


Research Integrity: Survey of VPRs



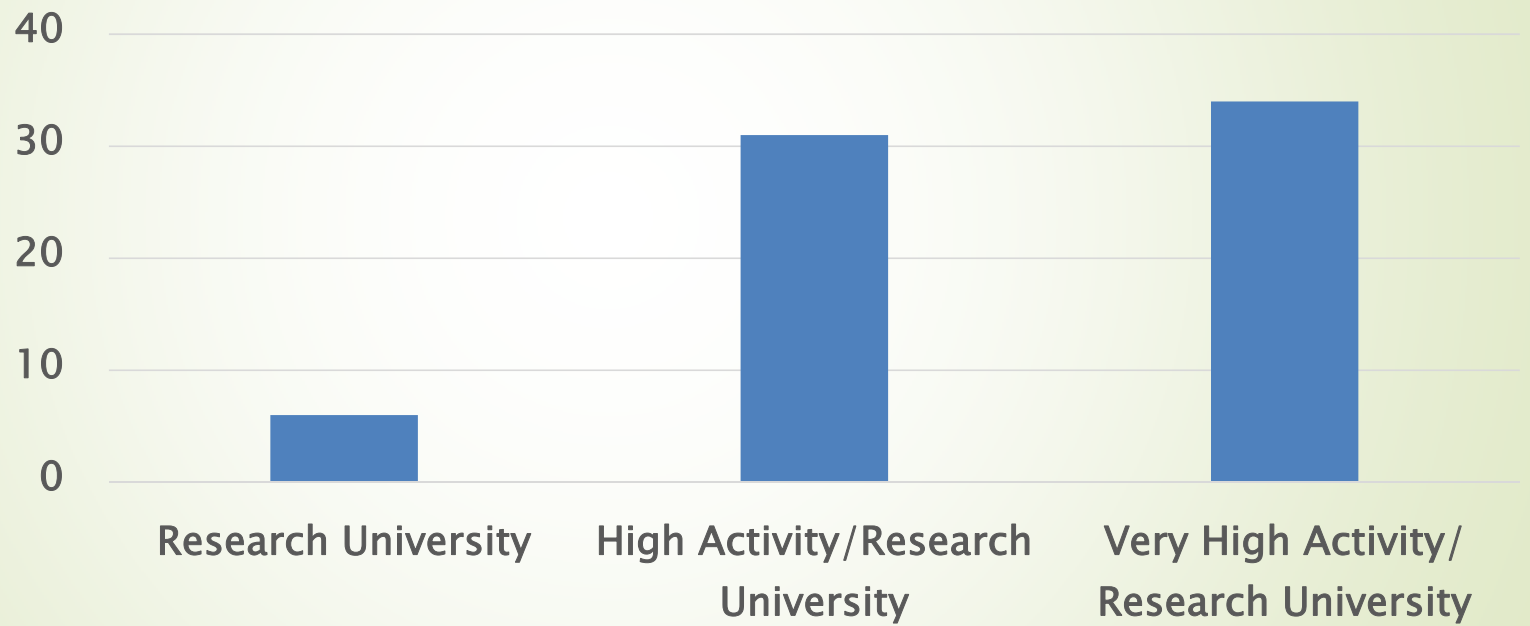
**Council on Research
Summer Meeting
Session IX: Research Integrity: Best Practices
August 3, 2016**



