Attachment 30
University of Mississippi Medical Center
Policy on Misconduct in Research

PURPOSE

The maintenance of high ethical standards in research is essential and an inherent responsibility of all members of the University of Mississippi Medical Center faculty and staff. Validity and accuracy in the collection and reporting of data are basic to the scientific process; dishonesty in these endeavors runs counter to the very nature of research which pursues truth in the quest for new knowledge. UMMC research investigators are expected to strictly adhere to the principles which have long governed scientific research and to recognize that preservation of the public’s trust and the institution’s integrity is fundamental to the continuing productivity of biomedical research on this campus.

This policy defines research misconduct and describes the procedures for handling allegations of misconduct at UMMC. This policy is intended to conform to the requirements of the Code of Federal Regulations, Title 42, Part 93, which relates to federally funded research; however, this policy shall apply to all research, regardless of the funding source, or lack thereof. The only exception to the applicability of this policy is in the involvement of the Office of Research Integrity (ORI) when there is no PHS funding agency involved in the research. Additionally, should a sponsoring agency have additional requirements to those covered by this policy, UMMC will abide by the agreement entered into with that sponsor.

RESEARCH MISCONDUCT

An allegation of research misconduct is defined as a disclosure of possible research misconduct through any means of communication. Misconduct in research is defined as a significant departure from accepted practices of the relevant research community; the misconduct was committed intentionally, knowingly, or recklessly; and the allegation can be proven by a preponderance of evidence. Misconduct in research includes fabrication, falsification, plagiarism, or other practices that seriously deviate from those that are commonly accepted within the scientific community for proposing, performing, or reviewing research, or in reporting research results. Misconduct does not include honest error or honest differences in interpretation or judgments of data.

APPLICABILITY

This policy applies to faculty, staff, students, trainees, contracted persons or volunteers, herein referred to as institutional members, who at the time of the alleged misconduct where employed by or contracted with UMMC. This policy applies to all research, whether the research is supported by Federal Funding, other external funding or supported by institutional funds.

CONFIDENTIALITY

To the extent allowed by law, UMMC shall securely and confidentially maintain the identity of the individual(s) for whom an allegation of misconduct has been reported, herein referred to as the respondent, and the individual alleging the misconduct, herein referred to as the complainant(s), and shall not disclose any identifying information, except to (1) those who need to know in order to carry out a thorough, competent, objective and fair research misconduct proceeding; and (2) the ORI as it conducts its review of the research misconduct proceeding and any subsequent proceedings.
To the extent allowed by law, any information obtained during the research misconduct proceeding that might identify the subjects of research shall be maintained securely and confidentially and shall not be disclosed, except to those who need to know in order to carry out the research misconduct proceeding.

**COOPERATION WITH PROCEEDINGS**

In the event of a case of alleged misconduct, all persons involved in the proceedings are expected to cooperate fully and to conduct themselves in an ethical manner. Institutional members will cooperate with the Office of Integrity and Compliance and other institutional officials in the review of allegations and the conduct of inquiries and investigations. Employees, including respondents, have an obligation to provide evidence relevant to research misconduct allegations to the Office of Integrity and Compliance or other institutional officials.

**RETAILIATION**

Institutional members may not retaliate in any way against complainants, witnesses, or committee members. Institutional members should immediately report any alleged or apparent retaliation against complainants, witnesses or committee members to the Vice Chancellor for Health Affairs, 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.

As requested and as appropriate, the Vice Chancellor of Health Affairs 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.

**REPORTING RESEARCH MISCONDUCT**

Persons covered by this policy will report observed, suspected, or apparent research misconduct to the Vice Chancellor for Health Affairs, the Dean of the appropriate school or the Office of Integrity and Compliance. 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 Office of Integrity and Compliance at 601-815-3944 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 Office of Integrity and Compliance will refer the individual or allegation to other offices or officials with responsibility for resolving the problem.

At any time, an employee may have confidential discussions and consultations about concerns of possible misconduct with the Office of Integrity and Compliance and will be counseled about appropriate procedures for reporting allegations.

