

# University of Guelph Responsible Conduct of Research Policy and Procedures

## **0. Approvals**

Approved by Senate: December 1, 2014.

Approved by Board of Governors: January 27, 2015.

## **1. Preamble**

1.1 The University of Guelph (“University”) expects the highest standards of integrity in every aspect of research carried out by all members of its academic community. For the purposes of this document, “research” encompasses the creation and application of new knowledge and/or the use of existing knowledge in new and creative ways through research, scholarly, and artistic work.

1.2 The University is committed to exemplifying the values and behaviours associated with research integrity, in part, because the University recognizes that research must be built on a foundation of trust. Researchers must have trust in the data/results reported by others, and trust that when undertaking collaborative projects that they will be appropriately recognized for their contributions. The general public must have trust that public research funding will be managed and spent appropriately and accountably, and society must be able to have confidence in the research communicated and disseminated by the University. Maintaining the trust and confidence of both the academic community and general public is a responsibility the University takes very seriously and as such misconduct in research is clearly incompatible with the ethical standards of the University.

1.3 This document provides guidance as to the expectations regarding research integrity and to those behaviours which may form the basis of action regarding research misconduct.

## **2. Scope**

2.1 Except as otherwise stated, this Policy and Procedures document (“Policy”) applies to and covers all who may carry out research in a capacity defined by their relationship with the University. This includes but is not limited to University administrators, students, employees, Professor Emeriti, visiting scholars, adjunct professors and volunteers (“Researcher(s)”), irrespective of the present source of their salary or stipend.

2.2 This Policy document is intended to inform, rather than vary, relevant provisions of existing applicable employee groups and agreements. In the event the implementation of this Policy conflicts with relevant provisions of the applicable employee groups and agreements [e.g., University of Guelph Faculty Association collective agreement (“UGFA Collective Agreement”)], the relevant provisions of the applicable employee groups and agreements will prevail.

2.3 Where allegations of Research Misconduct arise out of activities carried out by students, the Associate Vice-President Research Services and Dean of the college in which the student is enrolled will meet to determine whether to proceed under this Policy or the University’s Academic Misconduct policy.

## **3. Research Integrity**

3.1 Researchers shall strive to follow the best research practices honestly, accountably, openly and fairly in the search for and in the dissemination of knowledge. In addition, Researchers shall follow the requirements of applicable institutional policies and professional and disciplinary standards and shall comply

with applicable laws and regulations. Researchers are expected to carry out research in accordance with the following:

- a) Using a high level of rigour in proposing and performing research; in recording, analyzing, and interpreting data; and in reporting and publishing data and findings.
- b) Keeping complete and accurate records of data, methodologies and findings, including graphs and images, in accordance with the applicable funding agreement, institutional policies and/or laws, regulations, and professional or disciplinary standards in a manner that will allow verification or replication of the work by others.
- c) Referencing and, where applicable, obtaining permission for the use of all published and unpublished work, including data, source material, methodologies, findings, graphs and images.
- d) Including as authors, with their consent, all those and only those who have materially or conceptually contributed to and share responsibility for, the contents of the publication or document, in a manner consistent with their respective contributions, and authorship policies of relevant publications.
- e) Acknowledging, in addition to authors, all material contributors and contributions to research, including writers, funders and sponsors.
- f) Appropriately managing any conflict of interest, in accordance with section 11 of this Policy or other applicable policies including but not limited to:
  - i. the [Conflict of Interest Policy for University of Guelph Employees](#) applicable to employees who are not members of the University of Guelph Faculty Association;

- ii. Article 8: Conflict of Interest and Conflict of Commitment for members under the UGFA Collective Agreement;
  - iii. Article 17: Conflict of Interest and Conflict of Commitment for employees under the Colleges Academic and Research Group agreement (“CARG Agreement”); and
  - iv. the conflict of interest policies and procedures of research funding agencies or organizations which require adherence to such policies and procedures as a condition of application for or receipt of research funding from them.
- g) Obtaining all appropriate approvals and training for research as required by the University or the policies of research sponsors/agencies including, but not limited to, research involving animals, human participants, biohazards, radioisotopes and environmental impact.
- h) Using research funds (e.g., grants, awards, scholarships) in accordance with the policies of the University and funding sponsor(s).
- i) Providing true, complete and accurate information in their funding applications and related documents and representing themselves, their research and their accomplishments in a manner consistent with the norms of the relevant field; ensuring others listed on their applications have agreed to be included; and certifying that they are not currently ineligible to apply for, and/or hold, funds from NSERC, SSHRC, CIHR or any other research or research funding organization world-wide for reasons of research misconduct such as ethics, integrity or financial management policies.
- j) Disclosing any incidents of Research Misconduct in accordance with this Policy.