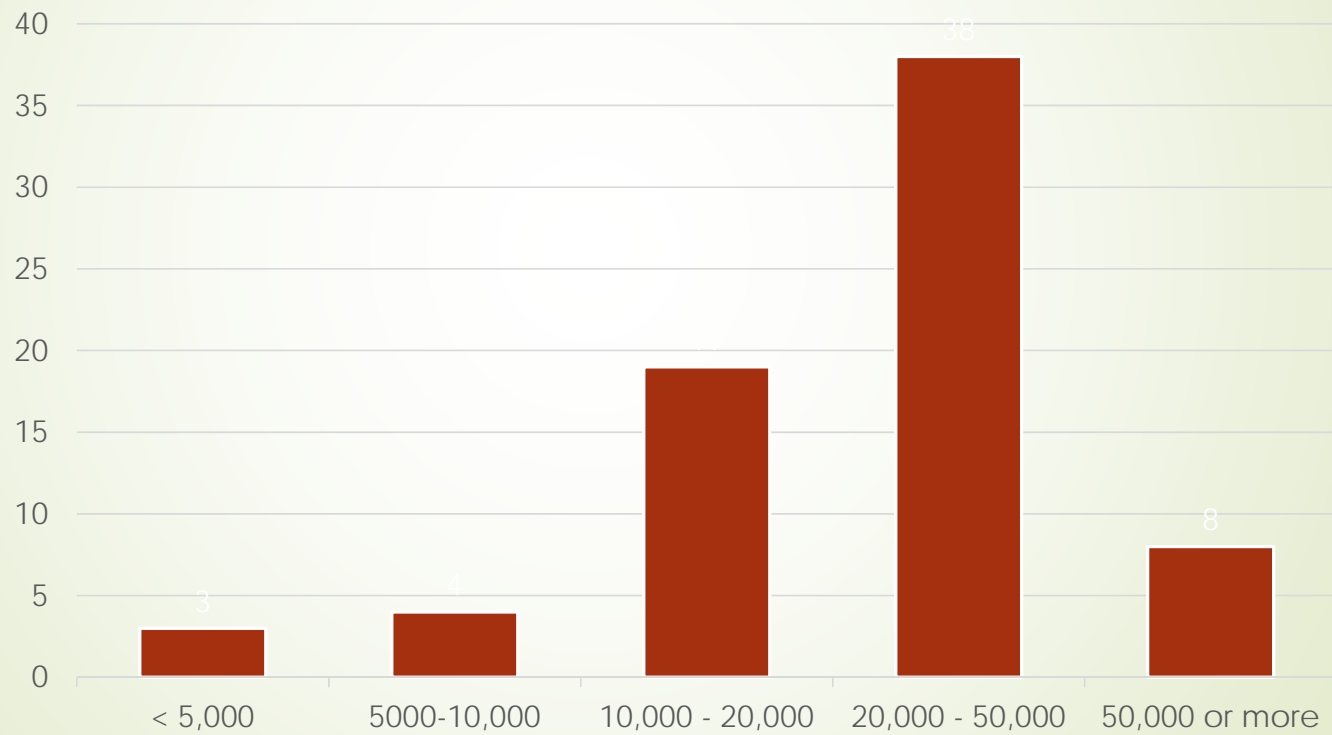
Research Integrity: Survey of VPRs

Demographics

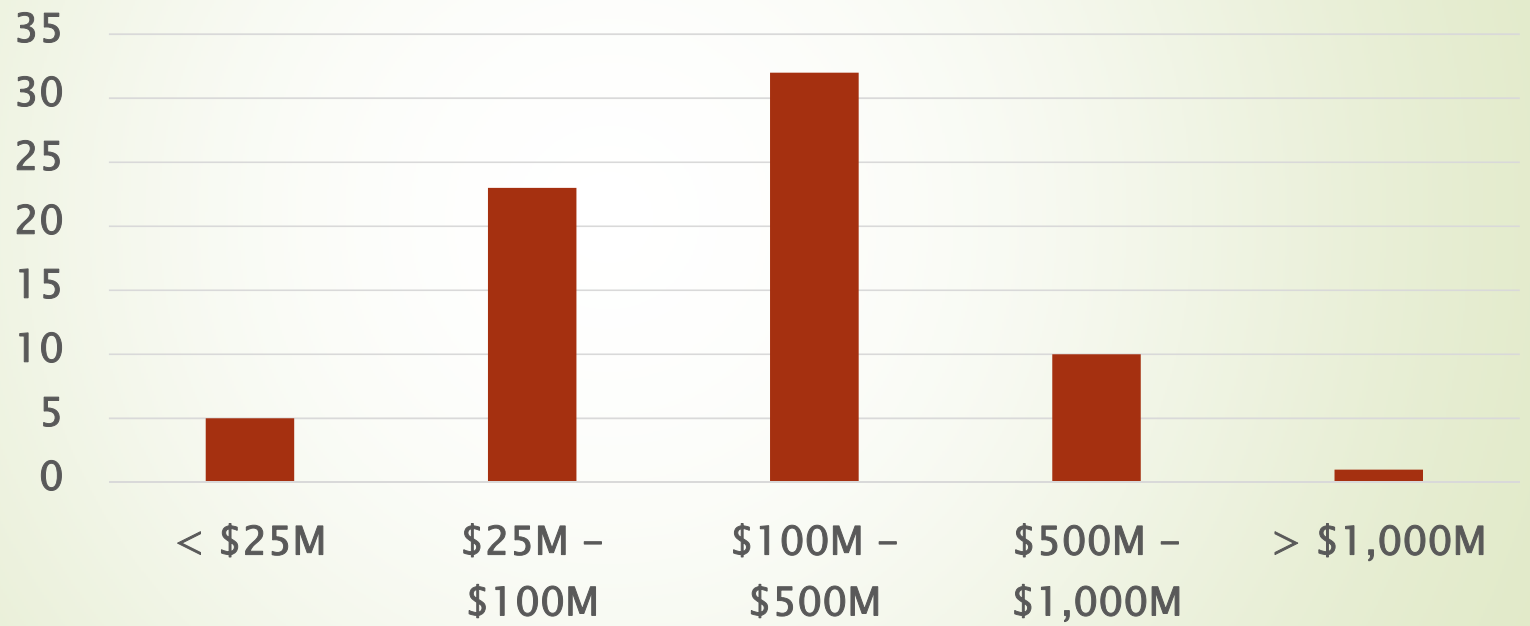
Carnegie Classification



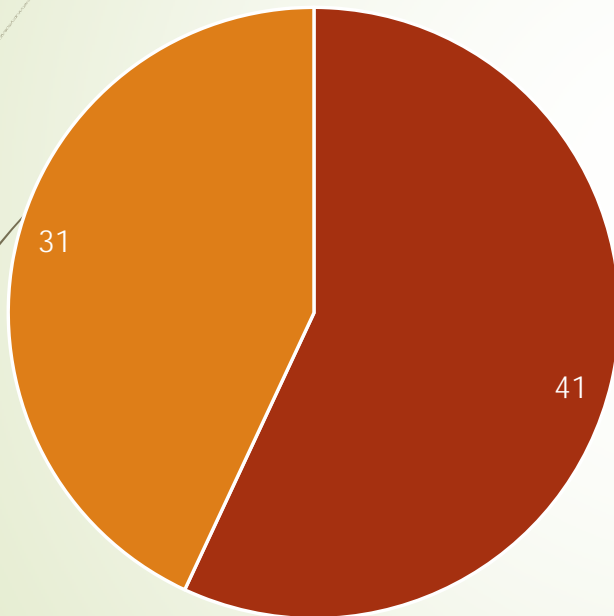
Institution Size (Number of Students)



