

Hamilton College Policy and Procedures for Responding to Allegations of Misconduct in Research, Scholarship and Creative Activity

To: President David Wippman

From: The Research Misconduct Review Board

Revision Date: April 17, 2019

I. Introduction

Hamilton College expects its community to honor the highest principles of responsible and ethical behavior in connection with research, scholarship and creative activity conducted by its members. These procedures have been formulated to address any complaints that suggest that such principles may have been violated. This statement of policy and procedures applies to scholarship derived from all research and creative work conducted by individuals employed by Hamilton College, including work funded by external agencies. Allegations of misconduct that are reported to have occurred more than six years prior to the time of the report, or at a time prior to the individual's employment by Hamilton College, will not be investigated under this policy. All actions carried out under this policy, unless otherwise specified, will be carried out by the Research Integrity Officer (RIO) or his/her official delegate.

This Policy applies to any person who, at the time of the alleged misconduct, was employed by or was affiliated by contract or agreement with the College. Allegations relating to faculty-student collaborative work will be investigated pursuant to this Policy. Allegations regarding students of the College will be forwarded to the Dean of Students for adjudication in accordance with procedures of the Honor Court or Judiciary Board.

II. Definitions

Research. For the purposes of this policy, “research” is defined as any professional work, including creative work, that is shared with academic or general audiences, or any more limited public, whether that work is peer-reviewed or not. Such sharing includes, but is not limited to, dissemination in print or electronic media, as well as presentations at academic or non-academic venues.

Research Misconduct means fabrication, falsification or plagiarism in proposing, performing, or reviewing research, or in reporting research results.

- (a) Fabrication is making up data or results and recording or reporting them.
- (b) Falsification is 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.
- (c) Plagiarism is the appropriation of another person’s ideas, processes, results, or words that are not common knowledge without giving appropriate credit.
- (d) Research misconduct does not include honest error or differences of opinion.

Other types of misconduct may include violations of the policies or deviations from the approved protocols of the Institutional Review Board (IRB), the Institutional Animal Care and Use Committee (IACUC), or the Institutional Biosafety Committee (IBC), in addition to other types of professional misconduct in the pursuit of research including disputes regarding authorship, attribution, or ownership of data. The Research Integrity Officer will determine the appropriate venue for resolving misconduct in these areas.

Deciding Official means the Dean of the Faculty (the “Dean”), who makes final determinations on allegations of research misconduct and any institutional administrative actions. The Dean should have no direct prior involvement in the institution’s investigation, or allegation assessment. The Dean’s appointment of an individual to assess allegations of Research or Creative Misconduct or to serve on an investigation committee and the direction of an accuser to the misconduct procedures are not considered to be a conflict of interest.

Research Integrity Officer. The Research Integrity Officer (RIO) means the institutional official responsible for: (1) assessing allegations of Research Misconduct to determine if they fall within the definition of Research Misconduct and warrant an investigation on the basis that the allegation is sufficiently credible and specific so that potential evidence of research misconduct may be identified; (2) overseeing investigations; and (3) meeting the other responsibilities described in this Policy. At Hamilton College, the Research Integrity Officer duties will fall to an Associate

Dean of the Faculty, unless the Dean elects to make an exception in any given year. The Dean will not serve as the Research Integrity Officer.

Research Misconduct Review Board. The Research Misconduct Review Board is appointed by the Dean in accordance with the Faculty Handbook and is responsible for investigating allegations of Research Misconduct.