- k) Proactively rectifying a breach, for example, by correcting the research record, providing a letter of apology to those impacted by the breach or repaying funds.

## 4. Definitions

4.1 **Research Misconduct** is broadly understood to mean offences against the academic integrity of the research environment. Below are descriptions of Research Misconduct. It is important to note that, while the University has attempted to present as comprehensive a list as possible, this list of examples of Research Misconduct should not be considered exhaustive. Research Misconduct includes but is not limited to:

- a) Fabrication: Making up data, source material, methodologies or findings, including graphs and images.
- b) Falsification: Manipulating, changing, or omitting data, source material, methodologies or findings, including graphs and images, without acknowledgement and which results in inaccurate findings or conclusions.
- c) Destruction of research records: The destruction of one's own or another's research data or records to specifically avoid the detection of wrongdoing or in contravention of the applicable funding agreement, institutional policy and/or laws, regulations and professional or disciplinary standards.
- d) Plagiarism: Presenting and using another's published or unpublished work, including theories, concepts, data, source material, methodologies or findings, including graphs and images, as one's own, without appropriate referencing and, if required, without permission.

- e) Redundant publications: The re-publication of one's own previously published work or part thereof, or data, in the same or another language, without adequate acknowledgment of the source, or justification.
- f) Invalid authorship: Inaccurate attribution of authorship, including attribution of authorship to persons other than those who have contributed sufficiently to take responsibility for the intellectual content, or agreeing to be listed as author to a publication for which one made little or no material contribution.
- g) Inadequate acknowledgement: Failure to appropriately recognize contributions of others in a manner consistent with their respective contributions and authorship policies of relevant publications.
- h) Mismanagement of conflict of interest: Failure to appropriately manage conflict of interest, in accordance with section 11 of this Policy or other applicable policies including:
  - i. the [Conflict of Interest Policy for University of Guelph Employees](#) applicable to employees who are not members of the University of Guelph Faculty Association.
  - ii. Article 8: Conflict of Interest and Conflict of Commitment for members under the UGFA Collective Agreement;
  - iii. Article 17: Conflict of Interest and Conflict of Commitment for employees under the CARG Agreement; and
  - iv. the conflict of interest policies and procedures of research funding agencies or organizations which require adherence to such policies and procedures as a condition of application for or receipt of research funding from them.

- i) Misrepresentation in research applications and documents including:
  - i. providing incomplete, inaccurate or false information in a grant or award application or related document, such as a letter of support or a progress report;
  - ii. applying for or holding an award when deemed ineligible by NSERC, SSHRC, CIHR or any other research or research funding organization world-wide for reasons of breach of responsible conduct of research policies such as ethics, integrity or financial management policies; and
  - iii. listing of co-applicants, collaborators or partners without their agreement.
  
- j) Mismanagement of funds: Using grant or award funds for purposes inconsistent with the policies of the University, relevant funding agency or organization; misappropriation of grant or award funds; contravention of financial policies and guidelines of a funding agency or organization; or providing incomplete, inaccurate or false information on documentation for expenditures from grant or award accounts.
  
- k) Failure to comply with relevant policies, laws or regulations for the conduct of research, or failure to obtain appropriate approvals, certifications or permits before conducting research activities, including, but not limited to:
  - i. [2<sup>nd</sup> edition of Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans \(TCPS 2\)](#);
  - ii. [Canadian Council on Animal Care Policies and Guidelines](#); and [Animals for Research Act](#);

- iii. [Agency policies related to the Canadian Environmental Assessment Act](#);
- iv. Licenses required for research in the field;
- v. [Canadian Biosafety Standards and Guidelines](#);
- vi. [Controlled Goods Program](#);
- vii. [Canadian Nuclear Safety Commission \(CNSC\) Regulations](#); and,
- viii. [Canada's Food and Drug Act](#).<sup>1</sup>

Research Misconduct does not include those factors intrinsic to the process of academic research, such as honest error, conflicting data or honest differences in interpretation or assessment of data or of experimental design.

4.2 **Dean** means the dean of the College in which the alleged research misconduct has occurred, as appropriate, or if the respondent to the allegation of Research Misconduct resides outside an academic department/College, the responsibilities of the Dean under this Policy will be assumed by an appropriate senior-level University official as appointed by the Associate Vice-President.

