



Medical College of Georgia

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Policy for Responding To Allegations of Research Misconduct

Policy 9.07

Volume 9 Research
Chapter 7 Policy for
 Responding to Allegations of
 Research Misconduct
Responsible Office: Vice President
 for Research Development
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Policy Statement

Misconduct in research includes fabrication, falsification, or plagiarism in proposing, performing, or reviewing research, or in reporting research results. A finding of research misconduct requires that the allegation be proven by a preponderance of the evidence. This policy describes the procedures for investigating claims of misconduct in research at the Medical College of Georgia. The Faculty Research Ethics Committee will be responsible for carrying out a full investigation of charges of research misconduct. Each person involved shall be free from any restraint, interference, coercion or reprisal on the part of associates or supervisors in initiating any good-faith charge or appeal, in accompanying or advising the person(s) making such a charge or appeal, in appearing as a witness, or in seeking information pursuant to the procedures described in this document.

Reason For Policy

The purpose of this policy is to assure the integrity of research conducted on behalf of the Medical College of Georgia. All organizations receiving Federal research funds must comply with high standards of research integrity as set forth by Federal policy. While Federal funding agencies have ultimate oversight for misconduct in research, the research institutions bear the primary responsibility for prevention and detection of research misconduct and the investigation and adjudication of allegations of research misconduct.

Entities Affected By This Policy

All faculty, technical staff, residents, fellows, trainees, and individuals employed on a contractual basis conducting research at the Medical College of Georgia, as well as any person who makes accusations of research misconduct in good faith, are affected by this policy.

Who Should Read This Policy

All faculty, technical staff, residents, fellows, trainees, and individuals employed on a contractual basis conducting research at the Medical College of Georgia should read and be aware of this policy. In particular, faculty in administrative positions (e.g., department chairs, deans) must know this policy.

Contacts

Contact	Phone	e-mail/URL
Vice President for Research Development	706-721-6900	http://www.mcg.edu/research.htm
Chair, Faculty Research Ethics Committee		

Website Address For This Policy

<http://www.mcg.edu/aaffairs/policies/pdfs/p907.pdf>

Related Documents

Office of Research Integrity “Handling Misconduct: Introduction”:
<http://ori.dhhs.gov/misconduct/>

Offices of Science & Technology Policy: Proposed Federal Policy on Research Misconduct to Protect the Integrity of the Research Record: Federal Register 64:55722–55725, 1999: http://frwebgate.access.gpo.gov/cgi-bin/getpage.cgi?dbname=1999_register&position=all&page=55722

Federal Register: Department of Health and Human Services “42 CFR Parts 50 and 93 Public Health Service Policies on Research Misconduct; Final Rule”: http://ori.dhhs.gov/documents/42_cfr_parts_50_and_93_2005.pdf

Georgia Open Record Act: http://www.ganet.org/ago/open_records.html

Beyond the Framework: “Institutional Considerations in Managing Allegations of Misconduct in Research”:
https://services.aamc.org/Publications/index.cfm?fuseaction=Product.displayForm&prd_id=25&prv_id=14&cfid=1&cftoken=58496BA2-DB28-42F1-80858CB33945B968

Definitions

These definitions apply to these terms as they are used in this policy (most definitions are from Federal Register 64: 55722, 1999 (second document above):

Complainant	The individual that makes a complaint of research misconduct.
Fabrication	Making up results and recording or reporting them.
Falsification	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.
Plagiarism	The appropriation of another person’s ideas, processes, results or words without giving appropriate credit, including those obtained through confidential review of others’ research proposals and manuscripts.
Research Misconduct	Research misconduct is defined to include fabrication, falsification, or plagiarism in proposing, performing, or reviewing research, or in reporting research results. It does not include honest error or honest differences in interpretations or judgments of data.