Research Expenditures in FY15:

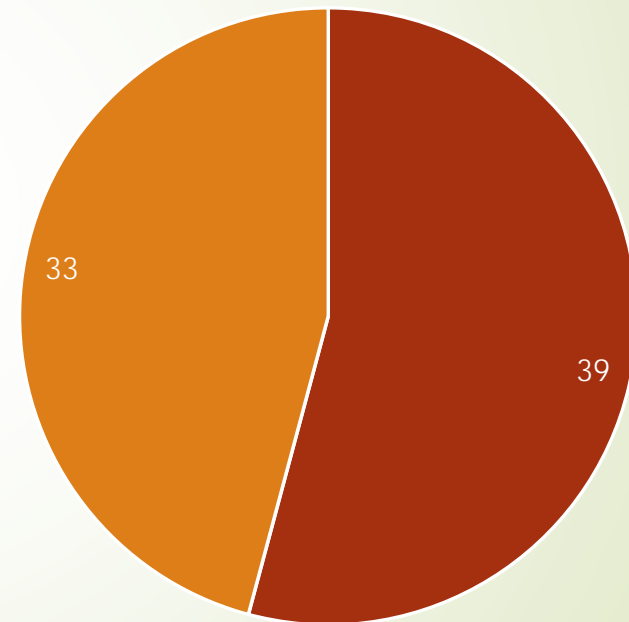


Does your university have:



A Medical School?

■ No
■ Yes



A Land-Grant Mission?

■ No
■ Yes

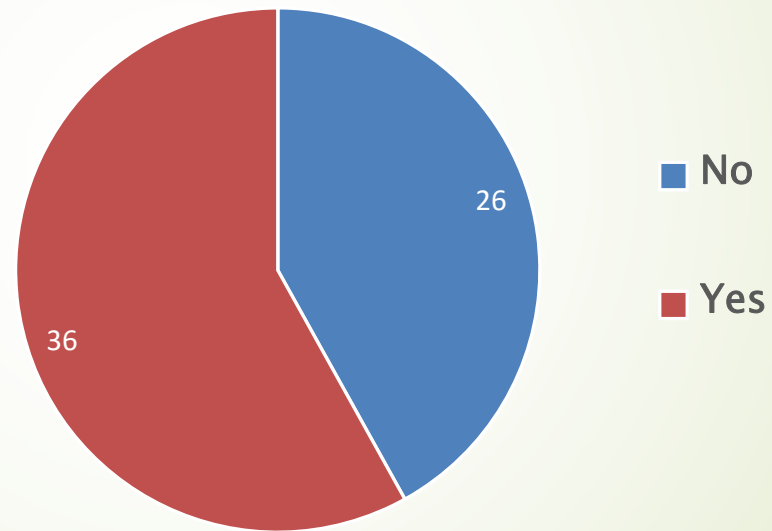
Research Integrity Survey of VPRs



Conflict of Interest (and Commitment)

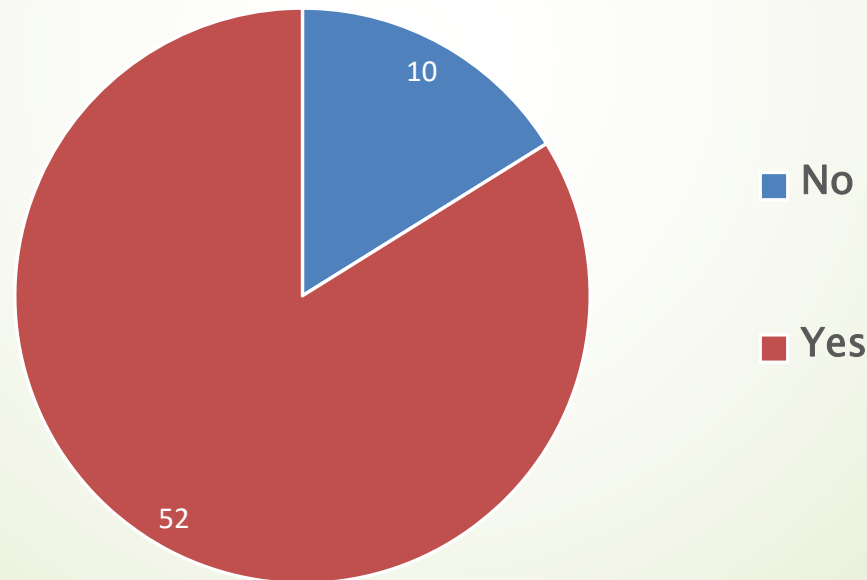
David Shaw

Do you apply Public Health Service (PHS) COI rules to all researchers?



