

Research Policy and Procedure Manual

Section 2: Professional Staff Responsibilities

2.2 Responding to Allegations of Research Misconduct

I. INTRODUCTION

General Policy:

The Institute is committed to the principle that the professional conduct of its staff must conform to the highest ethical standards in all phases of research, patient care, and training.

Scope:

This Policy applies to allegations of research misconduct involving a person who, at the time the alleged research misconduct occurred, was employed by, an agent of, or affiliated by contract or agreement with Dana-Farber Cancer Institute.

II. DEFINITIONS

Allegation means a disclosure of possible research misconduct through any means of communication. The disclosure may be by written or verbal statement or other communication to the research integrity officer.

Complainant refers to the individual(s) who, in good faith, makes an allegation of research misconduct.

Deciding Official means the institutional official who makes final determinations on allegations of research misconduct, and who authorizes any institutional administrative actions. The deciding official will not serve as the research integrity officer and should have no direct prior involvement in DFCI's assessment, inquiry, or investigation. A deciding official's appointment of an individual to assess allegations of research misconduct, or to serve on an inquiry or investigation committee, is not considered to be direct prior involvement. The DFCI President or his/her designee shall serve as deciding official.

Fabrication means making up data or results, and recording or reporting them.

Falsification means 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.

Good faith as applied to a complainant or witness, means having a belief in the truth of one's allegation or testimony, that a reasonable person in his or her position could have, based on the information known to him or her at the time. An allegation of research misconduct or cooperation with a research misconduct proceeding or case is not in good faith if made with knowing or reckless disregard for information that would negate the allegation or testimony. Good faith as applied to a committee member means cooperating with the research misconduct proceeding by impartially carrying out the duties assigned for the purpose of helping DFCI meet its responsibilities under this Policy. A committee member does not act in good faith if his/her acts or omissions on the committee are dishonest or are influenced by personal, professional, or financial conflicts of interest with those involved in the research misconduct proceeding.

HMS Standing Committee means the Harvard University Faculty of Medicine Committee on Faculty Conduct as described in the Harvard Medical School Principles and Procedures for Dealing with Allegations of Research Misconduct, as may be amended from time to time (HMS Misconduct Policy).

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Inquiry means information-gathering and initial fact-finding to determine whether an allegation or apparent instance of research misconduct warrants an "investigation." An investigation is warranted if:

1. There is a reasonable basis for concluding that the allegation falls within the definition of research misconduct under this part; and
2. Preliminary information-gathering and preliminary fact-finding from the inquiry indicates that the allegation may have substance.

Institutional member refers to all individuals holding a formal research or faculty appointment with, or who are employed by, are agents of, or are affiliated by contract or agreement with the Dana-Farber Cancer Institute.

Institute is the Dana-Farber Cancer Institute.

Investigation means the formal development of a factual record, and the examination of that record, leading to a decision not to make a finding of research misconduct or to a recommendation for a finding of research misconduct, which may include a recommendation for other appropriate actions including administrative actions.

Plagiarism is the appropriation of another person's ideas, processes, results, or words without giving appropriate credit.

Preponderance of the evidence means proof by information that, compared with that opposing it, leads to the conclusion that the fact at issue is more probably true than not.

Research means a systematic experiment, study, evaluation, demonstration or survey designed to develop or contribute to general knowledge (basic research) or specific knowledge (applied research) relating broadly to public health by establishing, discovering, developing, elucidating or confirming information about, or the underlying mechanism relating to, biological causes, functions or effects, diseases, treatments, or related matters to be studied.

Research integrity officer means the individual designated by the Institute who is responsible for:

1. Assessing allegations of research misconduct to determine if they fall within the definition of research misconduct, and warrant an inquiry on the basis that the allegation is sufficiently credible and specific so that potential evidence of research misconduct may be identified;
2. Administratively overseeing inquires and investigations; and
3. Other responsibilities described in this policy.

Research record means the record of data or results that embody the facts resulting from scientific inquiry, including but not limited to, research proposals, laboratory records, both physical and electronic, progress reports, abstracts, theses, oral presentations, internal reports, journal articles, and any documents and materials provided to HHS or an institutional official by a respondent in the course of the research misconduct proceeding.