Research misconduct also includes violation of the Medical College of Georgia’s policies that have or could have an adverse effect on the integrity of research or the safety of people, animals and property. This includes the failure to obtain proper review and approval by the responsible university committees for research involving human subjects (i.e., Institutional Review Boards), animal subjects (i.e., Institutional Animal Care and Use Committee), radioactive materials (i.e., Radiation Safety Committee), chemical hazards (i.e., Institutional Chemical Committee), or biohazards (i.e., Institutional Biosafety Committee); and the failure to follow rules and guidelines established by these committees.

Research misconduct also includes condoning of fraud in

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research or violations of university research policy. This includes failure on the part of a member of the university to notify university authorities if it becomes obvious that misconduct in research has occurred, and failure to cooperate in an investigation under these procedures.

Research Record	Record of data or results that embody the facts resulting from scientific inquiry and includes, for example, laboratory records, both physical and electronic, research proposals, progress reports, abstracts, theses, oral presentations, internal reports, and journal articles.
Respondent	The party who has had a complaint of research misconduct made against him or her.
Faculty Research Ethics Committee	<p>The Faculty Research Ethics Committee shall be appointed by the Executive Committee of the University Faculty Senate, subject to the approval of the Senate, from the corps of instruction of the university, excluding department chairs and associate deans. All appointees shall be selected for their expertise and good character.</p> <p>The Faculty Research Ethics Committee shall consist of 10 members, including the chair. The term of service shall be three years (staggered) with unlimited eligibility for reappointment. The chair of the committee is appointed for a three-year term by the Executive Committee of the University Faculty Senate.</p>
Executive Committee of Academic Council	The Executive Committee of University Faculty Senate appoints the Faculty Research Ethics Committee. The Executive Committee will receive and review an annual report from the Faculty Research Ethics Committee concerning its investigations of misconduct during the past year.
Inquiry Committee	The Inquiry Committee consists of two faculty members appointed by the dean when a case of research misconduct arises. These committee members may not be members of the Faculty Research Ethics Committee and will have no real or apparent conflicts of interest in the case of research misconduct being investigated.
Investigation Committee	This <i>ad hoc</i> committee consists of five members of the Faculty Research Ethics Committee who are appointed by the chair of the Faculty Research Ethics Committee. One of the five members will be appointed as chair. The committee will conduct a thorough investigation of all claims of misconduct assigned to it and make a written report of its findings to the chair of the Faculty Research Ethics Committee, the complainant, and the respondent.

Overview

A finding of research misconduct (see definitions above) requires that: (1) there be significant departure from accepted practices of the scientific community for maintaining the integrity of the research record; (2) the misconduct be committed intentionally or knowingly or in reckless disregard of accepted practices; and (3) the allegation of research misconduct be proven by a preponderance of the evidence.

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This policy describes the procedures for investigating claims of misconduct in research. The Faculty Research Ethics Committee, a standing committee of Medical College of Georgia University Faculty Senate, will be responsible for carrying out a full investigation of charges of research misconduct as determined to be warranted by the dean (or Vice President for Research Development).

Each person shall be free from any restraint, interference, coercion or reprisal on the part of associates or supervisors in initiating any good-faith charge or appeal, in accompanying or advising the person(s) making such a charge or appeal, in appearing as a witness, or in seeking information pursuant to the procedures described in this document. The above principle will apply with equal force after a charge has been adjudicated. Should a violation of this principle be brought to the attention of either the Executive Committee of the University Faculty Senate or the Vice President for Research Development, the committee or the Vice President for Research Development shall bring the facts to the attention of the President of the Medical College of Georgia and the chair of the Faculty Research Ethics Committee and such conduct may result in disciplinary action.

The investigation of any charges of research misconduct and resulting written reports are considered confidential information, subject to the requirements of Georgia law regarding open records. MCG employees who make, receive, or learn of an allegation of research misconduct will protect, to the maximum extent possible, the confidentiality of information regarding the complainant, respondent, and other affected individuals. Information concerning the allegations and investigation should only be shared with involved parties when necessary to obtain relevant information or counsel.

