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5.1.1 RESPONSIBLE CONDUCT OF RESEARCH (RCR) PROCEDURES

ENABLING LEGISLATION + LINKED POLICIES

5.1 Research Administration, Ethics, and Conduct

INTENT OF PROCEDURES

The RCR procedures are intended to promote and advance the highest standard of ethics and conduct in any research affiliated with the University. These procedures identify responsibilities and processes for maintaining these standards through promotion of RCR and by responding to allegations of misconduct in Research at the University.

These procedures are expected to be followed by all University researchers engaged in any research activities (funded or not funded) that are supported through university equipment, staff, or students. All members of the University involved in research are expected to adhere to the highest standards of ethical conduct and in a manner consistent with their research disciplines.

A. RCR PRINCIPLES

These procedures are in place to align University researchers' activities with the *Tri-Agencies' Responsible Conduct in Research Framework* (The RCR Framework), which works to:

- "a. ensure that the funding decisions made by the Agencies are based on accurate and reliable information;*
- b. ensure public funds for research are used responsibly and in accordance with funding agreements;*
- c. promote and protect the quality, accuracy, and reliability of research funded by the Agencies; and*
- d. promote fairness in the conduct of research and in the process for addressing allegations of policy breaches."*

RCR Principles include, but are not limited to:

1. Authorship - Responsible authorship practices mean ensuring that authorship of published or exhibited work includes all those and only those, who have substantially contributed to it in conceptual or material ways, and who share responsibility for the contents of the publication. This includes students and research assistant contributors. Responsible authorship also ensures that unpublished work is used only with permission and with due acknowledgement. When using generative AI to assist with creating, summarizing, or editing, responsible authorship acknowledges the use of technology-assisted creation or writing in accordance with University guidelines and policies. For archival materials, responsible authorship includes citation in accordance with the rules or protocols required by the archival source or those involved.

2. **Accurate Referencing** – Responsible reference practices include following best citation practices, as outlined in the ECU Library Research Guide “Citation Guide” and elsewhere. Accurate referencing also means ethically obtaining the permission of others before using information, concepts, or data that are not yet published or released.
3. **Scholarly Rigour** – Responsible scholarship includes obtaining, recording, analyzing, storing, reporting, and publishing data or results with integrity and without fabrication or falsification.
4. **Conflict of Interest (Col) Management** – Responsible conflict management means acknowledging and mitigating Cols, as early as possible and in writing, to sponsors, institutions, journals, ethics boards, funding agencies, or any others who might be impacted. Responsible Col management aims to reduce bias in research activities such as writing and reviewing manuscripts or funding applications, testing products, developing research partnerships, and the like.
5. **Research Ethics** – RCR includes seeking and obtaining approval of the Emily Carr University Research Ethics Board (ECU-REB) and any other research ethics board or approval body *before* engaging in any research involving human participants, and then complying fully with the approved research protocols.
6. **Compliance with other policies and regulations** – RCR includes obtaining approval and complying with other authorizing groups or committees. This might include research licensing or approval committees in First Nations or Territories. It also might include reviews from committees charged with regulated safety testing, or with approving research involving biohazards or animals.
7. **Management of Funds and Awards** – RCR includes seeking and obtaining approval by the University before applying for any research funding. After receiving funding, RCR means complying with the financial management standards of the funding agencies (as outlined in the *Tr-Agency Guide on Financial Administration*) and the University.
8. **Data Management** – Responsible management of research data includes securely retaining original research data for a period of five (5) years from the date of publication and ensuring that access to data complies with the project’s data management plan (DMP) where applicable. DMP templates and guidance are outlined in the ECU Library Research Guide “Data Management”.
9. **Confidentiality** - RCR recognizes that issues of confidentiality may arise in some areas of research. In some instances, a non-disclosure agreement will be required to keep information confidential. The University Intellectual Property policy governs these issues.
10. **Proactively Rectifying Harm** – Besides following policies, guidelines, and terms and conditions associated with grants and awards, RCR also means working proactively to rectify a RCR breach by, for example, correcting a record, repaying funds, or providing a letter of apology to those impacted by the breach.

B. PROMOTING RESPONSIBLE CONDUCT OF RESEARCH (RCR)

Researchers are expected to strive for honesty, accountability, transparency, and fairness in conducting and sharing their research. The University promotes the principles of RCR through education as well as institutional policies and procedures. RCR principles and practices are also promoted through professional norms, standards, and legal regulations, all of which are expected to be followed by those involved in research at the University.

The University will support RCR through the following activities:

1. The University will promote awareness and education within the University community about RCR including principles, funding requirements, the investigation processes, and the consequences for misconduct.

2. The University will post its RCR procedures on the University website. Annually, the University will post information on confirmed breaches of its policy (number and general nature of the breaches), subject to applicable laws, including privacy laws.
3. The University will report annually to the Secretariat for the Responsible Conduct of Research (SRCR) on the total number of Allegations received involving Agency funds, the number of confirmed breaches and the nature of those breaches, subject to applicable laws, including privacy laws.