4.3 **Associate Vice-President** means the Associate Vice-President (Research Services).

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<sup>1</sup> Taken in part from "[The Tri-Agency Framework: Responsible Conduct of Research](#)"



## **5. Confidentiality**

5.1 Subject to section 5.2, the University will take reasonable steps to protect the confidentiality of information gathered pertaining to any allegation, inquiry and investigation of Research Misconduct falling under the scope of this Policy.

5.2 The University is subject to access to information and privacy laws, including the *Freedom of Information and Protection of Privacy Act (Ontario)*, which creates a right of access to records under the custody and control of public bodies subject to specific and limited exceptions. The University is also subject to requirements for the reporting of Research Misconduct by certain agencies or organizations which may involve disclosing the discipline imposed, if any, and the identity of respondents and complainants.

## **6. Process for Dealing with Allegations of Research Misconduct**

### **6.1 Informal assistance**

Anyone who believes that Research Misconduct may have occurred, may seek informal assistance or advice from Dean or designate.

6.2 If any of those involved in the decision making process under this process section (Dean, Associate Vice-President, Vice-President) are believed to be in a conflict of interest in respect of the allegation, the decision regarding the conflict of interest shall be made by the position of next highest authority.

### **6.3 Formal Allegations**

#### **6.3.1 Inquiry Stage**

- a) Subject to subsections b) and c), a formal allegation must be made in writing and provide sufficient detail including relevant parties, witnesses, dates,

locations, publications, and any other relevant information. Formal allegations are to be submitted to the Dean. On receiving the formal allegation, the Dean shall review the allegation to determine if there is jurisdiction under this Policy. If the Dean believes the allegation does not fall under this Policy, he or she shall, in consultation with the Associate Vice-President, advise the complainant of the appropriate process.

- b) Formal allegations submitted anonymously will only proceed if the relevant facts are otherwise independently verifiable. If all relevant facts are verifiable, the Dean may pursue the complaint on behalf of the University.
- c) A formal allegation of Research Misconduct may be withdrawn at any time, but must be done in writing. The withdrawal of an allegation of Research Misconduct may not stop the initial inquiry or further investigation process if the University has a reasonable belief that:
  - i. Research Misconduct has occurred;
  - ii. the withdrawal of the allegation may prejudice the respondent;
  - iii. the allegation was in bad faith.
- d) Nothing in this Policy precludes the University from initiating an inquiry in circumstances where it reasonably believes that Research Misconduct may have occurred.
- e) If a formal complaint is initiated, the Dean shall provide a copy of the written allegation immediately to the Associate Vice-President. The Associate Vice-President is responsible for determining whether there is an obligation to report the allegation to external funding agencies under their policy

requirements<sup>2</sup>. If appropriate, the Associate Vice-President may take interim measures to protect the integrity of the research or the administration of sponsor(s) funds pending the final determination of the allegation. These interim measures may include but are not limited to freezing or limiting financial accounts, or restricting access to research locations or records.

- f) The Dean shall provide a copy of the written allegation to the respondent immediately along with a copy of the relevant research misconduct policies.
- g) For allegations of misconduct in research sponsored wholly or in part by external funding agencies and organizations such as NSERC, SSHRC, CIHR and the U.S. Department of Health and Human Services/ U.S. Public Health Service (PHS), if deemed by the Associate Vice-President to be required, any additional requirements of those agencies pertaining to the institutional inquiry process, investigative process, timelines and reporting beyond those cited in this Section 6.3 will be followed and met.
- h) Within ten (10) working days of receiving the written allegation, the Dean shall proceed to initiate an inquiry to determine whether the allegation appears sufficiently founded to warrant an investigation (“Inquiry Stage”). The Dean will appoint a member of their senior executive team to assist with the Inquiry Stage. The Inquiry Stage usually involves interviewing the respondent and complainant, if applicable, and key witnesses as well as an examination of relevant records and materials. The scope of the Inquiry Stage does not normally include conducting exhaustive interviews and analyses. The Inquiry Stage will be conducted in accordance with the relevant

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<sup>2</sup>Including, but not limited to, NSERC, SSHRC, CIHR, U.S. Department of Health & Human Services /U.S. Public Health Service (PHS) etc.

provisions of applicable employee groups and agreements (e.g., UGFA Collective Agreement).