Process/Procedures

Submission of an Allegation

Any individual who believes that he or she has knowledge of misconduct in research at MCG shall have the option of submitting a written allegation to the appropriate department chair or to the chair of the Faculty Research Ethics Committee or the Vice President for Research Development. If there is a question as to how an allegation should be filed, the individual should contact the Vice President for Research Development or the chair of the Faculty Research Ethics Committee. When a written allegation is made, it will immediately be reported to the dean in the school where the alleged misconduct occurred. A dean who has been notified of a charge of misconduct shall inform the Vice President for Research Development and the appropriate department chair if the chair has not been previously notified.

Outline of Procedures & Timeline

- Written allegation made; dean (or Vice President for Research Development) notified.
- Preliminary assessment made by dean (or Vice President for Research Development) (5 days).
- Inquiry phase will be conducted by two faculty members; this phase will not last longer than 60 days from time of receipt of written allegation by dean (or Vice President for Research Development).
- If investigation is required, this must be completed within 90 days after its initiation.
- Investigation committee recommends action to President of the Medical College of Georgia.

Inquiry

A. Preliminary Assessment of the Allegation

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Upon receipt of any written charge of research misconduct in his/her school or college, a dean shall conduct a preliminary assessment sufficient in detail to determine if there is sufficient factual evidence to warrant the appointment of a committee to conduct an inquiry into the charges. The preliminary assessment shall take no longer than 5 days. If the claims of misconduct include the primary dean, or research in which that dean has participated, those claims shall be reported immediately by the department chair to the Vice President for Research Development, who shall perform the preliminary assessment and conduct an inquiry in lieu of the dean.

B. Inquiry

1. If, on the basis of the preliminary assessment, it is decided that a more extensive inquiry is necessary, the dean (or Vice President for Research Development) will select two faculty members, other than those serving on the Faculty Research Ethics Committee, to serve as an Inquiry Committee. The faculty selected will have necessary and appropriate expertise and will have no real or apparent conflicts of interest in the inquiry case. The dean (or Vice President for Research Development) may appoint individuals who are not MCG faculty to the inquiry committee, if necessary, to obtain the appropriate level of expertise.
2. The university legal advisor will provide advice and counsel to the dean (or Vice President for Research Development) throughout the proceedings.
3. If at any time the dean (or Vice President for Research Development) determines that there are immediate health hazards involved, or there is a need to protect funds or equipment or individuals affected by the inquiry, or if the alleged incident is likely to be publicly reported, the appropriate agencies, including the Office of Research Integrity (ORI) or Public Health Services (PHS), will be immediately notified. If reasonable indication of possible criminal violation is found, appropriate agencies, including ORI or PHS, must be notified within 24 hours. If at any time the dean (or Vice President for Research Development) considers it necessary to secure the records of research under investigation, steps will be taken to secure such records. Appropriate administrative actions will be taken to protect federal or other funds, and to ensure that the purposes of the federal and other financial assistance are being carried out.
4. The inquiry, including the preliminary assessment of the charges by the dean (or Vice President for Research Development), shall take no longer than 60 days from the receipt of the written allegation.

C. Procedures to be followed by the Inquiry Committee

The charge to this committee is to recommend whether or not the evidence presented warrants a full investigation.

1. Interview with the Complainant
During initial discussions with the complainant, the Inquiry Committee will specify the allegations regarding scientific misconduct, identify the key issues on which the allegations are based, and identify key witnesses who can provide information about events and behaviors at issue.
2. Interview with the Respondent
The specific allegations of research misconduct will be presented to the respondent, along with the committee's understanding of the key issues to be addressed. The respondent will be given an opportunity to reply, both then (if desired) and later, to present information requested or proffered.

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The Inquiry Committee and the respondent may request or suggest interviews with other parties who can provide information that would clarify issues.

3. Reply by the Parties
Both parties will be given a reasonable opportunity to provide documentation and present witnesses.
4. Review of Documents
The Inquiry Committee will review all relevant documents. The Inquiry Committee shall determine whether the alleged misconduct involves research or research training, applications for support of research training, or related activities supported by PHS funds.
5. Conclusions of Inquiry Committee
Based on the results of steps 1-5 above, the Inquiry Committee may find the allegations do not warrant an investigation, or decide that the allegations be expanded or the allegations deserve a formal investigation. In addition, they may choose to revise the initial allegations, including the addition of new allegations for investigation.