Research misconduct means fabrication, falsification, or plagiarism in proposing, performing, or reviewing research, or in reporting research results. Research misconduct does not include honest error or differences of opinion. A finding of research misconduct requires that:

1. There be a significant departure from accepted practices of the relevant research community;
2. The misconduct be committed intentionally, knowingly, or recklessly; and
3. The allegation is proven by a preponderance of the evidence.

Research misconduct proceeding means any actions related to alleged research misconduct taken under this part, including but not limited to, allegation assessments, inquiries, investigations, ORI oversight reviews, hearings, and administrative appeals.

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Respondent refers to the individual against whom an allegation of research misconduct is made.

PHS is the Public Health Service, an operating division of DHHS that establishes many of the grants and contract policies to which the Dana-Farber Cancer Institute must adhere.

ORI is the Office of Research Integrity, a component of DHHS, which oversees the implementation of all PHS policies and procedures related to research misconduct, monitors the individual Investigations into alleged or suspected research misconduct undertaken by the Institute where PHS funding is involved, and conducts Investigations as necessary.

III. RIGHTS AND RESPONSIBILITIES

A. Research integrity officer

The research integrity officer will have primary responsibility for implementing and ensuring compliance with the Institute's policies and procedures on research misconduct. The research integrity officer shall receive allegations of research misconduct, and consult confidentially with persons uncertain about whether to submit an allegation of research misconduct. The research integrity officer shall assess each allegation of research misconduct to determine whether it falls within the definition of research misconduct pursuant to this Policy and warrants an inquiry.

The research integrity officer shall inform respondents, complainants, and witnesses of the procedural steps in the research misconduct proceeding, and shall attempt to ensure that confidentiality is provided to those individuals involved in the proceeding. When warranted, the research integrity officer shall take custody of and sequester research data and evidence pertinent to the allegation of research misconduct and maintain it securely. Where PHS funding is involved, the research integrity officer shall ensure that all administrative actions are enforced and take appropriate action to notify other involved parties, such as sponsors, law enforcement agencies, professional societies, and licensing boards of those actions, and shall be responsible for notifying and reporting to ORI as may be required by 42 CFR Part 93 ("PHS Rule").

The research integrity officer shall assist the inquiry and investigation committees as necessary and shall be responsible for ensuring that the deciding official and others who need to know are apprised of the progress of the proceeding. The research integrity officer shall maintain records of the research misconduct proceeding.

B. Complainant

The complainant is responsible for making allegations in good faith, maintaining confidentiality, and cooperating with the inquiry and investigation. Institutional members should immediately report any alleged or apparent retaliation to the research integrity officer. The complainant may be asked to testify before the inquiry and investigation committees.

C. Respondent

The respondent is responsible for maintaining confidentiality and cooperating with the conduct of an inquiry and investigation. The respondent should be given the opportunity to admit that research misconduct occurred and that s/he committed the research misconduct.

D. Deciding Official

The deciding official will be responsible for the institutional determination on all cases. The deciding official will receive the inquiry report, and will decide whether an investigation is warranted. The deciding official will receive the investigation report and will decide the extent to which this institution accepts the findings of the investigation and, if research misconduct is found, decide what, if any, institutional administrative actions are appropriate. The deciding official will consult with the research integrity officer and others as appropriate.

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E. Coordination with DFCI Affiliates

In every case where allegations of research misconduct involve a respondent with a simultaneous appointment at Harvard Medical School (HMS) or Harvard School of Public Health (HSPH), the research integrity officer shall ensure that all inquiries and investigations are conducted in coordination with that institution and in compliance with that institution's applicable policies. In such cases, the inquiries and investigations shall involve the HMS Standing Committee and/or the HSPH Dean or Dean's designee.

If the respondent has a simultaneous professional affiliation with an affiliate institution (e.g. Partners Healthcare, Boston Children's Hospital, or others), the research integrity officer shall make diligent efforts to facilitate a coordinated institutional review.