- i) The Inquiry Stage should be completed as expeditiously as possible and within twenty (20) working days of the formal allegation being initiated. Under extenuating circumstances an extension may be requested from the Associate Vice-President.
- j) Within ten (10) working days of completion of the Inquiry Stage, the Dean shall decide whether to dismiss the allegation or proceed to investigate the allegation further (“Dean’s Decision”). A copy of the Dean’s Decision, excluding reasons, will be provided to the complainant, if applicable.
- k) Within ten (10) working days of completion of the Inquiry Stage, the Dean shall also prepare a report which includes the reasons for the Dean’s Decision and a summary of the evidence used to support the Dean’s Decision (“Inquiry Report”). The Inquiry Report shall be submitted to the Associate Vice-President and the respondent.
- l) If the Dean’s Decision is to proceed to investigate the allegation further (“Investigative Stage”), the Dean may meet with the respondent, and Union or Group representation if requested. Such a meeting must take place within ten (10) working days of the receipt of the Inquiry Report.
- m) The formal allegation may be settled at the Inquiry Stage but any final resolution must have the approval of the Associate Vice-President.

### 6.3.2 Investigative Stage

- a) If the formal allegation is not resolved at the Inquiry Stage, and no later than fifteen (15) working days from receipt of the Inquiry Report, the Associate Vice-President will be responsible for establishing an ad hoc committee comprised of the Dean, Associate Vice-President and an external member to conduct the investigation. The external member will be selected by the Associate Vice-President and will have no current affiliation with the University.
- b) The respondent will be advised of the composition of the ad hoc committee and will have five (5) working days to challenge, in writing, the participation of one (1) or more individual(s) on the ad hoc committee on the ground that the individual(s) has a conflict of interest in the outcome of the matter or that there is a reasonable apprehension of bias on the part of that individual(s). If the challenge is with respect to the external member, the Dean and Associate Vice-President will consider the challenge and reply in writing either upholding it or denying it. If the challenge is with respect to the Dean or the Associate Vice-President, it shall be dealt in accordance with section 6.2. In either case the written challenge and response will become part of the record for the Investigative Stage.
- c) The ad hoc committee shall have the discretion to establish in each case, a procedure suitable to the circumstances, provided that in every case, its discretion will be exercised in accordance with the following parameters:
  - i. use diligent efforts to ensure 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 allegation.

- ii. take reasonable steps to ensure an impartial and unbiased investigation.
  - iii. give an opportunity to provide evidence to both the respondent and complainant, if known, 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.
  - iv. diligently pursue all significant issues relevant to the investigation.
  - v. keep the investigation confidential to the extent possible.
- d) Within forty-five (45) working days of the establishment of the ad hoc committee, the ad hoc committee shall issue a preliminary finding (“Preliminary Decision”). The respondent and the complainant will be provided with a copy of the Preliminary Decision. In addition, the ad hoc committee will issue a report with respect to the investigation (“Preliminary Report”) and it will be provided to the respondent.
- e) If the Preliminary Decision upholds the allegation in whole or in part, within five (5) working days of the delivery of the Preliminary Report to the respondent, the ad hoc committee together with the appropriate Human Resources or Faculty and Academic Staff Relations representatives, will meet with the respondent, and Union or Group representation as applicable, to discuss the Preliminary Report.
- f) The respondent will be invited at the meeting to provide a response to the Preliminary Report in writing within ten (10) working days. Subsequent to the receipt of the respondent’s response, if any, the ad hoc committee may carry

out further investigation regarding information arising out of the respondent's response.

- g) The ad hoc committee will issue a final decision within ten (10) working days of the completion of the investigation ("Final Decision") and provide a copy to the respondent and the complainant.

#### 6.4 Action on Substantiated Allegations

- a) If the Final Decision upholds the allegation in whole or in part, the Dean and Associate Vice-President, following consultation with Human Resources or Faculty and Academic Staff Relations if appropriate, shall decide on appropriate Recourse as well as recommendations on discipline, up to and including termination of employment ("Recommendations on Discipline").