D. Report of Inquiry Committee

1. A written report will be prepared by the Inquiry Committee and submitted to the dean (or Vice President for Research Development). At the same time, a copy of the report will be provided to the complainant and respondent. The complainant and respondent will have 5 days from receipt of the written report to submit any written comments to the dean (or Vice President for Research Development). Any comments will become part of the record.
2. To the extent allowed under applicable law, including Georgia's Open Record Act, the report shall be treated as confidential and all reasonable efforts will be employed by the institution, the respondent, and the complainant to protect this confidentiality.
3. The written report of the Inquiry Committee shall include, at a minimum, the following:
 - a. Summary of all witnesses interviewed
 - b. Summary of all evidence considered, including copies of relevant documents
 - c. Statement of whether or not federal funding supported any of the research in question
 - d. A detailed, reasoned analysis linking evidence to findings of fact and recommendations
 - e. A recommendation to the dean (or Vice President for Research Development) of whether formal investigation is warranted or not.

E. Report of Dean (or Vice President for Research Development)

1. Following receipt of comments from the complainant and respondent, the dean (or Vice President for Research Development) will review the report of the Inquiry Committee along with the complainant's and respondent's responses and make a determination as to whether a full investigation is or is not warranted. The report of the dean (or Vice President for Research Development) will document that the inquiry report was provided to the complainant and respondent and that their comments were considered. The report of the dean must be submitted to the Vice President for Research Development and the chair of the Faculty Research Ethics Committee

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within 60 days of receipt of written allegations, unless circumstances clearly warrant a longer period. If the inquiry phase takes longer than 60 days to complete, documentation of the reasons for exceeding the 60-day period will be provided.

2. If the dean (or Vice President for Research Development) concludes that there are no substantive grounds for the allegation, the chair of the Faculty Research Ethics Committee and the Vice President for Research Development shall certify to the President that an adequate inquiry has been conducted. Alternately, the Vice President for Research Development and the chair of the Faculty Research Ethics Committee may recommend that the matter proceed to full investigation. If the inquiry determines that an investigation is not warranted, detailed documentation (records of the inquiry) will be maintained for at least three years in the Office of the Vice President for Research Development. Such records will be provided to authorized personnel, including ORI and PHS, upon request.
3. If the dean (or Vice President for Research Development) concludes that there are grounds for any of the allegations, the Vice President for Research Development shall inform the President and direct the chair of the Faculty Research Ethics Committee to convene the committee to appoint an *ad hoc* Investigation Committee. When a decision to initiate an investigation is made, sponsors will be notified as legally required. Specifically, initiation of investigations regarding U.S. Public Health Service-supported research will be reported to the ORI and PHS. If federal funding is involved, it will be the responsibility of the Vice President for Research Development to make a written report to the director of ORI on or before the date the investigation begins. At a minimum, the notification shall include the name of the person against whom the allegations have been made, the general nature of the allegations, and the numbers of the grant(s) involved.
4. If for any reason an inquiry is terminated without completing all relevant requirements of sponsoring agencies, specifically those required by Federal Register: 42CFR, part 50, Subpart A, Section 50.103(d), a report of planned termination, including a description of reason(s) for such termination, shall be made to the appropriate sponsoring agency, including ORI and PHS.