IV. GENERAL POLICIES AND PRINCIPLES

A. Responsibility to Report Research Misconduct

Institutional members must report observed, suspected, or apparent research misconduct to the research integrity officer. Unattributed allegations will be evaluated, but this process functions most effectively when witnesses to suspected wrongdoing identify themselves. Reports can be made in person, by telephone, or via email. If an individual is unsure whether a suspected incident falls within the definition of research misconduct, he or she may meet with or contact the research integrity officer to discuss the suspected research misconduct informally, which may include discussing it anonymously and/or hypothetically. If the circumstances described by the individual do not meet the definition of research misconduct, the research integrity officer will refer the individual or allegation to other offices or officials with responsibility for resolving the problem.

At any time, an institutional member may have confidential discussions and consultations about concerns of possible misconduct with the research integrity officer, and will be counseled about appropriate procedures for reporting allegations.

B. Cooperation with Research Misconduct Proceedings

Institutional members will cooperate with the research integrity officer and institutional officials in the review of allegations and the conduct of inquiries and investigations, including officials from HMS, HSPH, or affiliated groups, as appropriate. Institutional members, including respondents, have an obligation to provide evidence relevant to research misconduct allegations to the research integrity officer. Lack of cooperation is grounds for disciplinary action.

C. Confidentiality

The potential damage to the reputation of persons against whom allegations of research misconduct are made is significant; therefore, the research integrity officer shall make reasonable efforts to limit, to the extent possible and as allowed by law, disclosure of the identity of respondents and complainants, and the disclosure of any records or evidence from which research subjects might be identified, to those individuals who need to know in order to carry out a thorough, competent, objective and fair research misconduct proceeding. The research integrity officer may use written confidentiality agreements or other mechanisms to ensure that the recipient does not make any further disclosure of identifying information.

D. Protecting Complainants, Witnesses, and Committee Members

Institutional members may not retaliate in any way against complainants, witnesses, or committee members. Institutional members should immediately report any alleged or apparent retaliation to the research integrity officer, who shall review the matter and, as necessary, make all reasonable and practical efforts to counter any potential or actual retaliation and protect and restore the position and reputation of the person against whom the retaliation is directed.

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E. Protecting the Respondent

As requested and as appropriate, the research integrity officer and other institutional officials shall make all reasonable and practical efforts to protect or restore the reputation of persons alleged to have engaged in research misconduct, but against whom no finding of research misconduct is made. Respondents may consult with legal counsel or some other individual for the purpose of providing advice and guidance during interviews or meetings on the case.

V. CONDUCTING THE ASSESSMENT AND INQUIRY

A. Assessment of the Allegations

The research integrity officer will conduct a preliminary assessment to determine whether there is sufficient support for the allegation to warrant an inquiry. Sufficient support will be found when the allegation:

1. Meets the definition of research misconduct in Section II, and
2. Is sufficiently credible and specific so that potential evidence may be identified.

In conducting the assessment, the research integrity officer need not interview the complainant, respondent, or other witnesses, or gather data beyond any that may have been submitted with the allegation.

B. Purpose of the Inquiry; Initiation

If the research integrity officer determines that the criteria for research misconduct have been met, s/he shall immediately initiate an inquiry into the allegations, in coordination with HMS, HSPH, or other affiliated institution as applicable. An ad hoc faculty panel may be appointed as described in Section V.D. to conduct the inquiry. The purpose of the inquiry is to conduct an initial review of the available evidence to determine whether to conduct an investigation. The research integrity officer shall identify whether there is any outside funding for the research; if the research involves funding from the Public Health Service, the institutional review must comply with the provisions set forth in the PHS Rule.

All institutional members, and most especially complainants and respondents, must cooperate fully in the fact-finding inquiry process. Lack of cooperation is grounds for disciplinary action.

C. Notice to the Respondent; Sequestering the Research Record

At the time of, or prior to, beginning the inquiry, the research integrity officer will make a good faith effort to notify the respondent in writing. If the inquiry subsequently identifies additional respondents, they must also be notified in writing.