**INTERIM ADMINISTRATIVE ACTIONS**

Throughout the research misconduct proceeding, the Office of Integrity and Compliance will review the situation to determine if there is any threat of harm to public health, federal funds and equipment, or the integrity of the institution’s research process and PHS supported research. In the event of such a threat, the Office of Integrity and Compliance will, in consultation with the Office of Research, Grants and Contracts or other applicable institutional officials and ORI, take appropriate interim action to protect against any such threat. Interim action might include additional monitoring of the research process and the handling of federal funds and equipment, reassignment of personnel or of the responsibility for the handling of federal funds and equipment, additional review of research data and results or delaying publication. In the event that the respondent is involved in other research processes at the time of the
research misconduct proceedings, the Office of Integrity and Compliance may request that the Office of Research, Grants and Contracts and the appropriate research review board hold approval of any new projects or place additional monitoring controls or restrictions on any ongoing research projects until the completion of the proceedings. The Office of Integrity and Compliance shall, at any time during a research misconduct proceeding, notify ORI immediately if he/she has reason to believe that any of the following conditions exist:

- Health or safety of the public is at risk, including an immediate need to protect human or animal subjects;
- HHS resources or interests are threatened;
- Research activities should be suspended;
- There is a reasonable indication of possible violations of civil or criminal law;
- Federal action is required to protect the interests of those involved in the research misconduct proceeding;
- The research misconduct proceeding may be made public prematurely and HHS action may be necessary to safeguard evidence and protect the rights of those involved; or
- The research community or public should be informed.

RESEARCH MISCONDUCT ASSESSMENT AND INQUIRY

Assessment of Allegations
Promptly after receiving an allegation of research misconduct, within seven business days, the allegation shall be assessed to determine if: (1) it meets the definition of research misconduct; (2) it falls under the provisions of 42 CFR Section 93.102; (3) the allegation is sufficiently credible and specific so that potential evidence of research misconduct may be identified.

At the assessment stage, the Office of Integrity and Compliance will review the report of misconduct to determine if an inquiry is substantiated. Interviews will not be conducted at this time, except as necessary to determine whether the allegation is sufficiently credible and specific so that potential evidence of research misconduct may be identified.

Notification of Inquiry
At the initiation of the inquiry, the presumed respondent, if known, shall be notified, in writing, of the allegation and the inquiry proceedings. If the inquiry subsequently identifies additional respondents, they shall be notified in writing. Notification of the inquiry shall also be provided to the Department Chairperson or the Dean of the appropriate school.

The Office of Integrity and Compliance shall, on or before the date on which the respondent is notified of the allegation, obtain custody of, inventory, and sequester all research records and evidence needed to conduct the research misconduct proceeding. In the event that research records or evidence encompass scientific instruments shared by a number of users, custody may be limited to copies of the data or evidence on such instruments, so long as those copies are substantially equivalent to the evidentiary value of the instruments. Where appropriate, Respondent shall be given copies of the records or reasonable supervised access to the documents, as determined by the Office of Integrity and Compliance. The Office of Integrity and Compliance may consult with ORI for advice and assistance in this regard.

Inquiry Procedures
If the Office of Integrity and Compliance determines that the criteria for an inquiry are met, immediate initiation of the inquiry process will occur. The purpose of the inquiry is to conduct an initial review of
the available evidence to determine whether to conduct an investigation. An inquiry does not require a full review of all the evidence related to the allegation. The inquiry is designed to separate allegations worthy of further investigation from unsubstantiated or frivolous allegations.

**Inquiry Interviews**
The Office of Integrity and Compliance will interview the complainant, the respondent and key witnesses as well as exam relevant research records and materials and prepare an inquiry report. The scope of the inquiry is not required to and does not normally include deciding whether misconduct definitely occurred, determining definitely who committed the research misconduct or conducting exhaustive interviews and analyses. However, if a legally sufficient admission of research misconduct is made by the respondent, misconduct may be determined at the inquiry stage if all relevant issues are resolved. In that case, the institution shall promptly consult with ORI to determine the next steps that should be taken.

**Inquiry Completion Time**
The inquiry shall be completed, including preparation of an inquiry report, determination of further investigation and a reasonable opportunity for the respondent to comment on the inquiry report, within 60 calendar days of its initiation, unless the circumstances warrant a longer period. If the inquiry takes longer than 60 days to complete, documentation of the reason for the delay shall be included in the inquiry report. The respondent will be notified of a delay in the inquiry report.

**Inquiry Report**
The inquiry report shall contain the following information: (1) The name and position of the respondent; (2) A description of the allegations of research misconduct; (3) The federal support involved, including, for example, grant numbers, grant applications, contracts, and publications listing federal support; (4) The basis for recommending that the alleged actions warrant an investigation or other actions that should be taken if an investigation is not recommended; and (5) Any comments on the report by the respondent or the complainant. Additionally, the report shall include the name of the reviewer(s), a summary of the inquiry process, a list of items reviewed and a summary of interviews.

