

# Procedure for Handling Research Integrity Breaches

## Wayamba University of Sri Lanka

### Preamble

These procedures are effective from 17<sup>th</sup> February 2021

### 1. Purpose

The purpose of this document is to outline how potential breaches of research integrity will be handled by WUSL in compliance with the university's **Research and Innovation Policy**.

### 2. Scope

This procedure is applicable to all staff, students, research fellows and any fixed-term, temporary or visiting appointees conducting or supporting research at WUSL or associated with WUSL.

### 3. Definitions and Guiding Principals

- 3.1. As a responsible higher education institution, WUSL acknowledges its obligations for the identification, prevention, investigation and resolution of potential breaches of research integrity.
- 3.2. A breach of research integrity is defined as a departure from the standards of research conduct outlined in the university's **Research and Innovation Policy**.
- 3.3. Complaints on research integrity breaches must be made responsibly in good faith based on facts rather than belief with an understanding of the relevant university policies and procedures.
- 3.4. The investigation of a research integrity breach requires a fair and transparent process based on a fair hearing of each relevant perspective, sound deliberation and exercise of judgment.
- 3.5. All parties involved in handling research integrity breaches should respect the confidentiality of the complainants' and respondents' identities, evidence submitted by them and the subjects of alleged research integrity breaches.
- 3.6. Complaints should be handled in a timely manner avoiding unreasonable delays.
- 3.7. If a complaint raises potential or ongoing risk to humans, animals, environment, data, or national security, the university authorities should take immediate actions in their capacity to protect those at risk.

Some examples of potential research integrity breaches are listed below.

- *Fabrication: artificial creation of data or results and misrepresenting them as real.*
- *Falsification: purposeful manipulation or misrepresentation of data or results.*
- *Plagiarism: using or presenting someone else's ideas, data, writing, figures, graphs or other intellectual property without proper acknowledgement and permission where required. This includes self-plagiarism: reuse of one's own work without suitable acknowledgement or permission.*

- *Duplicating publications: Redundant or multiple publications of the same or previously published work or part thereof by inappropriately splitting the data and results without adequate justification.*
- *Misleading attribution of authorship: Listing authors without their permission, attributing authorship to people who did not contribute to a research, omitting people who contributed to a research, agreeing to be listed as an author without contributing to a publication, inappropriate ordering of author names in a publication, and advising students to do any of the above.*
- *Poor supervision: failing to provide adequate guidance to HDR students in accordance with the relevant university policies and guidelines.*
- *Mismanagement of research funds: utilizing research funds for other purposes, providing fake documents to justify expenditure, and using equipment or staff funded by research grants for other purposes.*
- *Conducting research without required ethical clearance and failing to adhere to ethical conduct in research.*
- *Failing to declare and manage conflicts of interest: accepting and using appointments such as supervisor, conference organizer, reviewer and editor for one's own benefit or to favor one's relatives, associates or students in an inappropriate manner.*

#### **4. Lodging a Complaint**

- 4.1. Anyone who has observed reasonable evidence that a research integrity breach has occurred must act timely and report it to the relevant authorities as outlined in this document.
- 4.2. A complaint on a potential breach of research integrity must be submitted in writing to the Chairman of the Senate Research Higher Degrees Committee (SRHDC).
- 4.3. A complaint should include specific details including the names of respondents, type and nature of the breach and sufficient evidence to initiate an inquiry.
- 4.4. The identity of the complainant should never be exposed to the respondents. Complaints can be made anonymously; however, anonymous complains should be accompanied by strong evidence to justify investigating.

#### **5. Initial Assessment**

On receipt of a complaint, the Chairman – SRHDC must acknowledge the receipt of the complaint, perform an initial assessment based on the information provided and evidence submitted, and must determine the course of actions to be initiated in accordance with the criteria outlined in Table 1.

**Table 1:** Observations and actions following the receipt of a complaint.

| <b>Observation</b>   | <b>Actions</b>   |
|--|--|
| The allegations are not specific and the information or evidence is not sufficient; hence the complaint is to be dismissed.  | <ol style="list-style-type: none"> <li>1. Record the observations including a justification for dismissal.</li> <li>2. Inform the observation and decision to the complainant.</li> </ol>                      |
| The complaint is beyond the purpose and scope of this Procedure for Handling Breaches of Research Integrity and the matter must be handled in accordance with some | <ol style="list-style-type: none"> <li>1. Forward the complaint to the relevant university authority with the SRHDC-Chairman's observations.</li> <li>2. Inform the observation and decision to the</li> </ol> |

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| other university policy or procedure (for example, gender equity, student discipline, etc.).  | complainant.  |
| There is reasonable ground for a potential (minor) breach of research integrity which can be handled by the SRHDC through formal communication and advice to the respondents. | <ol style="list-style-type: none"> <li>1. Inform the respondents on the complaint and observations and request a written response if required.</li> <li>2. Submit the complaint, responses and any other relevant material or evidence to the SRHDC.</li> <li>3. SRHDC can make recommendations to the respondents on corrective actions, on avoiding such allegations in future and on adherence to relevant policies and procedures.</li> <li>4. Inform the SRHDC recommendations to the respondents and complainants.</li> </ol> |
| There is reasonable ground for a potential serious breach of research integrity which should be handled in accordance with provisions outlined in Section 6 of this document. | <ol style="list-style-type: none"> <li>1. Inform the Vice-Chancellor on the complaint and observations.</li> <li>2. Inform the respondents on the complaint and the observations.</li> <li>3. If an allegation is related to a risk on humans, animals, environment or national security, as viewed by the Chairman-SRHDC and the Vice Chancellor, the Vice Chancellor should take appropriate protective or precautionary actions.</li> <li>4. Follow the procedure outlined in Section 6.</li> </ol>                              |