The Investigation**A. Investigation Committee**

It shall be the responsibility of the chair of the Faculty Research Ethics Committee to appoint five of its members as an *ad hoc* Investigation Committee (one member appointed as chair) that shall conduct a thorough investigation of all claims of misconduct assigned to it and make a written report of its findings to the chair of the Faculty Research Ethics Committee, the complainant, and the respondent. Only those with appropriate expertise and who do not have a conflict of interest that would affect the investigation shall serve on the *ad hoc* committee. The chair of the Faculty Research Ethics Committee or the chair of the *ad hoc* Investigation Committee may add voting experts to the committee to provide adequate specialized expertise. The university legal advisor will provide advice and counsel throughout all proceedings conducted by the committee. After receiving the report of the *ad hoc* Investigation Committee and any responses from the complainant and respondent, the Faculty Research Ethics Committee will either accept the report, revise the report, or extend the investigation. The

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committee will prepare a final report that will be sent to the Vice President for Research Development, the complainant, and the respondent and to the President of the Medical College of Georgia for his final decision.

B. Investigation Procedures

The initiation of the investigation begins with the first meeting of the Faculty Research Ethics Committee to review the allegations. The *ad hoc* Investigation Committee shall establish its own procedures as may be necessary for a thorough inquiry into all claims and evidence. These procedures shall, however, provide for at least the following:

1. The purpose of the investigation shall be to further explore the allegations and to determine whether misconduct has been committed. If the committee finds that misconduct has been committed, it is the responsibility of the committee to report its findings and recommendations for appropriate disciplinary action to the chair of the Faculty Research Ethics Committee.
2. Within 3 days of the appointment of the *ad hoc* committee, notice shall be served by hand delivery or registered mail to the individual(s) against whom the allegation has been made, and the alleged basis for them. Such notification shall include a description of the specific allegations; a copy of the report of the Dean's inquiry; sources of funding for the research; definition of research misconduct; procedures to be followed during the investigation, including the opportunity to be interviewed, seek the assistance of counsel, challenge the committee based on conflicts of interest, and comment on the report; and a copy of this document. In addition, the respondent should be notified of ORI oversight of the investigation, if any.
3. A thorough investigation of all allegations of misconduct and all responses to those allegations shall begin no later than 30 days after submission of the written report of the inquiry and be completed no more than 90 days after the initiation of the investigation by the Faculty Research Ethics Committee (e.g., the first meeting of the committee).
 - a. The investigation will be conducted in two phases; first, an independent investigation by members of the committee, and second, a formal hearing.
 - b. The Investigative Committee members will be divided into two groups; one will conduct the independent investigation and the second will conduct the hearing and make the decision as to whether research misconduct has occurred.
 - c. The committee members responsible for conducting the investigation will not participate in the decision of the adjudication committee.
 - d. All parties involved in the investigation may be accompanied by a colleague and/or counsel of their choice. The role of these individuals will be advisory, but not participatory.
 - e. The committee shall provide at a formal hearing an opportunity for the complainant to present the evidence against the respondent, for the respondent to address fully all allegations, and for others determined necessary to present evidence bearing on the case.
 - f. The formal hearing shall be audio-taped.

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- g. An oath of affirmation shall be administered to all witnesses by any person authorized by law to administer oaths in the State of Georgia.
 - h. The Investigation Committee may grant adjournments to enable either party to investigate evidence as to which a valid claim of surprise is made.
 - i. Both parties shall be afforded a reasonable opportunity to obtain necessary witnesses and documentary or other evidence.
 - j. Both parties will be afforded the opportunity to question all witnesses testifying at the hearing. If a witness cannot or will not appear but the committee determines that the interests of justice require the admission of said witness's statement, the committee will identify the witness, disclose the statement, and if possible, provide for interrogatories.
 - k. The Investigation Committee will not be bound by strict rules of legal evidence and may admit any evidence that is of probative value in determining the issues involved. Every possible effort will be made to obtain the most reliable evidence available. All questions relating to admissibility of evidence or other legal matters shall be decided by the chair or presiding officer of the Investigation Committee with support of the university legal advisor.
 - l. For the committee to determine that the evidence submitted supports the finding of research misconduct, the allegations must be proven by a preponderance of the evidence. In other words, the committee must find it more likely than not that the misconduct occurred.
 - m. In the course of the investigation, the committee may broaden the scope of the investigation beyond the initial allegations.
 - n. If, in the course of the investigation or hearing, evidence is discovered that would implicate parties other than the respondent in new charges of research misconduct, those charges will be submitted to the appropriate dean (or Vice President for Research Development) for the purpose of initiating a new inquiry into these allegations, with the committee serving as complainant. If the responsible official finds that a full investigation is warranted, a new ad hoc committee will be formed, not to include any members of the committee submitting the allegations.
4. A full written report of findings and recommendations shall be made to the chair of the Faculty Research Ethics Committee within 5 days of completion of the *ad hoc* committee's investigation. Each member of the Investigation Committee shall sign the report or submit a signed dissenting report.
 5. All records of the *ad hoc* committee's activities and findings shall be conveyed to the chair of the Faculty Research Ethics Committee. Those records shall be maintained for at least 7 years as described below.