A draft report will be provided to the respondent for the opportunity to comment on findings of the inquiry. The respondent shall have ten (10) days to return comments to the Office of Integrity and Compliance. Comments received from the respondent will be attached to the final inquiry report.

The complainant will not receive a copy of the draft inquiry report but will be notified of the results of the inquiry (i.e., the inquiry warranted further investigation or that allegation(s) were not substantiated or did not meet the definition of research misconduct). The complainant shall have ten (10) days to return comments to the Office of Integrity and Compliance. Comments received from the complainant will be attached to the final inquiry report.

**Inquiry Findings**
The respondent shall be notified of the results of the inquiry and provided a copy of the final inquiry report with an attached copy of UMMC’s policy on Research Misconduct with a reference to federal regulations, 42 CFR Part 93. The complainant shall not receive a copy of the inquiry report but shall be notified of the results (i.e., the inquiry warranted further investigation or that allegation(s) were not substantiated or did not meet the definition of research misconduct).

The Office of Integrity and Compliance will deliver the final report to the Vice Chancellor for Health Affairs. The Vice Chancellor for Health Affairs shall make the final determination, based on the inquiry report, if an investigation is warranted. If an allegation of misconduct is not substantiated by the inquiry, the University will make diligent efforts, as appropriate, to restore the reputations of those involved in the allegation of misconduct.
RESEARCH MISCONDUCT INVESTIGATION

The investigation will begin within 30 days after the determination of the Vice Chancellor. The purpose of the investigation is to develop a factual record by exploring the allegations in detail and examining evidence in depth, leading to recommended findings on whether research misconduct has been committed, by whom, and to what extent. The investigation will also determine whether there are additional instances of possible research misconduct that would justify broadening the scope beyond the initial allegations. This is particularly important where the alleged research misconduct involves clinical trials or potential harm to human subjects or the general public or if it affects research that forms the basis for public policy, clinical practice, or public health practice. Under 42 CFR § 93.313 the findings of the investigation must be set forth in an investigation report.

Notification of Investigation
If the Vice Chancellor for Health Affairs determines that an investigation is warranted, the respondent and their Department Chairperson will immediately be notified of the allegations to be investigated and advised that: (1) the sponsoring agency and/or grantor(s) is being notified of the investigation; (2) that notification is being sent to UMMC’s Office of Research, Grants and Contracts and the Institutional Review Board or the Institutional Animal Care and Use Committee; (3) if necessary, the Office of Research Integrity (ORI) is being notified, and (4) that a review committee is being appointed to thoroughly investigate the alleged misconduct and determine if the allegations have any basis in fact.

During the course of the investigation, the respondent shall be given written notice of any new allegations, which were not addressed in the initial inquiry or in the initial notice of the investigation, within a reasonable time after determining to pursue the allegations.

If applicable, within 30 days of the Vice Chancellor’s written decision that an investigation is warranted, the Office of Integrity and Compliance will provide ORI with the Vice Chancellor’s decision and a copy of the inquiry report. The following information will be provided to ORI upon request: (1) the institutional policies and procedures under which the inquiry was conducted; (2) the research records, evidence reviewed, transcripts or recordings of any interviews, and copies of all relevant documents; and (3) the charges to be considered in the investigation.

On or before the date on which an investigation begins, UMMC shall provide ORI with the written findings by the Office of Integrity and Compliance and a copy of the inquiry report. UMMC shall promptly comply with request from ORI for additional information regarding the allegation of misconduct, the inquiry process and the results of the inquiry.

Decision Not To Investigate
If the Vice Chancellor for Health Affairs decides that an investigation is not warranted, the Office of Integrity and Compliance shall secure and maintain for 7 years after the termination of the inquiry sufficiently detailed documentation of the inquiry to permit a later assessment by ORI of the reasons why an investigation was not conducted. These documents must be provided to ORI or other authorized HHS personnel upon request.

Sequestration of Research Record for the Investigation
Prior to notifying the respondent of the allegations to be investigated, the Office Of Integrity and Compliance will take all reasonable and practical steps to obtain custody of and sequester in a secure manner all research records and evidence needed to conduct the research misconduct proceeding that were not previously sequestered during the inquiry. The need for additional sequestration of records for
the investigation may occur for any number of reasons, including the institution's decision to investigate additional allegations not considered during the inquiry stage or the identification of records during the inquiry process that had not been previously secured. The procedures to be followed for sequestration during the investigation are the same procedures that apply during the inquiry.