University researchers are expected to promote RCR through the following activities:

1. All researchers are expected to be familiar with RCR principles by seeking out RCR learning opportunities and by being familiar with these procedures.
2. Researchers who oversee students or emerging researchers must provide appropriate supervision of research conduct and provide appropriate RCR training opportunities for those working under their leadership.

C. INVESTIGATING AND RESPONDING TO RESEARCH MISCONDUCT

The University is committed to protecting the privacy of both the complainant(s) and respondent(s). To the greatest extent possible, privacy will be upheld throughout the investigation process, ensuring that personal information is disclosed only when necessary and with appropriate safeguards in place. The process for investigating and responding to a breach of RCR policies includes:

1. The Associate VP, Research is the point of contact who receives and first reviews allegations of research misconduct and determines if an investigation is required.
2. Subject to applicable laws, the University will advise the Agency of SRCR immediately of any allegations related to activities funded by the Agency that may involve significant financial, health and safety, or other risks. For all investigations involving Agency-funded research the University will fulfill Agency reporting obligations as outlined in The RCR Framework.
3. Anonymous allegations are considered if they are supported by sufficient information that allows for a thorough assessment of the allegation and the credibility of the provided facts and evidence, without requiring additional details from the complainant.
4. To ensure safety and encourage reporting of misconduct, individuals who in good faith make an allegation or provide information related to an allegation ("whistleblowers") will be protected from reprisal in accordance with University policy (8.12 Safe Disclosure Policy) and relevant legislation.
5. To ensure protection of research funding, in exceptional circumstances the Institution may independently, or at the Agency's request, take immediate action to safeguard the administration of Agency funds. Such actions may include freezing grant accounts until matters of misconduct are resolved, requiring a second authorized signature from an institutional representative on all expenses charged to the researcher's grant accounts, or implementing other appropriate measures.
6. If an allegation pertains to misconduct that occurred at another Institution, whether by a University employee, a student, or associated individual, the University will collaborate with its designated point of contact to determine which Institution is best positioned to conduct the inquiry and investigation, if warranted. The Institution that received the allegation will inform the Complainant about which Institution will be the point of contact for the allegation.
7. An **initial inquiry** process will be conducted to establish whether an allegation is reasonable and if an investigation is required. This inquiry will be conducted by Associate VP, Research and may include additional qualified individuals at the discretion of the Associate VP, Research. Those conducting the inquiry

will be free from any conflict of interest, whether real, potential, or perceived. The initial inquiry will determine the validity of an allegation, providing both the Complainant and Respondent with an opportunity to be heard. If research misconduct is confirmed, the respondent will have the right to appeal the decision, which will follow the process outlined below for Formal Investigations.

8. For **formal investigations** of established research misconduct, the Associate VP, Research will establish an Investigating Committee within ten (10) working days of the determination of research misconduct. The committee will be made up of three independent persons, with relevant experience or expertise in the research area pertaining to the case. Those involved in the research will not be part of the committee. Persons external to the University may be appointed at the discretion of the Associate VP, Research. The Investigating Committee will address the allegations made and determine if they have merit and in doing so will act fairly and conduct its proceedings in a manner consistent with the principles of natural justice. The committee's decision regarding misconduct is final and binding on the University. Reports and all documentation pertinent to the investigation will part of the official record maintained by the Associate VP, Research for seven (7) years.
9. Within ten (10) working days of being established, the Investigating Committee will meet with the Complainant and Respondent and discuss the nature of the complaint and the circumstances surrounding it. Additional interviews may be required to complete the investigation. All interviews will be documented in official records maintained by the Associate VP, Research. The Investigating Committee will report its findings and recommendations to the Associate VP, Research, within 60 days of being established. Their report will include:
 - a. a summary of the allegations;
 - b. composition of the Investigating Committee and explanation of selection process;
 - c. investigative methods;
 - d. persons interviewed or supplying information;
 - e. proposed plan to restore reputations and protect Complainants who have acted in good faith;
 - f. details on recommended actions and sanctions; and
 - g. other relevant details.
10. Throughout all research misconduct investigations, the Respondent will have the right to know the allegations and will have the right to answer the allegations either orally, in writing or both and will be afforded these rights. The BC "Freedom of Information and Protection of Privacy Act" will govern the release of any information.
11. The Complainant and Respondent will be given an opportunity to comment on the facts outlined in the draft report before the report is made final.
12. If the Investigating Committee **determines the complaint is without foundation**, the Associate VP, Research will act on the findings of the Committee and dismiss the complaint and immediately advise the Complainant and the Respondent with a written response outlining the reasons for this decision. Based on the findings, the Associate VP, Research may require the Complainant, and/or others to take action to protect or restore the reputation or credibility of a wrongly accused researcher. A copy of the report will be forwarded to the funding agency within thirty (30) days of receipt.
13. If the committee **finds there is misconduct**, the Associate VP, Research will consider the Investigating Committee's recommendations and determine actions or sanctions to be taken. They will communicate these in writing to the Respondent and to others as may be appropriate given the circumstances. Actions or sanctions will consider the impact on ancillary research personnel. Recourse may include,
 - a. issuing a letter of concern to the researcher;