C. Investigation Committee Recommendations for Administrative Action

Upon completion of its deliberations, the investigation committee shall recommend such administrative action as it deems just and appropriate and in

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accordance with the statutes and bylaws of the faculty of the Medical College of Georgia. While they are not intended to include all options hereby authorized, the following suggestions of the Association of American Medical Colleges (Beyond the Framework: “Institutional Considerations in Managing Allegations of Misconduct in Research”) shall help to inform the committee in making its recommendations for such actions:

1. If the alleged misconduct is substantiated by a thorough investigation, the following actions should be considered:
 - a. The sponsoring agency should be notified by the Vice President for Research Development of the findings of the investigation and appropriate restitution should be made.
 - b. All pending abstracts and papers emanating from the fraudulent research should be withdrawn and editors of journals in which previous related abstracts and papers appeared should be notified by the Vice President for Research Development.
 - c. Institutions and sponsoring agencies with which the individual has been affiliated should be notified by the Vice President for Research Development if there is reason to believe that the validity of previous related research might be questionable.
 - d. Appropriate disciplinary action shall be recommended to the President of the Medical College of Georgia. This recommended action should be consistent and commensurate with the nature of the proven acts of misconduct. Examples include: removal from a particular project, letter of reprimand, special monitoring of future work, probation, suspension, salary reduction, rank reduction, or termination of employment. Serious disciplinary action against faculty, such as suspension, salary reduction, rank reduction, or termination of employment, will require application of the Regent’s policy on dismissal of tenured faculty or non-tenured faculty during the contract year (see MCG Statutes and the MCG Faculty Grievance Procedure).
 - e. Institutional administrators should consider, in consultation with legal counsel, release of information about the incident to the public press, particularly when public funds were used in supporting the fraudulent research.
 - f. If the alleged misconduct is not substantiated by a thorough investigation, formal efforts should be undertaken to restore fully the reputation of the respondent. In addition, appropriate action should be taken against any parties whose involvement in leveling unfounded allegations was demonstrated to have been malicious or intentionally dishonest.
 - g. If for any reason, an investigation is terminated without completing all relevant requirements of sponsoring agencies, specifically those required by Federal Register: 42CFR, Part 50, Subpart A, Section 50.103(d), a report of planned termination, including a description of reason(s) for such termination, shall be made to appropriate sponsoring agency, including ORI and PHS.
2. When the investigation is complete, the chair of the Faculty Research Ethics Committee shall have the following responsibilities:
 - a. The chair shall provide a copy of the ad hoc Investigation Committee’s written report by hand delivery or registered mail to the complainant and the respondent. Within 10 days of receiving the committee’s

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report, these individuals shall have the opportunity to provide written responses to the report to the Faculty Research Ethics Committee.