Recourse will take into consideration the severity of the Research Misconduct and will aim to remedy the Research Misconduct. Recourse may include but is not limited to:

- i. requiring that the respondent correct the research record and provide proof that the research record has either been corrected or withdrawn from all pending relevant publications (including theses);
- ii. notifying publishers of publications in which the involved research was reported;
- iii. notifying co-investigators, collaborators, students and other project personnel of the decision;
- iv. ensuring the unit(s) involved is (are) informed of appropriate practices for promoting the proper conduct of research;

- v. requiring the co-supervision of graduate students;
  - vi. withdrawal of specific research privileges;
  - vii. restitution of funds as appropriate.
  - viii. informing any outside funding agencies or institutions of the results of the investigation and of actions to be taken.
- b) A copy of the Final Decision, Recourse, and Recommendations on Discipline shall be provided to the Vice-President to whom the respondent reports (“Relevant VP”). The Relevant VP will determine whether discipline should apply and the nature of such discipline. The Relevant VP shall notify the Dean and Associate Vice-President of his/her decision regarding discipline in writing within twenty (20) working days of receipt of the Final Decision and Recourse. The Associate Vice-President and Dean will prepare a final report which will include the Final Decision, Recourse and Discipline, if any (“Final Report”). The Dean, and appropriate Human Resources or Faculty and Academic Staff Relations representatives, shall meet with the respondent, and Union or Group representation as applicable, to provide the Final Report.

## 6.5 Appeals

Complainants do not have the right to appeal any decision under this Policy.

### 6.5.1 Final Decision and Recourse

- a) The respondent may appeal the Final Decision or the decision on Recourse or both, to the Vice-President Research. The appeal must be submitted within ten (10) working days of receipt of the decision being appealed. Appeals must be made in writing and set out the grounds for appeal. Appeals will only be



considered on the grounds of procedural error, bias or if new evidence has arisen that was not previously available and would likely have affected the decision under appeal.

- b) Normally, the Vice-President Research will decide the merits of the appeal and may grant the appeal in whole or in part. In exceptional circumstances, the Vice-President Research may decide to delegate his authority to determine the appeal to an ad hoc appeal committee. The composition of the ad hoc appeal committee will be determined by the Vice-President Research. The respondent will be advised of the composition of any ad hoc appeal committee and will have five (5) working days to challenge, in writing to the Vice-President Research, the participation of one (1) or more individual(s) on the ad hoc appeal committee on the grounds that the individual(s) has a potential conflict of interest in the outcome of the matter or that there is a reasonable apprehension of bias on the part of that individual(s). The ad hoc appeal committee shall establish such procedures as may be necessary for a fair determination of the appeal.
- c) Normally, the appeal decision shall be issued within fifteen (15) working days from the receipt of the appeal (“Appeal Decision”). An extension may be granted by the Vice-President if the appeal is being determined by an ad hoc appeal committee or by the President if the appeal is being determined by the Vice-President. The Appeal Decision shall be final with no further appeal.

#### 6.5.2 Discipline

- a) Respondents who are members of a University bargaining unit or employee association and who dispute the disciplinary action decided by the Relevant VP under section 6.4 (b) will have the appeal provisions available to them under the relevant collective or employment agreement.

- b) Respondents who are students and who wish to dispute any disciplinary action, may appeal to the Senate Committee on Student Petitions.
- c) Respondents who do not fall under subsections a) and b) above and who wish to dispute any disciplinary action, may appeal to the Vice-President Research.

## **7. Record of Decisions**

### **7.1 Final Decision and Recourse**

Records of the Final Decision and decision regarding Recourse will be held according to the status of the respondent as follows:

- a) for respondents who are members of UGFA, records will be held in accordance with the UGFA Collective Agreement;
- b) for respondents who are University staff, records will be held in the Human Resources Division;
- c) for respondents who are University students, records will be held in the Registrar's Office or Office of Graduate Studies;
- d) for respondents who do not fall under subsections a, b, or c, , records will be held by the office of the Vice-President (Research).

### **7.2 Discipline**

Records related to decision of discipline by a Relevant VP under section 6.4 (b) will be held in accordance with applicable collective agreements, employee agreements or other relevant University policies or practices.

## **8. Wrongful and Malicious Allegations**

8.1 Malicious allegations of Research Misconduct will not be tolerated and are subject to disciplinary action under the appropriate University of Guelph policy or collective agreement.

## **9. Non Retaliation and Reprisal**

9.1 Any acts of retaliation or reprisal (including threats, intimidation, harassment, etc.) made against a complainant or any individual who participated in any manner in the investigation or resolution of a report of Research Misconduct will not be tolerated and are subject to the appropriate University of Guelph policy or collective agreement.

## **10. Reporting to External Bodies**

10.1 The University shall comply with the relevant reporting requirements for Research Misconduct of external funding agencies and organizations such as NSERC, SSHRC and CIHR and the U.S. Department of Health and Human Services/U.S. Public Health Service (PHS). The University will, to the extent required under these reporting requirements, submit a report on each investigation it conducts in response to an allegation of breaches related to a funding application submitted to the applicable agency or to an activity funded by an agency.