**Review Committee**

A review committee will be selected and begin the formal investigation within 30 calendar days of the respondent’s notification. The selection of a review committee will be based on scientific expertise that is pertinent to the matter and, prior to selection, committee members shall be screened for any unresolved personal, professional, or financial conflicts of interest with the respondent, complainant, potential witnesses, or others involved in the matter. Any such conflict which a reasonable person would consider to demonstrate potential bias shall disqualify the individual from selection. The respondent may be given the opportunity to review proposed membership to the committee and object to a proposed member. If this is allowed, a 10 day limit will be placed on the respondent to make a written objection to a member appointment.

In conducting all investigations, the review committee shall:

1. Use diligent efforts to ensure that 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 allegations;
2. Take reasonable steps to ensure an impartial and unbiased investigation to the minimum extent practical;
3. Interview each respondent, complainant, 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, and record or transcribe each interview, provide the recording or transcript to the interviewee for correction, and include the recording or transcript in the record of investigation; and
4. Pursue diligently all significant issues and leads discovered that are determined relevant to the investigation, including any evidence of additional instances of possible research misconduct, and continue the investigation to completion.

**Charge to the Committee**

The Office of Integrity and Compliance will define the subject matter of the investigation in a written charge to the committee that:

1. Describes the allegations and related issues identified during the inquiry;
2. Identifies the respondent;
3. Informs the committee that it must conduct the investigation in accordance with this policy;
4. Defines research misconduct;
5. Informs the committee that it must evaluate the evidence and testimony to determine whether, based on a preponderance of the evidence, research misconduct occurred and, if so, the type and extent of it and who was responsible;
6. Informs the committee that in order to determine that the respondent committed research misconduct it must find that a preponderance of the evidence establishes that: (a) research misconduct, as defined in this policy, occurred (respondent has the burden of proving by a preponderance of the evidence any affirmative defenses raised, including honest error or a difference of opinion); (b) the research misconduct is a significant departure from accepted practices of the relevant research community; and (c) the respondent committed the research misconduct intentionally, knowingly, or recklessly; and
7. Informs the committee that it must prepare or direct the preparation of a written investigation report that meets the requirements of this policy and 42 CFR § 93.313.

The Office of Integrity and Compliance will convene the first meeting of the investigation committee to
review the charge, the inquiry report, and the prescribed procedures and standards for the conduct of the investigation, including the necessity for confidentiality and for developing a specific investigation plan. The investigation committee will be provided with a copy of this statement of policy and procedures and 42 CFR Part 93. The Office of Integrity and Compliance will be present or available throughout the investigation to advise the committee as needed.

**Interviews**
The respondent will be notified sufficiently in advance of the scheduling of his/her interview in the investigation so that the respondent may prepare for the interview. The complainant and any witnesses, who may need to be interviewed as part of the investigation, shall be notified in advance of the scheduling of his/her interview.

**Completion Time**
The investigation will be completed within 120 days of onset, including conducting the investigation, preparing the report of findings, providing the draft report for comment and sending the final report to ORI. However, if the Office of Integrity and Compliance determines that the investigation will not be completed within this 120-day period, a written request will be submitted to ORI for an extension, setting forth the reasons for the delay. The Office of Integrity and Compliance will ensure that periodic progress reports are filed with ORI, if ORI grants the request for an extension and directs the filing of such reports.

**Elements of the Investigation Report**
The investigation report shall include:

1. Description of the nature of the allegations of research misconduct;
2. Description and documentation of the PHS support, including, for example any grant numbers, grant applications, contracts, and publications listing federal support;
3. Description of the specific allegations of research misconduct considered in the investigation;
4. Institutional policies and procedures under which the investigation was conducted, if not already provided to ORI;
5. Summary of the research records and evidence reviewed, and identify any evidence taken into custody, but not reviewed. The report should also describe any relevant records and evidence not taken into custody and explain why.
6. A statement of findings for each allegation of research misconduct identified during the investigation. Each statement of findings must:
   - Identify it as falsification, fabrication, or plagiarism and whether it was intentional, knowing, or in reckless disregard;
   - Summarize the facts and the analysis supporting the conclusion and consider the merits of any reasonable explanation by the respondent, including any effort by the respondent to establish by a preponderance of the evidence that he or she did not engage in research misconduct because of honest error or a difference of opinion;
   - Identify the specific PHS support;
   - Identify whether any publications need correction or retraction;
   - Identify the person(s) responsible for the misconduct, and
   - List any current support or known applications or proposals for support that the respondent has pending with non-PHS Federal agencies.