On or before the date on which the respondent is notified, or the inquiry begins, whichever is earlier, the research integrity officer will take all reasonable and practical steps to obtain custody of all the research records and evidence needed to conduct the research misconduct proceeding, inventory the records and evidence and sequester them in a secure manner, except that where the 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.

D. Appointment of the Inquiry Committee

The research integrity officer and other institutional officials, including as applicable HMS or HSPH officials, will appoint an inquiry committee as soon after the initiation of the inquiry as is practical. The inquiry committee will include individuals with the appropriate scientific expertise to evaluate the evidence and issues related to the allegation, interview the principals and key witnesses, and conduct the inquiry. Precautions shall be taken to avoid including Inquiry panel members who have a real or apparent conflict of interest.

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E. Charge to the Inquiry Committee; First Meeting

The research integrity officer, in coordination with the appropriate HMS, HSPH, or affiliate official as applicable, will prepare a charge for the inquiry committee that describes the allegations and any related issues identified during the allegation assessment. At the committee's first meeting, the research integrity officer will review the charge with the committee, discuss the allegations, any related issues, and the appropriate procedures for conducting the inquiry, assist the committee with organizing plans for the inquiry, and answer any questions raised by the committee. The research integrity officer will be present or available throughout the inquiry to advise the committee as needed.

F. The Inquiry Process

The inquiry committee will normally interview the complainant, the respondent and key witnesses, and will examine relevant research records and materials. The inquiry committee will evaluate the evidence, including the testimony obtained during the inquiry. After consultation with the research integrity officer, and officials from HMS, HSPH, or other relevant affiliated groups as applicable, the committee members will decide whether an investigation is warranted. The scope of the inquiry is not required to, and will 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.

VI. THE INQUIRY REPORT

A. Elements of the Inquiry Report

A written inquiry report must be prepared that includes:

1. The name and position of the respondent;
2. A description of the allegations of research misconduct;
3. The basis for recommending or not recommending that the allegations warrant an investigation;
4. Any comments on the draft report by the respondent or complainant; and
5. If applicable, identification of any PHS support, including, for example, grant numbers, grant applications, contracts and publications listing PHS support.

B. Institutional Decision

The research integrity officer will transmit the final inquiry report and any comments of the respondent to the deciding official and/or officials from HMS, HSPH, or other affiliated groups as appropriate, to determine whether an investigation is warranted. The inquiry is completed when the deciding official makes this determination in writing.

C. Notifying the Respondent

The research integrity officer shall provide the draft inquiry report to the respondent for comment prior to finalizing the report. Any comments submitted shall be appended to the final report. Following a determination by the deciding official, the research integrity officer shall notify the respondent whether the inquiry found an investigation to be warranted.

VII. CONDUCTING THE INVESTIGATION

A. Initiating the Investigation

If the Inquiry panel concludes that the allegations have sufficient substance to warrant further examination, an Investigation will be undertaken no later than thirty days after completion of the Inquiry, in coordination with officials from HMS, HSPH, or other affiliated groups, as appropriate.

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B. Purpose

The purpose of the investigation is to develop a factual record by exploring the allegations and evidence in detail, 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 of the investigation 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. The findings of the investigation will be set forth in an investigation report

C. Sequestration of Research Records

Prior to notifying the respondent of the allegations, the research integrity officer 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. Where the 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. The procedures to be followed for sequestration during the investigation are the same procedures that apply during the inquiry.

D. Appointment of the Investigation Committee

The research integrity officer, in consultation with officials from HMS, HSPH, or other affiliated groups as appropriate, will appoint an investigation committee as soon after the beginning of the investigation as is practical. The investigation committee must consist of individuals who do not have unresolved personal, professional, or financial conflicts of interest with those involved with the investigation and should include individuals with the appropriate scientific expertise to evaluate the evidence and issues related to the allegation, interview the respondent and complainant, and conduct the investigation. Individuals appointed to the investigation committee may also have served on the inquiry committee. The Investigation will be conducted in cooperation with any other concerned institution(s) as deemed appropriate by the President.