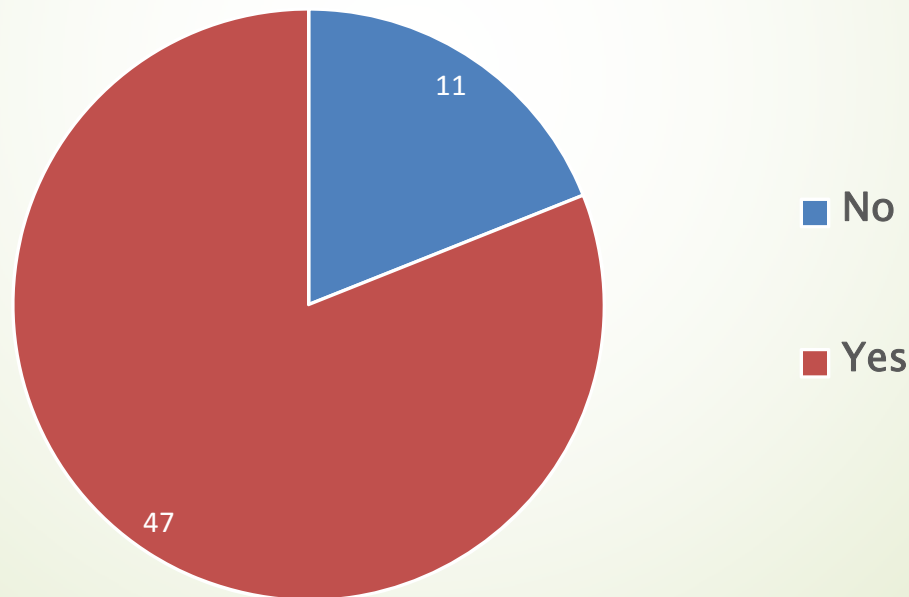
n=62

Does your institution have a written policy on the number of hours that a faculty member is allowed to consult in a given period? (e.g. week, month, or semester)



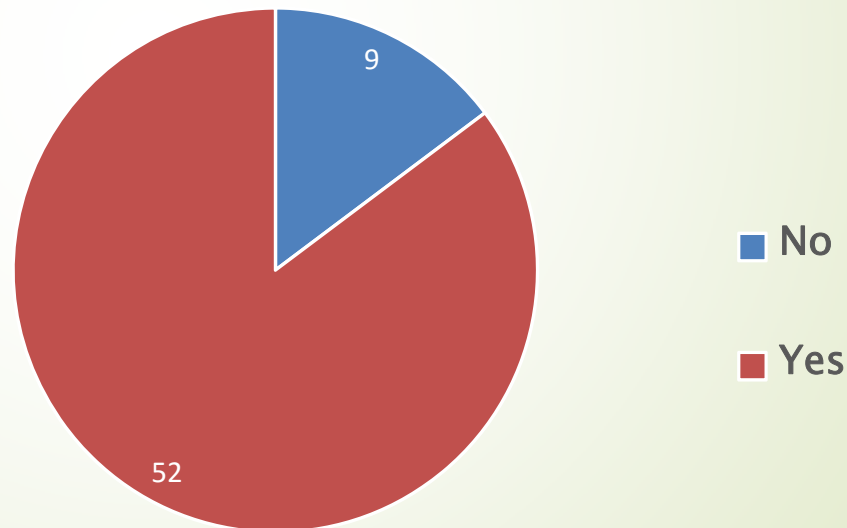
n=62

If a faculty member is not teaching during a semester but not on a sabbatical, does your institution apply the COI rules to the time he or she spends away from campus?



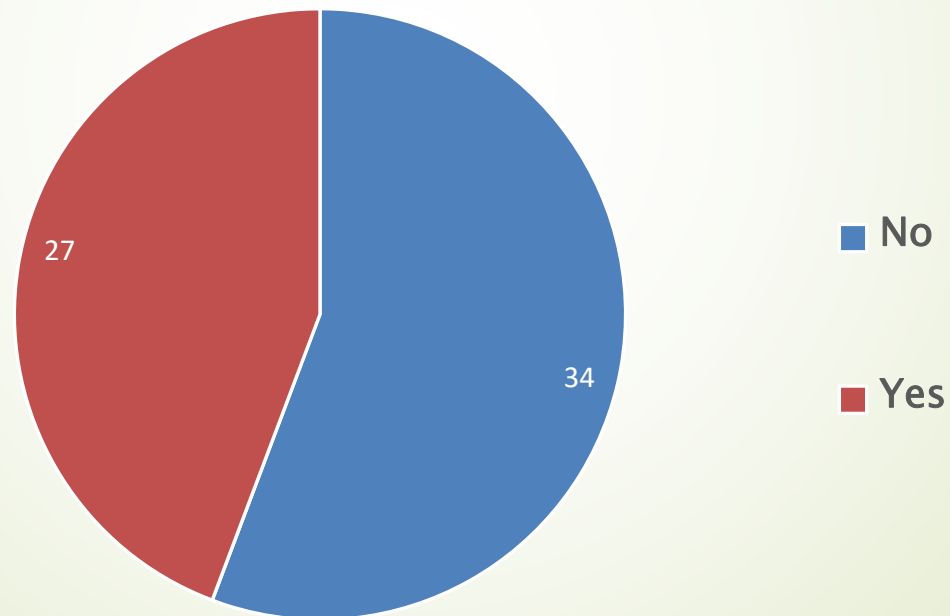
n=58

If a faculty member has a start-up company, do you allow the faculty member to be the CEO of the start-up? (#12)



n=61

Do you allow a company in which a faculty member has a significant interest or role to subcontract back to him/herself as the principal investigator? (#13)



n=61

Other COI-relevant comments?

#12 above – If the faculty member is conducting research related to their employment, then yes. If they are not engaged in research why away from the campus, then no. #13 above – in general no. However, in rare instances yes when the faculty member is on sabbatical and the company is not funding research in his/her lab. However, the company may fund research in another un-conflicted faculty member's lab. #14 – yes, however the faculty member may not be the PI for the company and the university

#13 and 14: We do allow this under certain circumstances and with strict COI plan but we don't encourage it. We only have one faculty member in #14 and are changing that arrangement given the increase in funding and nature of the work.