**Draft Report**
Upon completion of investigation, a draft investigation report shall be prepared and provided to the respondent, and concurrently, a copy of, or supervised access to, the evidence on which the report is based. The respondent must submit in writing any comments within 30 days of the date on which he/she received the draft report. These comments shall be included and considered in the final investigation report.
The complainant may be provided a copy of the draft investigation report or relevant portions of the draft report. If this is allowed, the complainant must submit in writing any comments within 30 days of the date on which he/she received the draft report. These comments shall also become part of the final investigation report.

The Office of Integrity and Compliance shall inform recipients of the confidentiality under which the draft report is made available and may establish reasonable conditions to ensure such confidentiality, such as obtaining a signed confidentiality agreement prior to release.

**Final Draft Report**

The Office of Integrity and Compliance will assist the investigation committee in finalizing the draft investigation report, including ensuring that the respondent’s and complainant’s comments are included and considered, and transmit the final investigation report to the Vice Chancellor, who will determine in writing, (1) whether the institution accepts the investigation report, its findings, and the recommended institutional actions; and (2) the appropriate institutional actions in response to the accepted findings or research misconduct. If this determination varies from the findings of the investigation committee, the Vice Chancellor will, as part of his/her written determination, explain in detail the basis for rendering a decision different from the findings of the investigation committee. Alternatively, the Vice Chancellor may return the report to the investigation committee with a request for further fact-finding or analysis.

**Final Decision**

When a final decision on the case has been reached, the Office of Integrity and Compliance will normally notify both the respondent and the complainant in writing. After informing ORI, the Vice Chancellor will determine whether law enforcement agencies, professional societies, professional licensing boards, editors of journals in which falsified reports may have been published, collaborators of the respondent in the work, or other relevant parties should be notified of the outcome of the case. The Office of Integrity and Compliance is responsible for ensuring compliance with all notification requirements of funding or sponsoring agencies.

A determination of misconduct may require inquiry into other ongoing research projects for which the respondent is Principal Investigator or CO-Investigator.

**Appealing the Findings of the Investigation**

If the respondent feels that pertinent information was excluded from the investigation, the respondent may file an appeal with the Vice Chancellor for Health Affairs. The request for an appeal must be submitted in writing within 30 days from the date of the report and must include just cause for re-opening the investigation. The appeal process must be completed within 120 calendar days from the date of its filing.

**Completion of Investigation**

Every effort will be made to complete the investigation within 120 calendar days of the date on which it began, including conducting the investigation, preparing the report of findings, providing the draft report for comment, if necessary, consideration of the respondent’s appeal of the finding, and submission of the final report to ORI. If it becomes apparent that the investigation can not be completed within the 120-day period, an extension shall be promptly requested in writing from ORI. Upon approval of an extension and as directed by PHS, periodic progress reports shall be submitted to PHS.

Within 120-day period for completing the investigation, the following will be submitted to ORI: (1) a copy of the final investigation report with all attachments and, if applicable, any appeals; (2) a statement of whether the institution accepts the findings of the investigation report, or the outcome of the appeal; (3)
a statement of whether the institution found misconduct and, if so, who committed the misconduct; and (4) a description of any pending or completed administrative actions against the respondent.

UMMC shall cooperate fully and on a continuing basis with ORI during its oversight of this institution’s research misconduct proceedings, including the process under which the respondent may contest ORI findings of research misconduct and proposed HHS administrative actions.

Premature Closure or Investigation
Generally, all inquiries and investigations will be carried through to completion and all significant issues will be pursued diligently. The Office of Integrity and Compliance must notify ORI in advance if there are plans to close a case at the inquiry, investigation, or appeal stage on the basis that respondent has admitted guilt, a settlement with the respondent has been reached, or for any other reason, except: (1) closing of a case at the inquiry stage on the basis that an investigation is not warranted; or (2) a finding of no misconduct at the investigation stage, which must be reported to ORI, as prescribed in this policy and 42 CFR § 93.315.