E. Charge to the Committee; First Meeting

The research integrity officer, in coordination with officials from HMS, HSPH, or other affiliated groups as appropriate, will define the subject matter of the investigation in a written charge to the committee that describes the allegations and related issues identified during the inquiry, identifies the respondent, and defines research misconduct. The charge will inform 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. The charge will inform the committee that in order to determine that the respondent committed research misconduct it must find that a preponderance of the evidence establishes that:

1. Research misconduct, as defined in this policy, occurred;
2. The research misconduct is a significant departure from accepted practices of the relevant research community; and
3. The respondent committed the research misconduct intentionally, knowingly, or recklessly.

The respondent has the burden of proving by a preponderance of the evidence any affirmative defenses raised, including honest error or a difference of opinion.

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The research integrity officer, in consultation with officials from HMS, HSPH, or other affiliated groups as appropriate 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 Policy and all other applicable materials, including if necessary, copies of the PHS rule or the misconduct policies of other appointing or affiliated institutions. The research integrity officer will be present or available throughout the investigation to advise the committee as needed.

F. Investigation Process

The investigation committee will use diligent efforts to ensure that the investigation is thorough and is sufficiently documented. The investigation committee will take reasonable steps to ensure an impartial and unbiased investigation to the extent practical and will interview each respondent. The committee may also interview the complainant, as well as any other available person who has been reasonably identified as having information regarding any relevant aspects of the investigation. Each interview will be recorded or transcribed. If PHS funding is involved, and the DFCL, in consultation with officials from HMS, HSPH, or other affiliated groups as appropriate, plans to terminate an Inquiry or Investigation prior to its completion, it will provide the ORI with a report detailing the reason for termination of the process. The ORI then will decide if further investigations should be undertaken.

G. Time for Completion

An Investigation is considered complete when the investigation committee has completed its evaluation, prepared a report of its findings, made the report available to the respondent for comment, and, if PHS funding is involved, submitted the report to the ORI with the respondent's comments, if any.

VIII. THE INVESTIGATION REPORT

A. Elements of the Investigation Report

The investigation committee and the research integrity officer, in coordination with officials from HMS, HSPH or other affiliated groups as appropriate, are responsible for preparing a written draft report of the investigation that identifies the respondent, describes the specific allegations of research misconduct and identifies and summarizes the research records and evidence reviewed. The report will include a statement of findings for each allegation of research misconduct identified during the investigation. Each statement of findings must:

1. Identify whether the research misconduct was falsification, fabrication, or plagiarism, and whether it was committed intentionally, knowingly, or recklessly; and
2. Summarize the facts and the analysis that support the conclusion, including, if applicable, any consideration of the merits of any reasonable explanation by the respondent.

B. Comments on the Draft Report and Access to Evidence

1. Respondent

The research integrity officer will give the respondent a copy of the draft investigation report for comment and, concurrently, a copy of or supervised access to the evidence on which the report is based. The respondent will be allowed 30 days from the date he/she received the draft report to submit comments to the research integrity officer. The respondent's comments will be included and considered in the final report.

2. Other Comments

If the research integrity officer, in consultation with institutional officials, determines, in their discretion, that other persons, including the complainant, have relevant comments or information, s/he may provide the report or portions thereof to those persons for comment. These comments

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must be submitted to the research integrity officer within 30 days of the date on which the individual received the draft report, and the comments will be included and considered in the final report.

C. Decision by Deciding Official

The research integrity officer will assist the investigation committee in finalizing the draft investigation report, including ensuring that the respondent's comments as well as other comments by other individuals as outlined above are included and considered, and transmit the final investigation report to the deciding official. The deciding official 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 of research misconduct.

If this determination varies from the findings of the investigation committee, the deciding official will, as part of his or her written determination, explain in detail the basis for rendering a decision different from the findings of the investigation committee. Alternatively, the deciding official may return the report to the investigation committee with a request for further fact-finding or analysis.

When a final decision on the case has been reached, the research integrity officer will normally notify the respondent in writing. After informing ORI, as applicable, the deciding official 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.

D. Notice of Institutional Findings and Actions

If PHS funding is involved, the research integrity officer must submit the following to ORI following investigation:

1. A copy of the final investigation report with all attachments;
2. A statement of whether the institution accepts the findings of the investigation report;
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 involving the respondent.

