

**Research Integrity Policy**

<b>Classification</b> Research	<b>Table of Contents</b> 1 Purpose ..... 1 2 Scope ..... 1 3 Definitions ..... 1 4 Policy Statement ..... 3 5 Responsibilities ..... 7 6 Related Policies ..... 8 7 Related Procedures ..... 8 8 Related Guidelines/Forms ..... 8 9 Related Information ..... 8 10 History ..... 9
<b>Approval Authority</b> General Faculties Council	
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**1 Purpose**

The purpose of this policy is to:

- a) promote integrity in Research;
- b) ensure compliance with applicable law;
- c) ensure that Research is conducted in accordance with the University’s expectations for ethical conduct; and
- d) promote an awareness of Research ethics within the University community.

**2 Scope**

This policy applies to Research that:

- a) is conducted by Academic Staff Members, Appointees, Employees, Students, Postdoctoral Scholars, and any other person who conducts Research under the auspices of, or in Affiliation with, the University; or
- b) uses University equipment, facilities, space, resources, Employees, Postdoctoral Scholars, or Students.

This policy and the related procedure apply to concerns about allegedly improper use of Intellectual Property only to the extent that the alleged use constitutes a breach of this policy.

**3 Definitions**

In this policy:

- a) “Academic Staff Member” means an individual who is engaged to work for the University and is identified as an academic staff member under the collective agreement between The University of Calgary Faculty Association and the Governors of the University of Calgary.
- b) “Affiliation” means a close connection or formal relationship as defined and interpreted by Tri-Council.

- c) “Affiliate” means an organization that has a close connection to or formal relationship with the University as defined and interpreted by Tri-Council.
- d) “Animal” means any living non-human vertebrate and any living invertebrate of the class of cephalopoda, including free-living and reproducing larval forms used for Research, teaching, breeding, or testing purposes.
- e) “Animal Care Committee” means the University Animal Care Committee, the Health Sciences Animal Care Committee, the Life and Environmental Sciences Animal Care Committee or the Veterinary Sciences Animal Care Committee.
- f) “Conflict of Interest” means activities or situations that may place an individual in a real, potential or perceived conflict between their duties or responsibilities related to Research, and personal, University 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. This definition of Conflict of Interest is as defined and interpreted by Tri-Council in the Tri-Agency Responsible Conduct of Research Framework.
- g) “Employee” means an individual who is engaged to work for the University under an employment contract or collective agreement.
- h) “Human” or “Humans” means Human Participants, or human biological materials, as well as human embryos, fetuses, fetal tissue, reproductive materials, and stem cells. This applies to materials derived from living and deceased individuals.
- i) “Human Participants” are individuals whose data, biological materials, or responses to interventions, stimuli or questions by a Researcher, are relevant to answering the Research question(s).
- j) “Indigenous Peoples” means the definition of Indigenous Peoples provided by the Tri-Council Policy Statement on Ethical Conduct for Research Involving Humans: Indigenous Peoples in the Canadian context means persons of First Nations, Inuit or Métis descent and their communities.
- k) “Research” means an undertaking intended to extend knowledge through disciplined inquiry or systematic investigation. The conduct of Research includes applying for and managing funds, collecting and analyzing data, and disseminating results.
- l) “Researcher” means an individual, who undertakes Research under the auspices of or in Affiliation with the University regardless of the source of funding.
- m) “Research Ethics Board” means the Conjoint Faculties Research Ethics Board (CFREB) and/or the Conjoint Health Research Ethics Board (CHREB).
- n) “Postdoctoral Scholar” means an individual who has completed a doctoral degree and is carrying out Research at the University under the direction or mentorship of a supervising academic staff member.
- o) “Student” means an individual registered in a University course or program of study.
- p) “Tri-Council” and “Tri-Agency” means the Canadian Institutes of Health Research (CIHR), the Natural Sciences and Engineering Research Council of Canada (NSERC) and the Social Sciences and Humanities Research Council of Canada (SSHRC).
- q) “University” means the University of Calgary.

