

PEPPERDINE

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I. Introduction*

A. General Policy

Pepperdine University affirms that “truth, having nothing to fear from investigation, should be pursued relentlessly in every discipline.” The University is committed to fostering an environment of rigorous and ethical scientific research and investigation. As a community of scholars, the University

supports each faculty member’s and researcher’s freedom of inquiry and the freedom to publish the results of their scholarship;
recognizes the critical need to ensure that all scientific research is conducted with integrity, consistent with the Christian values of the University;
desires to prevent misconduct in scientific research and to remedy misconduct that does occur;
seeks to establish a fair and effective process for the resolution of claims of scientific misconduct; and
commits to maintain an environment that is supportive and protective of individuals who make good faith claims of misconduct in scientific research.

B. Scope

This policy and the associated procedures apply to all individuals at Pepperdine University engaged in research that is supported by or for which support is requested from the U.S. Public Health Service (PHS). The PHS regulation at 42 C.F.R. (Code of Federal Regulations) Part 50, Subpart A applies to any research, research-training, or research-related grant or cooperative agreement with PHS. This policy applies to any person paid by, under the control of, or affiliated with the institution, such as scientists, trainees, technicians, and other staff members, students, fellows, guest researchers, or collaborators at Pepperdine University.

The policy and associated procedures will normally be followed when an institutional official receives an allegation of possible misconduct in science. Particular circumstances in an individual case may dictate variation from the normal procedure deemed in the best interests of Pepperdine University and PHS. Any change from normal procedures also must ensure fair treatment to the subject of the inquiry or investigation. Any significant variation should be approved in advance by the Provost of Pepperdine University.

K. *Research Integrity Officer* means the institutional official responsible for assessing allegations of scientific misc

The Research Integrity Officer will conduct the initial inquiry, will appoint the investigation committee, and will ensure that the necessary and appropriate expertise is secured to carry out a thorough and authoritative evaluation of the relevant evidence. The Research Integrity Officer will attempt to ensure that confidentiality is maintained.

The Research Integrity Officer will assist the investigation committee and all institutional personnel in complying with these procedures and with applicable standards imposed by government or external funding sources. The Research Integrity Officer is also responsible for maintaining files of all documents and evidence, and for the confidentiality and the security of the files.

The Research Integrity Officer will report to ORI as required by regulation and keep ORI apprised of any developments during the course of the inquiry or investigation that may affect current or potential DHHS funding for the individual(s) under investigation or that PHS needs to know to ensure appropriate use of Federal funds and otherwise to protect the public interest.⁴

B. Whistleblower

The whistleblower will have an opportunity to testify during the inquiry and investigation processes, to review portions of the inquiry and investigation reports pertinent to his or her allegations or testimony, to be informed of the results of the inquiry and investigation, and to be protinvesPssearch 2(y affect curre)]TJ0 Tc 9 BDCrTw 16.47

required, and accepts the responsibility, to undertake diligent efforts to protect the positions and reputations of those persons who, in good faith, make allegations.⁷

C. Protecting the Respondent

Inquiries and investigations will be conducted in a manner that will ensure fair treatment to the respondent(s)

an investigation. The purpose of the inquiry is not to reach a final conclusion about whether misconduct definitely occurred or who was responsible. The findings of the inquiry shall be set forth in an inquiry report.

B. Sequestration of the Research Records

After determining that an allegation falls within the definition of misconduct in science and involves PHS funding, the Research Integrity Officer will ensure that all original research records and materials relevant to the allegation are immediately secured. The Research Integrity Officer may consult with ORI for advice and assistance in this regard.

C. Inquiry Process

During the inquiry, the Research Integri

1. Confidentiality

The Research Integrity Officer will establish reasonable conditions for review to protect the confidentiality of the draft report.

2. Receipt of Comments

Within 14 calendar days of their receipt of the draft report, the whistleblower and respondent will provide their comments, if any, to the Research Integrity Officer. Any comments that the whistleblower or respondent submits on the draft report will become part of the final inquiry report and record.⁹ Based on the comments, the Research Integrity Officer may revise the report as appropriate.

C. Inquiry Decision and Notification

1. Decision by Deciding Official

The Research Integrity Officer will transmit the final report and any comments to the Deciding Official, who will make the determination of whether findings from the inquiry provide sufficient evidence of possible scientific misconduct to justify conducting an investigation. The inquiry is completed when the Deciding Official makes this determination, which will be made within 60 calendar days of the initiation of the inquiry by the Research Integrity Officer. Any extension of this period will be based on good cause and recorded in the inquiry file.

2. Notification

The Research Integrity Officer will notify both the respondent and the whistleblower in writing of the Deciding Official's decision of whether to proceed to an investigation and will remind them of their obligation to cooperate in the event an investigation is opened. The Research Integrity Officer will also notify all appropriate institutional officials of the Deciding Official's decision.