The research integrity officer, in consultation with institutional officials, shall determine whether any other entities should be notified of the outcome of the case, such as professional licensing boards, journals, research collaborators, or professional societies.

IX. COMPLETION OF CASES: REPORTING TO ORI

If PHS funds are involved, the research integrity officer must notify ORI in advance if there are plans to close a case at the inquiry or investigation 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.

A. Conditions Requiring Prompt Notification of the ORI

The Institute has a general obligation to inform the ORI of any developments during the course of an inquiry or investigation if:

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1. They may affect current or potential HHS funding for the respondent; or
2. HHS needs to know in order to ensure the appropriate use of federal funds and otherwise protect the public interest.

More specifically, the Institute is required to notify the ORI at any stage of the Inquiry or Investigation where:

1. The health or safety of the public is at risk, including an immediate need to protect human or animal subjects;
2. HHS resources or interests are threatened;
3. Research activities should be suspended;
4. There is reasonable indication of possible violations of civil or criminal law;
5. Federal action is required to protect the interests of those involved in the research misconduct proceeding.
6. The research institution believes the research misconduct proceeding may be made public prematurely so that HHS may take appropriate steps to safeguard evidence and protect the rights of those involved;
7. The research community or public should be informed.

X. INSTITUTIONAL ADMINISTRATIVE ACTIONS

If the deciding official 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 research integrity officer. The administrative actions may include, but are not limited to:

- Withdrawal 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, probation, suspension, salary reduction, or initiation of steps leading to possible rank reduction or termination of employment;
- Special monitoring of future work;
- Restitution of funds to the grantor agency as appropriate; and
- Other action appropriate to the research misconduct.

XI. OTHER CONSIDERATIONS

A. 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 this Policy, the PHS rule, and other regulatory authority.

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 research integrity officer and any inquiry or 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.

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B. Restoration of the Respondent's Reputation

Following a final finding of no research misconduct (including concurrence by HMS, HSPH, other affiliated groups as appropriate, and ORI, as necessary), the research integrity officer will, at the request of the respondent, undertake all reasonable and practical efforts to restore the respondent's reputation. Any institutional actions to restore the respondent's reputation should first be approved by the deciding official.

C. Protection of the Complainant, Witnesses and Committee Members

During the research misconduct proceeding and upon its completion, regardless of whether a finding of research misconduct is made, the research integrity officer will undertake 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.

D. Allegations Not Made in Good Faith

If relevant, the deciding official 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 deciding official 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.

XII. RETENTION OF RECORDS

If PHS funding is involved, the research integrity officer must maintain and provide to ORI upon request "records of research misconduct proceedings" as that term is defined by the PHS Rule. Unless custody has been transferred to HHS or ORI has advised in writing that the records no longer need to be retained, records of research misconduct proceedings must be maintained in a secure manner for 7 years after completion of the proceeding or the completion of any PHS proceeding involving the research misconduct allegation. The research integrity officer is responsible for ensuring retention of records as described. The research integrity officer is also responsible for providing any information, documentation, research records, evidence or clarification requested by ORI to carry out its review of an allegation of research misconduct or of the institution's handling of such an allegation.

XIII. EDUCATION OF STAFF

These Policies and Procedures, and any subsequent amendments, will be made available to the DFCI Faculty and Research Staff, and to administrators who support such individuals, on a regular basis via the DFCI website and through hardcopy or email distribution.

XIV. CONTACT INFORMATION

Contact information for the research integrity officer:

Barrett J. Rollins, MD, PhD
Linde Family Professor of Medicine, Harvard Medical School
Chief Scientific Officer, Dana-Farber Cancer Institute
450 Brookline Avenue, DA1637
Boston, MA 02215
E-mail: barrett_rollins@dfci.harvard.edu
Tel: 617-632-3896

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REFERENCES:

[Harvard Faculty of Medicine White Paper on Plagiarism and Research Misconduct](#)

[Federal Research Misconduct Policy](#)

[Office of Research Integrity website](#)