COI that have been determined to be conflicted, all must have clear and detailed management plans approve at the local unit, college and VPR level.

Each case is handled individually but when negotiating or executing agreements with a faculty spin-off is to avoid a situation where the faculty member is negotiating terms that also define royalty payments to them as an inventor.

Items 13 and 14 are done through a review process and entails a management plan. For 13 we prefer that the faculty member not be the CEO and have agreed to do this only once.

Lack University COI

PHS COI requirements apply to research involving PHS funding, otherwise institutional COI requirements apply.

Question 13 do not differentiate between start-up based on university IP or outside IP. We have seen both and only allow the latter.

RE Question 14: Allowed with a management plan. Cannot be PI of subcontract.

Require COI management plan for all conflicts.

The State requires a Monitoring Plan of Conflict if the faculty member has a company. The Plan has to be approved by the President and the Chair of the Board of Trustees.

The Y/N items in this survey are a challenge. Many situations are not this simple. All faculty need to report a yearly COI statement. Where COI's exist, the real issue is if an acceptable management plan can be established.

There is oversight if subcontracting has been allowed.

We do allow faculty involvement in the startup and for the company to subcontract back to the institution, but with careful COI management.

We just implemented an Institutional Conflict of Interest Policy for human subjects.

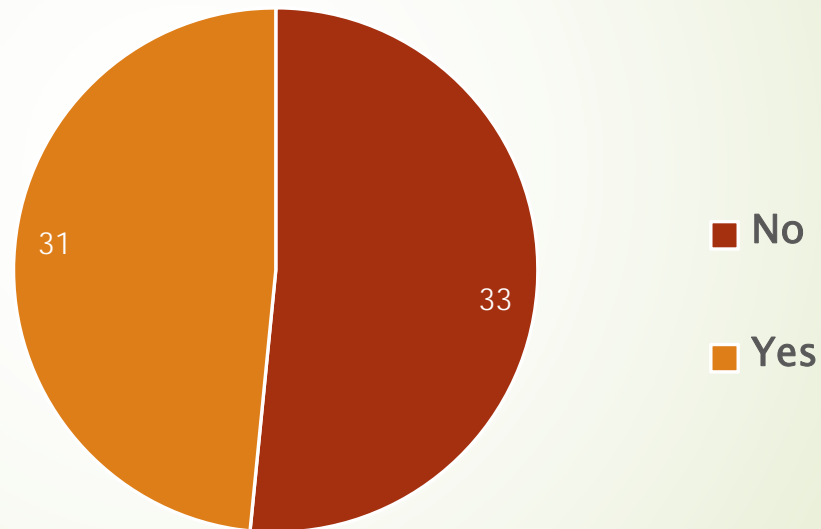
We use an ad hoc RCR committee. And when a faculty member is involved in an outside company, additional scrutiny is placed on this relationship including COI.



Research Integrity Survey of VPRs

Responsible Conduct of Research

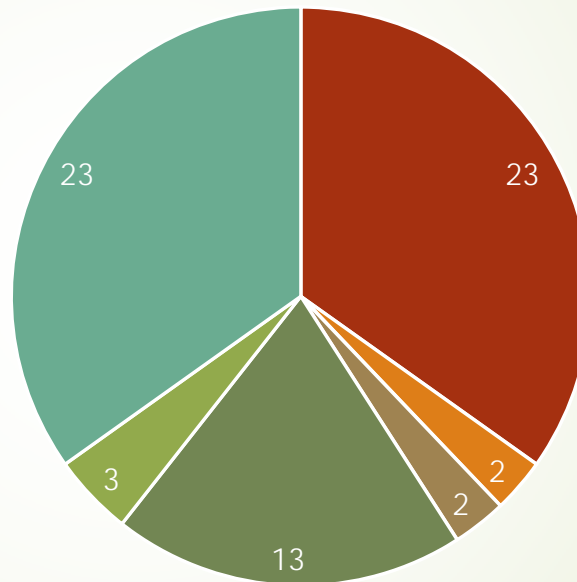
Does the SRO also serve as your institution's Research Integrity Officer (RIO)?




n=64

What RCR training methods/tools does your institution use?

- CITI only
- Inhouse online program only
- CITI and inhouse online program
- CITI and inhouse seminars
- Inhouse online program and inhouse seminars
- All three



n=66



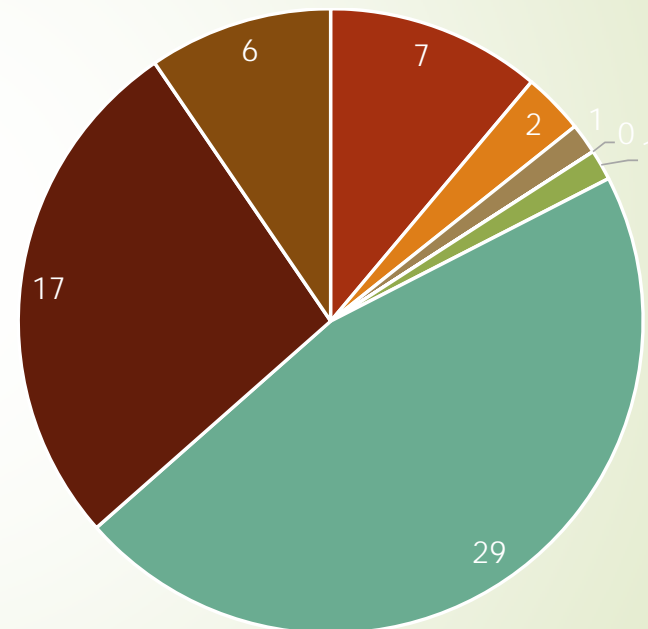
What RCR training methods/tools does your institution use? (Other)