D. Time Limit for Completing the Inquiry Report

The Research Integrity Officer will normally complete the inquiry and submit the written report no more than 60 calendar days following the initiation of the inquiry,¹⁰ unless there is good cause to justify an extension of time. If the Research Integrity Officer extends the time for completion of the report, the reason for the extension will be entered into the records of the case and the report.¹¹ The respondent also will be notified of the extension.

will determine whether to replace the

4. Confidentiality

In distributing the draft report, or portions thereof, to the respondent and whistleblower, the Research Integrity Officer will inform the recipient of the confidentiality under which the draft report is made available and may establish reasonable conditions to ensure such confidentiality. For example, the Research Integrity Officer may request the recipient to sign a confidentiality statement or to come to his or her office to review the report.

C. Transmittal of the Final Investigation Report

After comments have been received and the necessary changes have been made to the draft report, the investigation committee shall transmit the final report with attachments, including the respondent's and whistleblower's comments, to the Research Integrity Officer, who will transmit the final report to the Deciding Official.

D. University Review and Decision

Based on a preponderance of the evidence, the Deciding Official will make the final determination whether to accept the investigation report, its findings, and the recommended institutional actions. If this determination varies from that of the investigation committee, the Deciding Official will explain in detail the basis for rendering a decision different from that of the investigation committee in the institution's letter transmitting the report to ORI. The Deciding Official's explanation should be consistent with the PHS definition of scientific misconduct, the University's policies and procedures, and the evidence reviewed and analyzed by the investigation committee. The Deciding Official may also return the report to the investigation committee with a request for further fact-finding or analysis. The Deciding Official's determination, together with the investigation committee's report, constitutes the final investigation together

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 the evidence.

B. Restoration of the Respondent's Reputation

If the institution finds no misconduct and ORI concurs, after consulting with the respondent, the Research Integrity Officer will undertake reasonable efforts to restore the respondent's reputation. Depending on the particular circumstances, the Research Integrity Officer should consider notifying those individuals aware of or involved in the investigation of the final outcome, publicizing the final outcome in forums in which the allegation of scientific misconduct was previously publicized, or expunging all reference to the scientific misconduct allegation from the respondent's personnel file. Any institutional actions to restore the respondent's reputation must first be approved by the Deciding Official.

C. Protection of the Whistleblower and Others³²

Regardless of whether the institution or ORI determines that scientific misconduct occurred, the Research Integrity Officer will undertake reasonable efforts to protect whistleblowers who made allegations of scientific misconduct in good faith and others who cooperated in good faith with inquiries and investigations of such allegations. Upon completion of an investigation, the Deciding Official will determine, after consulting with the whistleblower, what steps, if any, are needed to restore the position or reputation of the whistleblower. The Research Integrity Officer is responsible for implementing any steps the Deciding Official approves. The Research Integrity Officer will also take appropriate steps during the inquiry and investigation to prevent any retaliation against the whistleblower.

D. Allegations Not Made in Good Faith

When there is a credible claim or evidence that supports a finding that an allegation was not made in good faith, the Deciding Official will determine whether the whistleblower's allegations of scientific misconduct were made in good faith. If an allegation was not made in good faith, the Deciding Official will determine whether any administrative action should be taken against the whistleblower.

E. Interim Administrative Actions

Institutional officials will take interim administrative actions, as appropriate, to protect Federal funds and ensure that the purposes of the Federal financial assistance are carried out.³³

XII. Record Retention

After completion of a case and all ensuing related actions, the Research Integrity Officer will prepare a complete file, including the records of any inquiry or investigation and copies of all documents and other materials furnished to the Research Integrity Officer or investigation committee. The Research Integrity Officer will keep the file for three years after completion of the case to permit later assessment of the case. ORI or other authorized DHHS personnel will be given access to the records upon request.³⁴

XIII. Dissemination of Policy

The Pepperdine University Policy for Responding to Allegations of Scientific Misconduct will be disseminated to the University community by the following means:

notice to faculty of the adoption of the policy;
reference to the policy in the Faculty Handbook of each school; and
maintenance of the policy on the University's website.

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24. 42 C.F.R. § 50.104(a)(5).
 25. 42 C.F.R. § 50.104(a)(3).
 26. 42 C.F.R. § 50.104(b)(1).
 27. 42 C.F.R. § 50.104(b)(2).
 28. 42 C.F.R. § 50.104(b)(3).
 29. 42 C.F.R. § 50.104(b)(4).
 30. 42 C.F.R. § 50.104(b)(5).
 31. 42 C.F.R. § 50.103(d)(14).
 32. 42 C.F.R. § 50.103(d)(14).
 33. 42 C.F.R. § 50.103(d)(11).
 34. 42 C.F.R. § 50.103(d)(10).