## 4 Policy Statement

- 4.1** All Research at the University will be conducted in accordance with the Tri-Council Policy Statements, the *Tri-Agency Framework: Responsible Conduct of Research* as well as applicable law, ethical and professional standards, guidelines, policies and contractual obligations relevant to the Research.
- 4.2** Deans, Department Heads or the Director of the academic unit will ensure that their Researchers:
- a) understand their responsibilities under this policy;
  - b) receive appropriate training through Research Services or other appropriate sources in the skills necessary for the ethical conduct of Research. This may include Tri-Council or other reputable training on Research ethics, compliance, safety, or Research security; and
  - c) are aware of and comply with applicable law, ethical and professional standards, guidelines and policies and contractual obligations relevant to the Research.
- 4.3** Individuals who undertake Research will be thoroughly familiar with and will comply with applicable law, ethical and professional standards, guidelines, policies and contractual obligations.

### Responsible Conduct of Research

- 4.4** Researchers will 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 will comply with applicable law, ethical and professional standards, guidelines, policies and contractual obligations.

At a minimum, Researchers are responsible for 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, methods and findings, including graphs and images, in accordance with the applicable funding agreement, University policies and/or laws, regulations, and professional or disciplinary standards in a manner that will allow verification or replication of their work by others;
- c) referencing and, where applicable, obtaining permission for the use of all published and unpublished work, including data, source material, methods, 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 publishers;
- e) acknowledging, in addition to authors, all contributors and contributions to Research, including writers, funders and sponsors; and
- f) reporting and managing any real, potential or perceived Conflict of Interest in accordance with any applicable policies and procedures.

### Research Involving Humans

- 4.5** Research involving Humans will be conducted in accordance with the *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans* as well as applicable

law, ethical and professional standards, guidelines, policies and contractual obligations relevant to the Research.

- 4.6** Research involving Indigenous Peoples will be conducted in accordance with the principles of the *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans* and the United Nations Declaration on the Rights of Indigenous Peoples.
- 4.7** Research proposals involving Humans will be reviewed by a Research Ethics Board when required by Tri-Council Policy. In some cases, a Research proposal may need to be reviewed by more than one Research Ethics Board.
- 4.8** The University may authorize its Research Ethics Board(s) to accept ethics reviews undertaken by an external research ethics board. For greater than minimal risk research ethics reviews undertaken by an external ethics board may only be accepted where such authorization is based on an official, cross-institutional agreement.
- 4.9** Research protocols involving Humans will not be undertaken if the protocol has not received formal ethics approval by the appropriate Research Ethics Board. This prohibition includes:
  - a) any recruitment or interaction with Human Participants, their tissues and/or their data, collection and/or analyses of data, presentation/dissemination of data; the use of services, facilities, and space at the University and at an Affiliated organization; or
  - b) spending funds.

Absent formal ethics approval by the appropriate Research Ethics Board, Research accounts may be opened and funds may be spent only in accordance with Research Accounting [guidelines](#) for early release of funds.

- 4.10** A Researcher who is a principal investigator may appeal a decision made by a Research Ethics Board to the Research Ethics Appeal Board.
- 4.11** The Research Ethics Appeal Board will maintain procedures governing the conduct of appeal hearings.

#### **Research Involving Animals**

- 4.12** Research involving the use of Animals and tissues derived from Animals will be conducted in accordance with applicable laws and regulations and the University's ethical standards for Animal research and will adhere to:
  - a) the Canadian Council on Animal Care (CCAC) guidelines, policies and standards;
  - b) the Canadian Association of Laboratory Animal Medicine (CALAM/ACMAL) Standards of Veterinary Care; and
  - c) the Alberta Veterinary Medical Association (ABVMA) professional standards.
- 4.13** Animals and tissues derived from Animals are only to be used for Research purposes when there is a reasonable expectation of obtaining knowledge that will benefit people or Animals.
- 4.14** For Research involving Animals and tissues derived from Animals the University will also consider compliance with the requirements of other organizations on a project-by-project basis provided that these do not diminish or lessen the standards of care and conduct that would otherwise apply.

