https://research.oregonstate.edu/contacts

Research Integrity Officer	(541) 737-9502	https://research.oregonstate.edu/prrp/research-misconduct
EthicsPoint	(855) 388-4971	https://secure.ethicspoint.com/domain/media/en/gui/41096/index.html