10.2 Pursuant to subsection 10.1, the Associate Vice-President, will be responsible for the submission of any such report. Subject to any applicable laws including privacy laws, the report may include the following information:

- i. the specific allegation(s), a summary of the finding(s) and reasons for the finding(s);
- ii. the process and time lines followed for the inquiry and/or investigation;

- iii. the respondent's response to the allegation, investigation and findings, and any measures the respondent has taken to rectify the breach; and
- iv. the institutional investigation committee's decisions and recommendations and actions taken by the University.

The report will not include any personal information about the Researcher, or any other person, that is not material to the University's findings.<sup>3</sup>

10.3 Neither Researchers nor the University will enter into any confidentiality agreements or other agreements related to an inquiry or investigation that prevent the University from meeting Research Misconduct reporting requirements to funding sponsors, in particular to the Tri-Agencies through SRCR<sup>4</sup> and the U.S. Office of Research Integrity.<sup>5</sup>

10.4 An annual report summarizing the number of formal allegations of Research Misconduct and their disposition will be provided to Senate for information.

## **11. Conflict of Interest in Research**

11.1 Research Misconduct includes mismanagement of conflict of interest as defined in section 4.1(h) and as such Researchers are to appropriately manage conflict of interest in accordance with section 11 of this Policy or other applicable policies, such as those referenced in section 4.1(h).

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<sup>3</sup> Taken in part from "[The Tri-Agency Framework: Responsible Conduct of Research](#)"

<sup>4</sup> Ibid

<sup>5</sup> [U.S. Department of Health & Human Services Office of Research Integrity](#)

11.2 A conflict of interest may arise when activities or situations place an individual in a real, potential 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, their family members, friends or their former, current or prospective professional associates. It is preferable to avoid or prevent being in a position of conflict of interest, if possible.<sup>6</sup> When it is not possible to avoid a conflict of interest, then it shall be disclosed in accordance with 11.3, noting that all conflicts of interests pertaining to research will be reported to the Associate Vice-President who is the central point of contact for the University concerning research related conflict of interest and whose role is to help identify, eliminate, minimize or otherwise manage conflicts of interest.

11.3 Researchers have an obligation to disclose to their Dean any Conflict of Interest (as defined in section 11.2). The Researcher must disclose in writing as soon as s/he could reasonably be aware that a Conflict of Interest exists. The existence of a Conflict of Interest does not necessarily preclude involvement in the issue that has given rise to the conflict (“the Matter”). The Researcher must declare, in writing, the nature and extent of the Conflict of Interest no later than any meeting or process in which the Researcher participates related to the Matter. The Researcher must refrain from taking part in any discussion or decision-making vote in relation to the Matter, and withdraw from any meeting or process when the Matter is being discussed until a decision has been reached regarding the manner in which the Conflict of Interest will be addressed.

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<sup>6</sup> [TCPS 2:Tri-Council Policy Statement: Ethical Conduct of Research involving Humans](#)”

11.4 A Conflict of Interest may also be reported to a Dean by any other person. A report to a Dean about the existence of a potential, apparent or actual conflict of interest shall be made in writing.

#### 11.5 Procedures for Management of Conflicts of Interest

- a) If the Dean to whom the disclosure is made also has a Conflict of Interest, the disclosure should be made, in writing, to the Associate Vice-President Research.
- b) The Dean will determine if a Conflict of Interest exists. Where appropriate, the Dean may consult with the Researcher and/or others.
- c) If the Dean determines there is a Conflict of Interest, the Dean will decide upon and apply such remedies as are appropriate in the circumstances. The Dean shall document, in writing, any remedies that have been applied.

#### 11.6 Options for Resolving Conflicts of Interest

If a Dean determines that a Conflict of Interest exists, the Dean will decide a course of action from the following options:

- a) A determination can be made that the Conflict is acceptable;
- b) A determination can be made that there is a Conflict but the Scholar can be involved with the Matter without participating in the final decision (e.g. voting or becoming a member of a committee) where the Researcher may be knowledgeable and have information central to the discussion; or
- c) A determination can be made that there is a Conflict and the Researcher cannot participate.

## **12. Future Amendments**

12.1 To ensure that this Policy continues to be effective, it shall be reviewed periodically. The Vice-President Research is responsible for initiating this review no less than every five years.