III. The Inquiry

1. Persons with a good faith belief that an act of Research, Scholarship or Creative Misconduct has occurred should report their belief to the Research Integrity Officer. The Research Integrity Officer shall confer confidentially with the reporting person about whether the matter should be submitted as an allegation of Research Misconduct.
2. If the Research Integrity Officer believes that there is any personal, professional or financial conflict of interest or any other reason he or she may not be able to conduct a fair and unbiased Inquiry, he or she shall report this conflict of interest or bias to the Dean, who shall appoint an alternate Research Integrity Officer for the matter.
3. If the reporting person decides to submit an allegation of Research Misconduct, the Research Integrity Officer shall determine whether the alleged conduct:
 - (a) falls within the definition of Research Misconduct; and
 - (b) is sufficiently credible and specific so that potential evidence may be identified. If the allegation meets this standard, the Research Integrity Officer shall commence an Inquiry. The purpose of an Inquiry is to determine whether there is sufficient evidence of Research Misconduct to commence an Investigation. After a complaint is received, an Inquiry will proceed at the discretion of the RIO. The reporting person is not compelled to proceed with the Inquiry.
 - (c) If the circumstances described by the individual do not meet the definition of research misconduct, the Research Integrity Officer may refer the individual or allegation to other offices or officials (e.g., Department Chair or IRB Chair) with responsibility for resolving the problem.
4. Upon commencing an Inquiry, the Research Integrity Officer shall give written notice of the allegation to the Respondent or Respondents. The written notice shall advise the Respondent of the requirements of confidentiality and non-retaliation set forth in this Policy. If during the course of the Inquiry, the Research Integrity Officer identifies additional Respondents, they shall also be given written notice of the allegation.
5. In consecutive or concurrent actions, the Respondent will be notified of the allegation and the Research Integrity Officer shall collect and sequester all research data and other evidence related to the allegation of Research Misconduct. The Respondent will be afforded the opportunity to review the research data and evidence during the Inquiry.
6. The Research Integrity Officer shall offer the Respondent the opportunity to meet with the Research Integrity Officer, including the opportunity to admit to the alleged Research Misconduct. In the event the Respondent admits to the Research Misconduct, the Dean, in consultation with the Research Integrity Officer, may terminate the Inquiry.

and take appropriate action to report and address the Research Misconduct as provided in Part V.

7. The Research Integrity Officer will prepare a written report of the Inquiry. The written report will include:
 - (a) The name and position of the Respondent;
 - (b) A description of the allegations of Research Misconduct;
 - (c) A determination of whether there should be an Investigation and a statement of the basis for determining that an Investigation is warranted or that the matter should not be further investigated;
8. The Research Integrity Officer will provide a draft of the Inquiry Report to the Respondent and an opportunity to submit comments on the Inquiry Report. The Respondent's comments will be attached to the final Inquiry Report.
9. The Inquiry should be completed within sixty days of the receipt of the allegation by the Research Integrity Officer. The Research Integrity Officer may extend this period for good reason and must document the reason for the extension and include it in the Inquiry Report.
10. The Research Integrity Officer shall provide the Respondent and the Dean with a copy of the final Inquiry Report.
11. The Research Integrity Officer may provide a copy of the Inquiry Report to the Complainant.
12. The Dean will insure that Inquiry Reports are maintained in the records of the College for at least seven years.
13. If the Inquiry Report determines that an Investigation is warranted and the Research Misconduct falls within 42 C.F.R. Part 93, the Research Integrity Officer shall make a report to the DHHS Office of Research Integrity.

IV. The Investigation

1. If the Inquiry Report determines that an investigation is warranted, the Research Integrity Officer will deliver the Inquiry Report to the Research Misconduct Review Board (“Board”), which will conduct an Investigation. The Investigation should commence within thirty days of the issuance of the Inquiry Report.
2. The Board will meet with the Research Integrity Officer, who will review the charge and the procedures for conducting the Investigation, including the need to maintain confidentiality. The Research Integrity Officer will consult with the Board as the Board deems necessary during the Investigation.
3. In the event any Member of the Board has a personal, professional, or financial conflict of interest or any other reason that the Board’s Investigation may appear to be biased, that Board Member shall recuse herself or himself from the Investigation. The Board Chair shall make certain that at least one Member of the Board has sufficient research or creative expertise to investigate the Charge. In the event the Board Chair determines that no Board Member has sufficient research or creative expertise, the Board Chair will request that the Dean appoint an additional faculty member with such expertise to the Board for the matter.
4. The Board shall, with the assistance of the Research Integrity Officer, collect documentary evidence, and shall interview the Complainant, the Respondent, and other available witnesses with information relevant to the alleged Research Misconduct. The Complainant and Respondent will be asked to identify additional witnesses who should be interviewed. Witnesses who are interviewed will be advised of the requirements of confidentiality under this Policy. Interviews may be conducted by either the entire Board, or by one or more Board Members. An audio record of interviews will be maintained, and a written summary or transcript of the interview will be furnished to each witness, and the witness will be given the opportunity to review and correct the summary or transcript of the interview. The Board may, in consultation with the Research Integrity Officer, and with the approval of the Dean, retain outside investigators to conduct interviews and outside consultants to assist in evaluating the evidence. The Research Integrity Officer shall maintain custody of all of the documentary evidence and witness interviews collected during the Investigation.
5. The Board will pursue any information uncovered during the Investigation which it determines may lead to information relevant to whether the alleged Research Misconduct occurred.
6. Investigations should normally be completed within 120 days of the Board’s receipt of the Inquiry Report. The Board may extend this period for good cause. The good cause shall be set forth in the Investigation Report. In the case of Research Misconduct subject to 42 C.F.R. Part 93, the Research Integrity Officer shall request an extension

from the Office of Research Integrity if the Investigation Report is not completed within 120 days.