- 4.15** The appropriate Animal Care Committee will review the ethics of proposed teaching, Research or testing involving Animals and tissues derived from Animals.
- 4.16** The appropriate Animal Care Committee will determine if the proposed protocols comply with applicable law. If the Animal Care Committee finds that they are compliant, the protocols will be approved by the Animal Care Committee.
- 4.17** Findings of the Animal Care Committee may be appealed to the Vice-President (Research).
- 4.18** Research protocols involving Animals and tissues derived from Animals will not be undertaken if the protocols have not received formal ethics approval by the appropriate Animal Care Committee. This prohibition includes:
- a) any interaction involving Animals their tissues and/or their data, collection and/or analyses of data, presentation/dissemination of data;
  - b) the use of services, facilities, and space at the University and at an Affiliate organization; and
  - c) spending funds.
- Absent formal ethics approval by the appropriate Animal Care Committee, Research accounts may be opened and funds may be spent only in accordance with Research Accounting [guidelines](#) for early release of funds.
- 4.19** The University will acquire and maintain only the number and type of Animals that can be accommodated in existing facilities in accordance with applicable law.
- 4.20** Approval of a protocol, authorization of a Research grant, or receipt of a contract does not guarantee that the University will be able to acquire, house, and care for the Research or laboratory Animals specified under the terms of the project if, at the time the work is to proceed, the capacity of the University's facilities is otherwise fully utilized or space is unavailable.

**Breach of Research Integrity**  
**Conduct of Research**

- 4.21** A breach of Research integrity includes, but is not limited to, the following:
- a) *Fabrication*: Making up data, source material, methods or findings, including graphs and images.
  - b) *Falsification*: Manipulating, changing, or omitting data, source material, methods 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, University 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, methods or findings, including graphs and images, as one's own, without appropriate referencing and, if required, 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) *Failure to declare Conflict of Interest*: Failure to declare any real, potential or perceived Conflict of Interest in accordance with any applicable Conflict of Interest policies and procedures.
- i) *Mismanagement of Conflict of Interest*: Failure to appropriately manage any real, potential or perceived Conflict of Interest in accordance with any applicable Conflict of Interest policies and procedures.

### ***Funding Applications***

**4.22** It is a breach of Research integrity to make a misrepresentation in a funding application or related document, including:

- a) 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;
- b) applying for and/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; or
- c) the listing of co-applicants, collaborators or partners without their agreement.

### ***Management of Funds***

**4.23** With respect to Research funds, it is a breach of Research integrity to:

- a) provide incomplete, inaccurate or false information in a grant, award, or other funding application or related document;
- b) use sponsored Research funds for purposes inconsistent with the policies of the funding agency;
- c) misappropriate sponsored Research funds;
- d) contravene the financial policies of the funding agency; or
- e) provide incomplete, inaccurate or false information on documentation for expenditures from sponsored Research accounts.

### ***Policies and Ethics Approvals***

**4.24** It is a breach of Research integrity to fail to meet funding agency policy requirements or to fail to comply with relevant policies, laws or regulations.

**4.25** For certain types of Research activities, including Research involving Humans, Animals, or biohazards, it is a breach of Research integrity to fail to obtain the appropriate approvals, permits or certifications before conducting these Research activities.

***Responsibility to Report Breaches of Research Integrity***

**4.26** Every person that is subject to the policy who has reasonable grounds to believe that a breach of Research integrity is occurring or has occurred shall promptly report the matter, in writing, to the Protected Disclosure Advisor, in accordance with the Procedure for Investigating a Breach of Research Integrity.

**Violations**

**4.27** Violations of this policy will be managed in accordance with the procedure established and maintained by the Vice-President (Research), specifically under the Procedure for Investigating a Breach of Research Integrity.

**4.28** Individuals found to have violated this policy may lose the privilege of conducting Research and may also be subject to penalties or discipline under University policies and procedures, applicable collective agreements and applicable law.