- Additional discipline specific tools have been developed at the departmental and individual lab levels.
- Additional RCR training is provided at the School, Department, and individual lab group level.
- One on one as needed
- Graduate level course
- Local courses
- Peer input
- In person topical seminars
- Credit courses
- Staff
- Small group discussions etc.


n=11

What tracking methods do you use to verify RCR training compliance?

- CITI only
- Check by ORC only
- Check by OSP only
- Check by Administrators only
- None
- Two methods
- Three Methods
- Four Methods



n=64

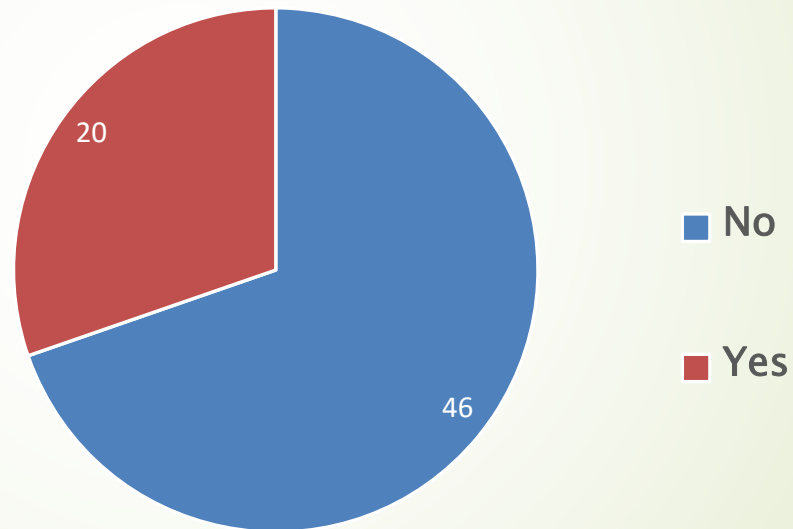


What tracking methods do you use to verify RCR training compliance? (Other)

- Course registration records verified by SPO
- In house tracking
- Manual checking by research office (inefficient)
- Office for Responsible Research
- OJT self tracking
- Our own on-line training data base
- Our training program maintains a data base
- PI's and departmental level staff manage training requirements and compliance using the online training verification system and tracking the training requirement in the payroll system.
- PIs check/track their students
- Post approval monitoring and reporting
- rely on individual researchers or departments.
- Tracking and verification is performed at the departmental level by comparing payroll information with information from the on-line training system.

n=12

Do you have a standing committee looking into RCR issues?



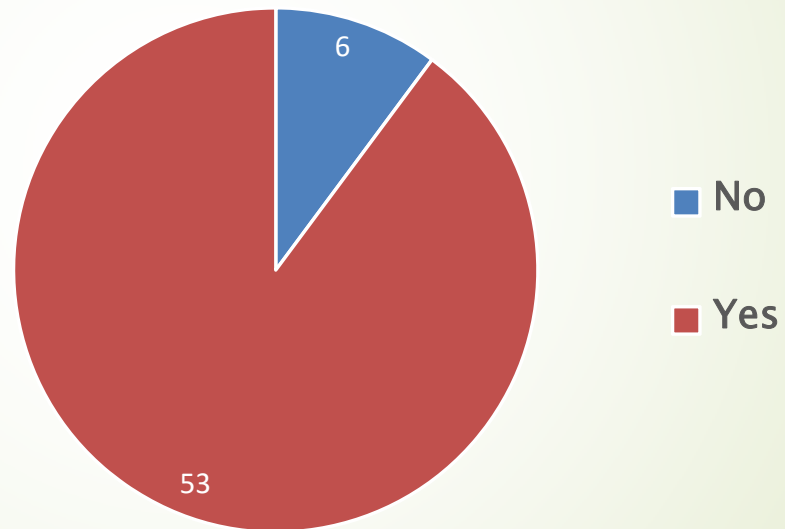
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Research Integrity Survey of VPRs



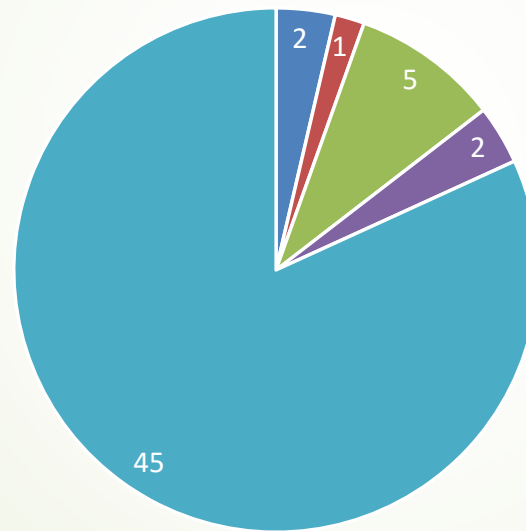
Research Compliance Office

Does your institution have a separate Research Compliance Office?



n=59

If so, to whom does the Research Compliance Office Report?