7. After completing the interviews and collection of documentary evidence, the Board shall meet to deliberate concerning whether an act of Research Misconduct has occurred. In weighing the evidence, the Board may consider whether the Respondent has destroyed relevant evidence, failed to provide relevant evidence that would normally be in the possession of the Respondent, or has otherwise failed to cooperate with the Investigation. The Board shall make the determination of whether Research Misconduct has occurred on the basis of the preponderance of evidence standard. A finding of Research Misconduct must be based on a determination that:
 - (a) there was a significant departure from accepted practices of the relevant scholarly community; and
 - (b) the Research Misconduct was committed intentionally, knowingly, or recklessly.
8. The Board shall prepare a report of the Investigation. The report shall:
 - (a) describe the charge of Research Misconduct;
 - (b) identify and summarize the interviews and documentary evidence considered;
 - (c) set forth the Board's findings as to whether an act of Research Misconduct occurred;
 - (d) summarize the facts and analysis that support the Board's findings.
9. The Respondent shall be given an opportunity to review the draft Investigation Report. Under circumstances when confidentiality is not a concern, the Respondent shall be given a copy of the evidence gathered by the Board. When confidentiality is a concern, at the discretion of the Board and the Research Integrity Officer, the Respondent may be required to review the evidence in a secure location and under supervision so as to ensure the evidence is not copied and to protect the confidentiality of the evidence.
10. The Respondent shall be given thirty days after the draft Investigation Report and supporting evidence is made available to submit comments on the draft Investigation Report. The comments of the Respondent shall be included with the final Investigation Report. The Board may respond to these comments in the final Investigation Report.
11. The Board may make the draft Investigation Report available to the Complainant, and the Complainant may submit comments on the draft Investigation Report within thirty days after the draft Investigative Report is made available.
12. The final Investigation Report will be delivered to the Dean and the Respondent by the Research Integrity Officer. The Research Integrity Officer may deliver the final Investigation Report to the Complainant or make it available for review by the Complainant.

V. Completion of the Case

1. The Dean shall review and accept the Investigation Report and on behalf of the College. Upon receipt of the Investigation Report, the Dean shall, in consultation with the Research Integrity Officer, decide on appropriate actions to be taken. These actions may include:
 - (a) Recommendation by the RIO to publishers that all pending or published abstracts and papers emanating from the research where research misconduct was found be withdrawn or corrected;
 - (b) Removal of the responsible person from the particular project, letter of reprimand, special monitoring of future work, probation, involuntary paid leave, or initiation of procedures defined in Section X of the Faculty Handbook;
 - (c) A statement to the campus/faculty about the facts of the case with identities and details of the case redacted;
 - (d) Other actions that are necessary to restore the reputation of either the complainant or respondent; or
 - (e) Other action appropriate considering the nature of the research misconduct.
2. The Dean will deliver notice to the Respondent, with a copy to the Research Integrity Officer, of the actions to be taken (the “Notice of Actions”). The Research Integrity Officer may deliver the Notice of Actions to the Complainant.
3. If the Respondent accepts the Dean’s decision regarding the complaint, all documentation of the case will be maintained by the College for a period of seven years, and the DHHS Office of Scientific Integrity will be notified.

VI. Appeal

1. The Respondent may appeal a finding of Research Misconduct to the President of the College. The Respondent shall provide notice to the President, the Dean and the Research Integrity Officer of an intent to appeal within seven days of the delivery of the Notice of Actions. The Respondent shall deliver an appeal letter to the President, the Dean and the Research Integrity Officer within fourteen days of the delivery of the Notice of Actions. The Research Integrity Officer may provide the appeal letter to the Complainant. The Research Integrity Officer and the Complainant may respond to the appeal letter within fourteen days of their receipt of the appeal letter. The President will issue a written decision on the appeal. The President may uphold the determination and the actions, set it aside or revise the actions. At the conclusion of the appeal process, all documentation of the case will be maintained by the College for a period of seven years, and if appropriate the DHHS Office of Scientific Integrity will be notified.