Institutional Administrative Actions
If the Vice Chancellor for Health Affairs determines that research misconduct is substantiated by the findings, he or she will decide on the appropriate actions to be taken, after consultation with the Office of Integrity and Compliance. The administrative actions may include:

- Notification to the respondent’s sponsoring agency of the findings of the investigation and, if deemed proper, appropriate restitution will be made to the grantor agency;
- Withdraw or correction of all pending or published abstracts and papers emanating from the research where research misconduct was found;
- Removal of the responsible person from the particular project, letter of reprimand, special monitoring of future work, probation, suspension, salary reduction, or initiation of steps leading to possible rank reduction or termination of employment;
- Other actions appropriate to the research misconduct;

Additionally, notification shall be provided to the Office of Research, Grants and Contracts, and the appropriate institution board. If the respondent is tenured, the committee’s report will be referred to the Committee of Promotions and Tenure in the appropriate school. The committee will review the findings and recommend action to the appropriate Dean and the Vice Chancellor. If the investigator is not a tenured faculty member, the committee’s findings will be reviewed by the respondent’s supervisor, department head and the appropriate dean for disciplinary action.

Time Limitations
Allegations must be raised within six years of the date on which the alleged research misconduct occurred unless (1) the respondent continues or renews any incident of alleged research misconduct that occurred before the six-year limitation through the citation, republication or other beneficial use of the research record that is alleged to have been fabricated, falsified, or plagiarized; or (2) if it is determined that the alleged misconduct, if it occurred, could possibly have a substantial adverse affect on the health or safety of the public.

OTHER CONSIDERATIONS

Termination or Resignation Prior to Completing Inquiry or 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 research misconduct proceeding or otherwise limit any of the institution’s responsibilities under 42 CFR Part 93.
If the respondent, without admitting to the misconduct, elects to resign his or her position after the institution receives an allegation of research misconduct, the assessment of the allegation will proceed, as well as the inquiry and investigation, as appropriate based on the outcome of the preceding steps. If the respondent refuses to participate in the process after resignation, the Office of Integrity and Compliance and/or the investigation committee will use their best efforts to reach a conclusion concerning the allegations, noting in the report the respondent's failure to cooperate and its effect on the evidence.

Restoration of the Respondent's Reputation
Following a final finding of no research misconduct, including ORI concurrence where required by 42 CFR Part 93, the Office of Integrity and Compliance must, at the request of the respondent, undertake all reasonable and practical efforts to restore the respondent's reputation. Depending on the particular circumstances and the views of the respondent, the Office of Integrity and Compliance should consider notifying those individuals aware of or involved in the investigation of the final outcome, publicizing the final outcome in any forum in which the allegation of research misconduct was previously publicized, and expunging all reference to the research misconduct allegation from the respondent's personnel file. Any institutional actions to restore the respondent's reputation should first be approved by the Vice Chancellor for Health Affairs.

Protection of the Complainant, Witnesses and Committee Members
During the research misconduct proceeding and upon its completion, regardless of whether the institution or ORI determines that research misconduct occurred, the Office of Integrity and Compliance must undertake all reasonable and practical efforts to protect the position and reputation of, or to counter potential or actual retaliation against, any complainant who made allegations of research misconduct in good faith and of any witnesses and committee members who cooperate in good faith with the research misconduct proceeding. The Vice Chancellor will determine, after consulting with the Office of Integrity and Compliance, and with the complainant, witnesses, or committee members, respectively, what steps, if any, are needed to restore their respective positions or reputations or to counter potential or actual retaliation against them. The Office of Integrity and Compliance is responsible for implementing any steps the Vice Chancellor approves.

Allegations Not Made in Good Faith
If relevant, the Vice Chancellor for Health Affairs will determine whether the complainant’s allegations of research misconduct were made in good faith, or whether a witness or committee member acted in good faith. If the Vice Chancellor determines that there was an absence of good faith he/she will determine whether any administrative action should be taken against the person who failed to act in good faith.

Time Limitations:
Allegations must be raised within six years of the date on which the alleged research misconduct occurred unless (1) the respondent continues or renews any incident of alleged research misconduct that occurred before the six-year limitation through the citation, republication or other beneficial use of the research record that is alleged to have been fabricated, falsified, or plagiarized; or (2) if the Vice Chancellor for Health Affairs, following consultation with the sponsoring agency, determines that the alleged misconduct, if it occurred, could possibly have a substantial adverse affect on the health or safety of the public.
Record Maintenance:
The Office of Integrity and Compliance shall maintain and provide to ORI, if applicable, upon request all relevant research records and records of the research misconduct proceedings, including results of all interviews and the transcripts or recordings of such interviews.

UMMC shall maintain all records of the research misconduct proceeding for seven (7) years after completion of the proceeding, or, where applicable, seven (7) years after any ORI or HHS proceeding as a result of UMMC’s finding of research misconduct, whichever is later, unless custody of records and evidence have been transferred to HHS, or ORI has advised that records no longer need to be retained.