## 6. Investigation of a serious research integrity breach

- 6.1. The Chairman-SRHDC, in consultation with the Vice-Chancellor, should appoint an Assessment Officer (AO) or a committee consisting of an Assessment Officer and two other members to investigate the allegation of serious research integrity breach.
- 6.2. The Assessment Officer must be a senior academic of WUSL who meets the following criteria.
  - Have appropriate knowledge, experience and expertise in the relevant discipline
  - Be independent from both the complainants and respondents
  - Have no conflict of interest, bias or a record of research integrity breach
- 6.3. If a committee is appointed, the diversity of the members including gender is required.
- 6.4. The Chairman-SRHDC should inform the respondents of the Assessment Officer or committee and the respondent should be given an opportunity to raise any reasonable objection.
- 6.5. Once the appointment is confirmed, the AO should conduct the investigation following fair and impartial procedure.
- 6.6. The AO is expected to do the following.
  - Seek a response to the allegations and any further clarification or explanation from all respondents, subjects and all other relevant parties.

- Gather relevant documents, evidence and any additional information to make an informed decision, assesses the evidence and their veracity, and consider if more may be required.
  - If more evidence or advice is required,
    - seek confidential advice on technical matters from an appropriate expert from within or outside the university, provided that such experts have no conflict of interest or bias,
    - seek advice from those in supervisory roles,
    - seek legal advice, and/or
    - consult the Chairman-SRHDC.
  - Arrive at findings of fact about the complaint in consultation with committee members, if any were appointed.
- 6.7. After thorough consideration of all the responses, evidence and opinions, the AO should make a decision as to whether (it is more likely that) a research integrity breach or a serious research integrity breach has occurred and consider the seriousness of any breach.
- 6.8. The AO should make recommendations, as appropriate, on any corrective action proportional to the seriousness of the breach, taking into account,
- the extent of deviation from the acceptable research practices,
  - the severity of the impacts on the university, research partners, community, environment and/or other stakeholders,
  - experience of the respondents as academics, researchers or students,
  - whether the respondents have previously involved in a breach of research integrity or any other applicable code of conduct, and
  - institutional failures that could have contributed to the breach.
- 6.9. On completion of the investigation, the AO should prepare a written report of the investigation including findings of fact and any recommendations and submit to the Chairman-SRHDC.
- 6.10. The Chairman-SRHDC should consider the findings of fact, evidence considered, and recommendations made by the AO. The Chairman-SRHDC should also consider the extent of the breach, the appropriate corrective actions and if referral to disciplinary procedures is required. The Chairman-SRHDC should forward the final report to the Vice Chancellor with his/her observations and recommendations.
- 6.11. The Vice Chancellor will consider the investigation report and the recommendations made by the Chairman-SRHDC and decide on the actions to be taken.
- 6.12. If the investigation has concluded that a research integrity breach has occurred, the Vice Chancellor has to decide the university's institutional response, which may include the following.
- Disciplinary actions in accordance with the respective university policies and procedures.
  - Efforts or actions to correct the public record of research including publications, as appropriate.
  - Referral of the relevant information to funding agencies, security authorities and other institutions where required.

- Preventive actions to avoid similar breaches of research integrity in future.
- 6.13. If the investigation has concluded that a research integrity breach has not occurred, the Vice Chancellor may take actions to reinstate the reputation of the respondents where appropriate.
- 6.14. The Vice Chancellor will communicate the decisions and actions to the respondents and the complainants.

## **7. Review of an Investigation**

- 7.1. Once the outcomes of an investigation have been communicated to the respondents and complainants, any party have one opportunity to request for a review.
- 7.2. Requests for a review should be submitted to the Vice Chancellor within a week of receiving the communication on outcomes.
- 7.3. A request for a review should only be considered if reasonable concerns have been raised on the investigation process rather than on the findings of fact and recommendations made via the investigation.
- 7.4. The Vice-Chancellor will examine the records and contact the Chairman –SRHDC, the Assessment Officer and other committee members and determine whether the investigation has been carried out properly in line with university policies and procedures.
- 7.5. If the Vice Chancellor determines that there are reasonable concerns about the fairness of the investigation process, a new investigation will be initiated in accordance with Section 6 of this document. Otherwise, the request will be dismissed and those who made the request will be notified.
- 7.6. In any case, a second or subsequent request for a review of a research integrity breach investigation will not be considered.

## **References**

1. Deakin University (2020) Deakin Policy Library - Research integrity breaches procedure. Available at: <https://policy.deakin.edu.au/view.current.php?id=00106>, accessed on 25.06.2020.
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3. Griffith University (2020) Research Integrity breach investigation procedure. Available at: [https://www.griffith.edu.au/data/assets/pdf\\_file/0030/905655/Research-Integrity-Breaches-Procedure-Final-Draft-v3.3-4Nov19.pdf](https://www.griffith.edu.au/data/assets/pdf_file/0030/905655/Research-Integrity-Breaches-Procedure-Final-Draft-v3.3-4Nov19.pdf), accessed on 25.06.2020.
4. UNSW (2020) Research misconduct procedure. Available at: <https://www.gs.unsw.edu.au/policy/documents/researchmisconductproc.pdf>, accessed on 25.06.2020.
5. RMIT (2020) Management of breaches of research integrity procedure. Available at: <https://www.rmit.edu.au/about/governance-and-management/policies/research-policy/research-integrity-breach>, accessed on 25.06.2020.