- b. The chair shall present the complete written report, including the findings and any recommendations for disciplinary action, to the full Faculty Research Ethics Committee.
3. The Faculty Research Ethics Committee has the following responsibilities:
 - a. The committee shall receive the report of the ad hoc Investigation Committee and any written responses from the complainant and respondent. The Faculty Research Ethics Committee will accept the report, revise disciplinary action recommended by the investigation committee, reject the report, or extend the investigation. In any event, the final report will be prepared within 90 days of initiation of an investigation.
 - b. The final report will be sent to the President of the Medical College of Georgia for review and a final decision. Copies of the report shall be sent at the same time to the Vice President for Research Development, the primary dean, the complainant, and the respondent. The President will make every effort to come to a final decision within 7 days of receiving the final report. Each member of the Faculty Research Ethics Committee shall sign the final report or submit a signed dissenting report. The final report submitted by the Faculty Research Ethics Committee for transmission by the Vice President for Research Development to appropriate sponsoring agencies, including ORI and PHS, will describe the policies and procedures under which the investigation was conducted, how and from whom information was obtained relevant to the investigation, the findings and the basis for the findings. The final report will include the actual text or an accurate summary of the views of individual(s) found to have engaged in misconduct, as well as a description of any sanctions taken by the institution. The President may exercise discretion in whether to report violations if the finding of misconduct would not violate the definition of misconduct established by a regulatory or accrediting body, and if the finding concerns an internal procedural matter that did not have, and was not likely to have, an adverse effect on the integrity or safety of research.
 - c. The contents of any reports distributed under this section shall be kept in strictest confidence except that the Vice President for Research Development or the President of the Medical College of Georgia shall provide such notice as the contractual and equitable obligation of the university may require. A report from the Medical College of Georgia will be submitted by the Vice President for Research Development. If for any reason a final decision by the President cannot be issued within 120 days of initiation of an investigation, a request for an extension will be submitted by the Vice President for Research Development to the sponsoring agency, including ORI and PHS. The extension request will include an explanation for the delay, an interim report on progress to date, an outline of what remains to be done, and an estimated date of completion.
 4. Records and Reports
 - a. All records and reports of the ad hoc committee and the Faculty Research Ethics Committee shall be considered confidential, subject to the requirements of Georgia law regarding open records.

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- b. All records received by the Faculty Research Ethics Committee or generated by its own inquiry shall be maintained by the chair of the committee using the facilities of the office of the Vice President for Research Development pending their proper disposition at the end of the investigation (see Disposition of Investigation-Related Materials below).
- c. The Faculty Research Ethics Committee shall report to the Executive Committee of the University Faculty Senate annually concerning its investigations of misconduct in research. This report shall include a statement of the number of cases of misconduct actually investigated by the Investigation Committee appointed by the Faculty Research Ethics Committee and their disposition, but will not disclose the confidential records in its possession.

Disposition of Investigation-Related Materials

The President of the Medical College of Georgia shall retain all materials collected during an investigation and its final reports for at least a period of 7 years after which time they may be destroyed. These materials shall be kept in confidence in the Office of the Vice President for Research Development (storage) and are to be made available upon request to ORI, PHS, or other sponsoring agencies.

Rights of Appeal

While due consideration of all recommendations made by the Faculty Research Ethics Committee shall be given, the final decision on any allegation of misconduct in research is the responsibility of the President of the Medical College of Georgia. Final decisions of the President may be appealed to the Board of Regents.

Termination of Institutional Employment 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 scientific misconduct has been reported, will not preclude or terminate these procedures. If the respondent, without admitting to the misconduct, elects to resign his or her position prior to the initiation of an inquiry, but after an allegation has been reported or during an inquiry or investigation, the inquiry or investigation will proceed. If the respondent refuses to participate in the process after resignation, the committee will use its best efforts to reach a conclusion concerning the allegations, noting in its report the respondent's failure to cooperate and its effect on the committee's review of all evidence.

Dissemination of These Procedures

The definition of misconduct and the availability of these policies and procedures shall be widely disseminated, at least semi-annually, to all institutional personnel, as well as to those individuals contracted by the institution to conduct research.

Review and Revision of These Procedures

Subsequent to the completion of an investigation, faculty practices and institutional policies and procedures for promoting ethical conduct of research and investigating allegations of misconduct shall be scrutinized and modified by the University Faculty Senate in light of the experience gained.