- b. requesting that the researcher correct the research record and provide proof that the research record has been corrected;
 - c. advising the researcher that they are not eligible to submit applications for future funding for a defined time period or indefinitely;
 - d. terminating remaining instalments of the grant or award;
 - e. seeking a refund within a defined time frame of all or part of the funds already paid;
 - f. advising the researcher that they are ineligible for appointment to committees (e.g. peer reviews, REB, advisory boards);
 - g. and/or other recourse available by policy and law.
14. A person subject to disciplinary action, who believes that the decision was reached improperly or if they disagree with that decision or with the sanctions, may file and appeal or grievance as appropriate in accordance with the relevant collective agreement or employment contract. In the case of students, appeals will be handled under the University policies related to Student Conduct and Appeals.
15. The Associate VP, Research will be responsible for keeping and controlling appropriate access to records in accordance with relevant privacy legislation. Records will be kept for seven (7) years. In the case of a researcher being wrongly accused, all documents or files provided to the Investigating Committee will be destroyed at the conclusion of the investigation.
16. The Associate VP, Research will prepare a report for the SRCR on each investigation it conducts in response to allegations related to Agency funding. Subject to any applicable laws, including privacy laws, each report shall include the following information:
- a. the specific allegation(s), a summary of the finding(s) and reasons for the finding(s);
 - b. the process and timelines followed for the inquiry and/or investigation;
 - c. the researcher's response to the allegation, investigation and findings, and any measures the researcher has taken to rectify the breach; and
 - d. the institutional investigation committee's decisions and recommendations, and actions taken by the Institution.
17. If the investigation is at the request of the funding agency, all findings and actions taken will be reported to the funding agency within 30 days. Regardless of where the investigation was initiated, if misconduct has been found to have occurred in research funded by one or more of the Agencies, the University will provide the agencies with a copy of the report; and a statement on how agency funding has or will be protected.

DEFINITIONS:

Agency or Tri-Agency:

Canada's three federal research agencies that provide funding to universities are the Canadian Institute for Health Research (CIHR), the Natural Sciences and Engineering Research Council (NSERC) and the Social Sciences and Humanities Research Council (SSHRC). Together they are known as the Tri-Agencies. In this document they are referred to as the Agency.

Allegation:

A declaration, statement, or assertion communicated in writing to an institution or Agency to the effect that there has been, or continues to be, research misconduct, the validity of which is not established.

Complainant:

An individual or representative from an organization who has notified the University or Agency of a potential of research misconduct.

Conflict of Interest:

A conflict of interest may arise when activities or situations place an individual in a conflict, or perceived conflict, between the duties or responsibilities related to research and personal, institutional, or other interests. These interests include, but are not limited to, business, commercial, or financial interests pertaining to the individual, or their family members, friends, or their former, current, or prospective professional associates.

Misconduct:

Misconduct in research refers to any breach of the RCR principles described in these procedures. It can also be referred to as a “breach of research conduct”.

Research:

For the purposes of these procedures, the definition of “Research” from The RCR Framework applies: “An undertaking intended to extend knowledge through a disciplined inquiry or systematic investigation.” All research activities at the University (funded or not funded) must adhere to these RCR procedures.

Researcher(s):

These procedures use the terms Researcher or Researchers to refer to faculty members, students, and all other people engaged in Research associated with the University.

Respondent:

An individual who is identified in an allegation as having engaged in research misconduct.

Secretariat on Responsible Conduct of Research (SRCR):

The SRCR provides substantive and administrative support for the Panel on Research Ethics (PRE), the Panel on Responsible Conduct of Research (PRCR), and for the three federal research granting agencies (CIHR, NSERC, and SSHRC) with respect to the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS), and the Tri-Agency Framework: Responsible Conduct of Research (The RCR Framework). The RCR Framework describes in detail the RCR investigation and response processes for research misconduct involving Agency funded research. This includes the SRCR’s responses to serious misconduct which could cause harm to individuals or the public, and immediate action that the SRCR might take to respond to research misconduct in exceptional circumstances.

University:

These Procedures use the term University to refer to Emily Carr University of Art + Design.

RELATED POLICIES, PROCEDURES AND CODES AT EMILY CARR UNIVERSITY

Employee Code of Conduct

- 4.17 Academic Integrity Policy
- 4.17.1 Procedures for Cases of Academic Misconduct
- 4.6 Student Conduct
- 5.1 Research Administration, Ethics, and Conduct
- 5.1.3 Research Conflict of Interest Procedures
- 5.2 Intellectual Property
- 8.11 University Conflict of Interest Policy
- 8.11.1 University Conflict of Interest Procedures
- 8.12 Employee Safe Disclosure Policy
- 8.12.1 Employee Safe Disclosure Procedures
- 8.13 Confidentiality
- 8.13.1 Confidentiality Procedures

Generative Artificial Intelligence Guidelines for Faculty, Students and Staff