VII. General Policies and Principles

1. Responsibility to Report Misconduct. All persons subject to this Policy will report observed, suspected, or apparent research misconduct to the Research Integrity Officer. If an individual is unsure whether a suspected incident falls within the definition of Research Misconduct he or she may meet with or contact the Research Integrity Officer to discuss the suspected research misconduct informally, which may include discussing it anonymously and/or hypothetically. If the circumstances described by the individual do not meet the definition of research misconduct, the Research Integrity Officer may refer the individual or allegation to other offices or officials (e.g., Department Chair or IRB Chair) with responsibility for resolving the problem. At any time, persons subject to this Policy may have confidential discussions and consultations about concerns of possible misconduct with the Research Integrity Officer and will be counseled about appropriate procedures for reporting allegations.
2. Cooperation with Research Misconduct Proceedings. All persons subject to this Policy will cooperate with the Research Integrity Officer and other College officials in the review of allegations and the conduct of inquiries and investigations. Persons subject to this Policy, including complainants and respondents, have an obligation to provide evidence relevant to research misconduct allegations to the Research Integrity Officer or other institutional officials. The Research Integrity Officer will maintain confidentiality of the evidence collected in accordance with this Policy. Refusal by respondents to provide requested research records or documents may be considered evidence of misconduct.
3. Confidentiality. The Research Integrity Officer shall:
 - (a) limit disclosure of the identity of respondents, complainants, and witnesses to those who need to know in order to carry out a thorough, competent, objective and fair research misconduct proceeding;
 - (b) except as otherwise prescribed by law, limit the disclosure of any records or evidence from which research subjects might be identified to those who need to know in order to carry out a research misconduct proceeding; and
 - (c) use written confidentiality agreements or other mechanisms to ensure that the respondents, complainants, and witnesses do not make any further disclosure of identifying information.
4. Protecting complainants, witnesses, and committee members from retaliation. Persons subject to this Policy may not retaliate in any way against complainants, witnesses, or Board Members. Persons subject to this Policy should immediately report any alleged or apparent retaliation against complainants, witnesses or Board Members to the Research Integrity Officer, who shall review the matter and, as necessary, make all reasonable and practical efforts to counter any potential or actual retaliation and protect

and restore the position and reputation of the person against whom the retaliation is directed.

5. Protecting the Respondent. As requested and as appropriate, the Research Integrity Officer and other institutional officials shall make all reasonable and practical efforts to protect or restore the reputation of persons alleged to have engaged in research misconduct, but against whom no finding of research misconduct is made.

The Research Integrity Officer is responsible for ensuring that respondents receive all the notices and opportunities provided for in this Policy. Respondents may consult confidentially with legal counsel or a non-lawyer personal adviser (who is not a principal or witness in the case) to seek advice and may bring a non-lawyer personal adviser to interviews, meetings or hearings on the case. Respondents may also consult their spouse or partner.

6. Notice. All notices required under this Policy will be considered complete when delivered to the recipient's College e-mail account.
7. Interim Administrative Actions. Throughout the Research Misconduct proceedings, the Research Integrity Officer will review the situation to determine if there is any threat of harm to public health or to individuals. In the event of such a threat, the Research Integrity Officer will, in consultation with other institutional officials, take appropriate interim action to protect against any such threat. Interim action might include additional monitoring of the research process, reassignment of personnel, additional review of research data and results or delaying publication.
8. Termination or Resignation Prior to Completing the Investigation. The termination of the Respondent's institutional employment, by resignation or otherwise, before or after an allegation of possible research misconduct has been reported, will not preclude or terminate the proceeding. If the Respondent, without admitting to the misconduct, elects to resign his or her position after the College receives an allegation of Research Misconduct the Inquiry will proceed, as well as the Investigation, as appropriate based on this Policy. If the Respondent refuses to participate in the process after resignation, the Research Integrity Officer and the Board will use their best efforts to reach a conclusion concerning the allegations, noting in the Inquiry Report and the Investigation Report the Respondent's failure to cooperate and its effect on the evidence.
9. Allegations Not Made in Good Faith. If relevant, the Dean will determine whether the Complainant's allegations of Research Misconduct were made in good faith, or whether a witness or Board Member failed to act in good faith. If the Dean determines that there was an absence of good faith they will determine whether any administrative action should be taken against the person who failed to act in good faith.
10. Adoption and Amendment. This Policy will become effective immediately upon its approval by the President of the College and supersedes all prior policies and

procedures for responding to allegations of Research Misconduct. The President, in consultation with the Dean, may amend this Policy.

Adopted:

David Wippman
President of the College

April 19, 2019
Date