This document shall provide ready access to a process for assuring the integrity of research at the Medical College of Georgia. It shall be reviewed and revised as appropriate. This review and revision shall be done by the Faculty Research Ethics

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Committee and the Executive Committee of the University Faculty Senate, subject to approval by the University Faculty Senate

Responsibilities

The responsibilities each party has in connection with Academic, Research, and Student Affairs Policy 9.07, Policy for Responding to Allegations of Research Misconduct, are:

Dean	<p>When a written allegation is made, it will immediately be reported to the dean in the school where the alleged misconduct occurred. A dean who has been notified of a charge of misconduct shall inform the Vice President for Research Development and the appropriate department chair if the chair has not been previously notified.</p> <p>Upon receipt of any written charge of research misconduct in his or her school or college, a dean shall conduct an inquiry into the charges. If the claims of misconduct include the primary dean, or research in which that dean has participated, those claims shall be reported by the department chair to the Vice President for Research Development, who shall perform the preliminary assessment and conduct an inquiry in lieu of the dean.</p> <p>If it is decided that a more extensive inquiry is necessary, the dean will select two faculty members, other than those serving on the Faculty Research Ethics Committee to serve as an inquiry committee.</p> <p>The dean will review the report of the inquiry committee along with the complainant's and respondent's responses and make a determination as to whether a full investigation is or is not warranted.</p>
Department Chair	<p>Individuals have the option of submitting written allegations of research misconduct to the appropriate Department Chair, Vice President for Research Development, or the chair of the Faculty Research Ethics Committee.</p>
Executive Committee of the University Faculty Senate	<p>The Executive Committee of the University Faculty Senate will receive an annual report from the Faculty Research Ethics Committee concerning its investigations of misconduct in research.</p> <p>The Executive Committee, along with the Faculty Research Ethics Committee, will review and revise this policy as appropriate. Revisions will be subject to approval by the University Faculty Senate.</p>
Faculty Research Ethics Committee	<p>Can receive initial allegations of research misconduct, along with Vice President for Research Development, or appropriate department chair or dean.</p> <p>The Faculty Research Ethics Committee will be responsible for carrying out a full investigation of charges of research misconduct as determined to be warranted by the dean (or Vice President for Research Development).</p> <p>The Faculty Research Ethics Committee shall report to the Executive Committee of the University Faculty Senate annually concerning its investigations of misconduct in research.</p>
Inquiry Committee	<p>This committee will interview complainants, respondents, and</p>

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	other parties in order to determine whether the evidence presented warrants a full investigation.
Investigation Committee	This <i>ad hoc</i> committee will conduct a thorough investigation of all claims of misconduct assigned to it and make a written report of its findings to the chair of the Faculty Research Ethics Committee, the complainant, and the respondent.
Legal Advisor	The university legal advisor will provide advice and counsel to the dean (or Vice President for Research Development) throughout the proceedings.
President	The final report of the Faculty Research Ethics Committee will be sent to the President of the Medical College of Georgia for review and a final decision. While due consideration of all recommendations made by the Faculty Research Ethics Committee shall be given, the final decision on any allegation of misconduct in research is the responsibility of the President of the Medical College of Georgia.
Vice President for Research Development	<p>The Vice President for Research Development can receive written allegations of research misconduct from any individual at the Medical College of Georgia. Allegations may also be submitted to the appropriate department chair, dean, or the chair of the Faculty Research Ethics Committee.</p> <p>If the claims of misconduct include the primary dean, or research in which that dean has participated, those claims shall be reported by the department chair to the Vice President for Research Development, who shall perform a preliminary assessment and conduct an inquiry in lieu of the dean.</p> <p>If Vice President for Research Development concludes from the report of the inquiry committee that there are grounds for any of the allegations, the Vice President for Research Development shall inform the President and direct the chair of the Faculty Research Ethics Committee to convene the committee to appoint an <i>ad hoc</i> Investigation Committee.</p> <p>If after reviewing the final report, the President determines that the findings of misconduct violates the definition of misconduct established by a regulatory or accrediting body, the Vice President for Research Development will submit a report to the appropriate body.</p>