- Chancellor/President
- Chief Compliance Officer
- Other (please specify)
- Provost
- VPR/VCR

n=55

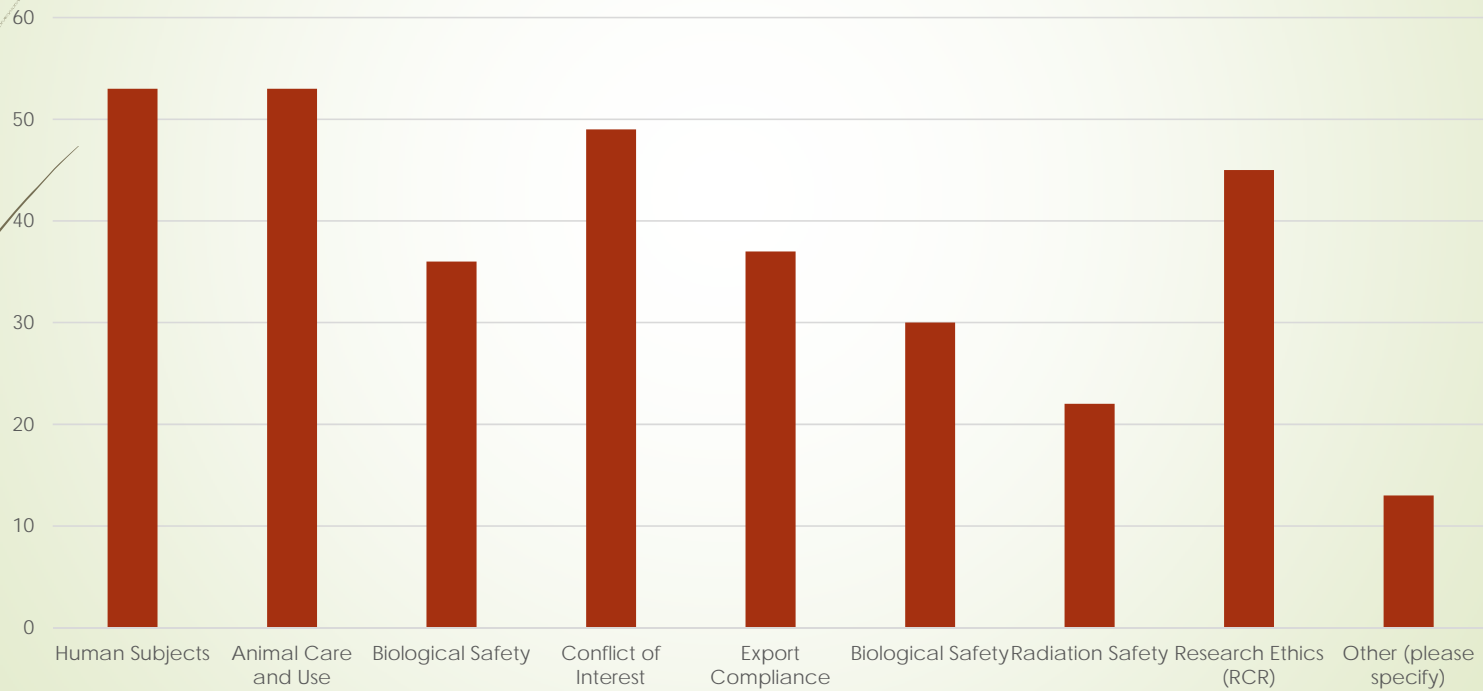


If so, to whom does the Research Compliance Office Report? (Other – Specify)


- Associate VP for Research Integrity
- President (2)
- VPR/VCR and Chief Compliance Officer
- Associate VPR
- Chief Compliance Officer
- Assistant VP for Research Operations
- VPR and Campus Legal

n=7

For which of the following areas does your Research Compliance Office have responsibility:



n=57



For which of the following areas does your Research Compliance Office have responsibility: (Other)

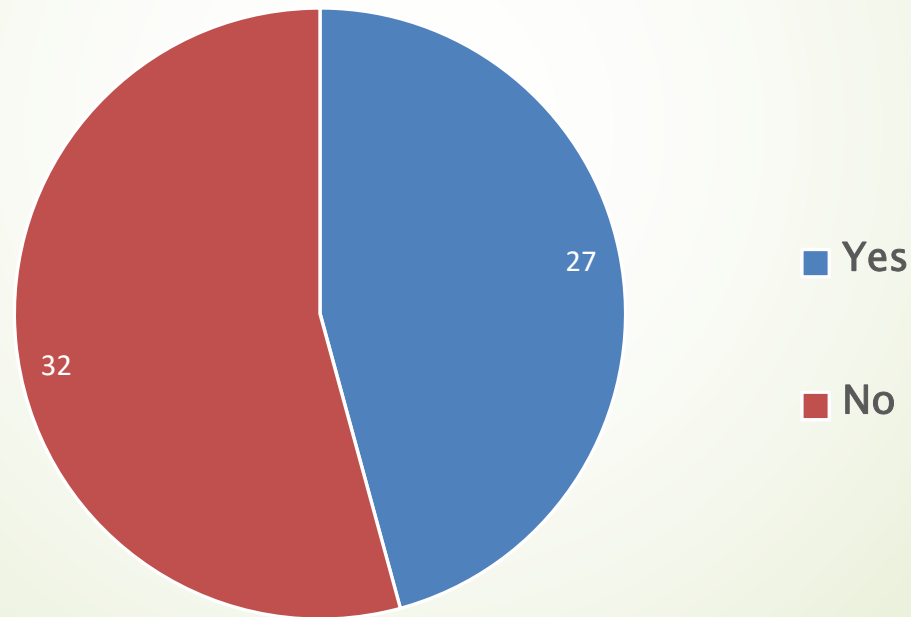
All above areas except Radiation safety report to VPR through Associate VP for Research Ethics and Integrity
Animal facilities
Clinical and Translational Science Award (CTSA)
Diving. WE HAVE MULTIPLE OFFICES FOR THESE -- ALL REPORTING TO VCR
HIPAA
Recombinant DNA; Human Stem Cell Research
Research Data – sensitivity, HIPPA, de-identification
Research-related policy
The Office is engaged in Export Control, but does not have primary responsibility. Also works with EH&S in Radiation Safety
UAS