**Records**

**4.29** Research data and records will be kept in accordance with the University's established record retention rules.

**5 Responsibilities**

**5.1** Researchers will:

- a) become familiar with the requirements of this policy and the procedure for Investigating a Breach of Research Integrity;
- b) comply with this policy and applicable law, ethical and professional standards, guidelines and contractual obligations for their Research projects;
- c) ensure that all Research they are involved with complies with this policy, applicable law, ethical and professional standards, guidelines and contractual obligations; and
- d) complete the Annual Financial and Compliance and Eligibility Certificate form.

**5.2** Deans, Department Heads and Directors of academic units will:

- a) become familiar with the requirements of this policy and the Procedure for Investigating a Breach of Research Integrity;
- b) ensure that Researchers in their faculty, department or unit understand their responsibilities under this policy;
- c) ensure Researchers in their faculty, department or unit receive appropriate training through Research Services or other appropriate sources (e.g. TCPS CORE Tutorial, CITI training modules) in the skills necessary for the ethical conduct of Research; and
- d) ensure Researchers in their faculty, department or unit are aware of applicable law, ethical and professional standards, guidelines and contractual obligations for their Research.

**5.3** Research Services will:

- a) provide appropriate support and training for Researchers relating to the ethical conduct of Research; and
- b) provide guidance to Researchers on applicable law, ethical and professional standards, guidelines and contractual obligations for their Research.

**5.4** CFREB will:

- a) review any Research proposal involving Humans submitted or otherwise referred to it to ensure that it meets acceptable ethical standards; and
- b) approve a protocol with or without modifications or reject a protocol.

**5.5** CHREB will:

- a) review any Research proposal from Researchers Affiliated with the faculties of Kinesiology, Medicine and Nursing;
- b) review any Research proposal involving Humans submitted or otherwise referred to it to ensure that it meets acceptable ethical standards; and
- c) approve a protocol with or without modifications or reject a protocol.

**5.6** Each Animal Care Committee will:

- a) review any Research proposal involving Animals or tissue derived from Animals or otherwise referred to it to ensure that it meets acceptable ethical standards; and
- b) approve a protocol with or without modifications or reject a protocol.

**5.7** The Protected Disclosure Advisor will:

- a) serve as the University's central point of contact to receive all confidential enquiries, allegations of breaches of this policy, and information related to allegations; and,
- b) facilitate the University's Procedure for Investigating a Breach of Research Integrity with respect to all allegations of breaches of this policy including ensuring that all individuals who are participants in the investigation process (i.e., complainants, witnesses, and respondents) are provided with information on supports available to them.

<b>6</b>	<b>Appendices</b>	<a href="#">CHREB Terms of Reference</a> <a href="#">Research Ethics Appeal Board</a> <a href="#">Research Ethics Website</a> <a href="#">Animal Health Unit Website</a>
<b>7</b>	<b>Procedure</b>	<a href="#">Investigating a Breach of Research Integrity, Procedure for</a>
<b>8</b>	<b>Related Policies</b>	<a href="#">Code of Conduct</a>
<b>9</b>	<b>Related Forms</b>	<a href="#">Annual Financial and Administrative Compliance and Eligibility Certificate</a>
<b>10</b>	<b>Related Information</b>	<a href="#">TCPS 2 Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans</a> <a href="#">Canadian Council on Animal Care Policy and Guidelines</a> <a href="#">The Canadian Association of Laboratory Animal Medicine Standards of Veterinary Care</a> <a href="#">The Alberta Veterinary Association professional codes and standards</a> <a href="#">ARECCI</a> <a href="#">Province of Alberta Health Information Act: Guidelines and Practices Manual</a>

FAQs Acceptable Conduct Pending Ethics Approval

**11 History**

This policy will replace the Animal Care and Use Policy (2008); the Human Subject Research Ethics Policy (2008); the Integrity in Scholarly Activity Policy (1995) and the Northern Research Ethics Policy (1977).

December 12, 2014      Approved.

December 12, 2014      Effective.

October 31, 2018      Editorial Revision. Updated definition of “Student”.

January 1, 2020      Editorial Revision. Updated format and links.

June 8, 2023      Revised.