Research Integrity Survey of VPRs

Research Misconduct

KT Valsaraj

Does your misconduct policy include investigator actions other than plagiarism, falsification, and fabrication (FFP)?



If so, what other actions are covered under your misconduct policy?

1. Material failure to comply with applicable federal requirements 2. An abuse of confidentiality 3. Material failure to disclose COI
All issues related to RCR Adverse events related to protocol, Lack of adherence Student-Faculty conduct
All of those
As stated above, failure to adhere to IACUC or IRB approved protocols or disclose a conflict of interest
COI
compliance (IRB, IACUC, IBC, RSC) COI financial misconduct nepotism the usual Title 7, 9, etc etc
deception and not meeting legal requirements
failure to adhere to IACUC or IRB approved protocols, disclose a conflict of interest – as defined by your policy, and other discipline specific deviations (broadly defined).
Failure to adhere to IACUC or IRB requirements, disclose a COI, to manager funds according to University policy or founder requirements
Failure to adhere to IRB and IACUC. But not disclose conflict of interest.
Failure to follow IRB and IACUC protocols. Poor laboratory record keeping, undisclosed conflict of interest.
IACUC, IRB, COI are covered

If so, what other actions are covered under your misconduct policy? Continued

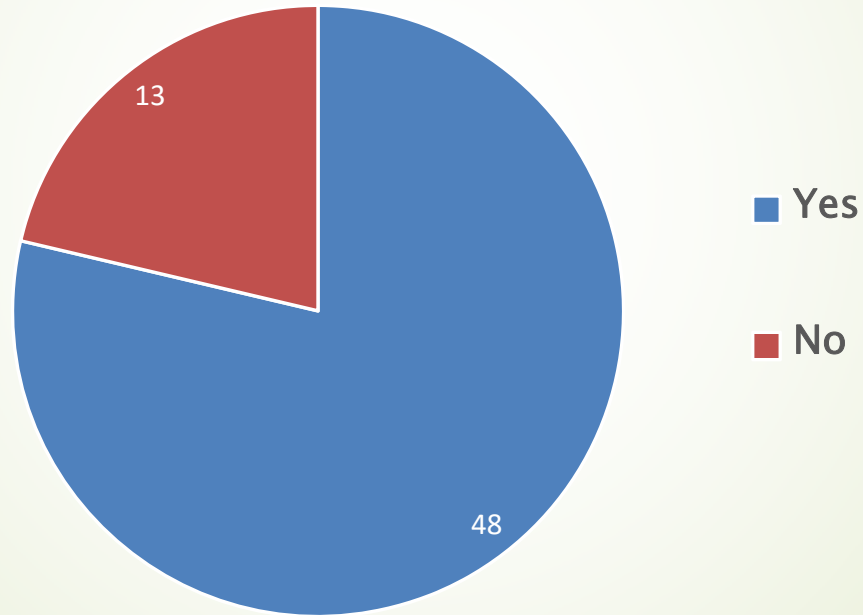
IRB IACUC
IRB approved protocols is a big area for us. Similarly IACUC protocol adherence is important.
Issues of co-ownership of materials and outcomes; issues of research complaints by one co-PI against another co-PI; issues of "stealing" preliminary research ideas among members of a project.
Misrepresentation of credentials This will probably be eliminated from our misconduct coverage in our next policy revision.
other practices that seriously deviate from those that are commonly accepted within the scientific community for proposing, conducting, reviewing or reporting research; or (2) material failure to comply with Federal requirements for protection of researchers, human subjects or the public or for ensuring the welfare of laboratory animals. It does not include honest error or honest differences in interpretations or judgments of data
Other significant deviations from accepted practice....
Significant departure from accepted practices in the relevant research community in proposing, performing, or reviewing research, or reporting research results, such as fabrication, falsification, deception, misrepresentation, or arbitrary selection of data Material failure to comply with funding agency (federal, state, private, etc.) requirements that uniquely relate to the conduct of the endeavor Retaliation against a person who, acting in good faith, has reported or provided information about suspected or alleged misconduct.
There are separate policies for IACUC, IRB, IBC misconduct.
To be concise I would summarize the areas covered by the policy as failure to comply with ethical conduct of research guidelines as described in the RCR training module. This includes issues of plagiarism, falsification, fabrication, authorship, safety, IRB compliance, IACUC compliance, failure to complete required training, mistreatment of students or other employees, and misuse of funds.
Unacceptable research practices. Questionable research practices. these include MANY actions/behaviors depending on the discipline.

Research Integrity Survey of VPRs

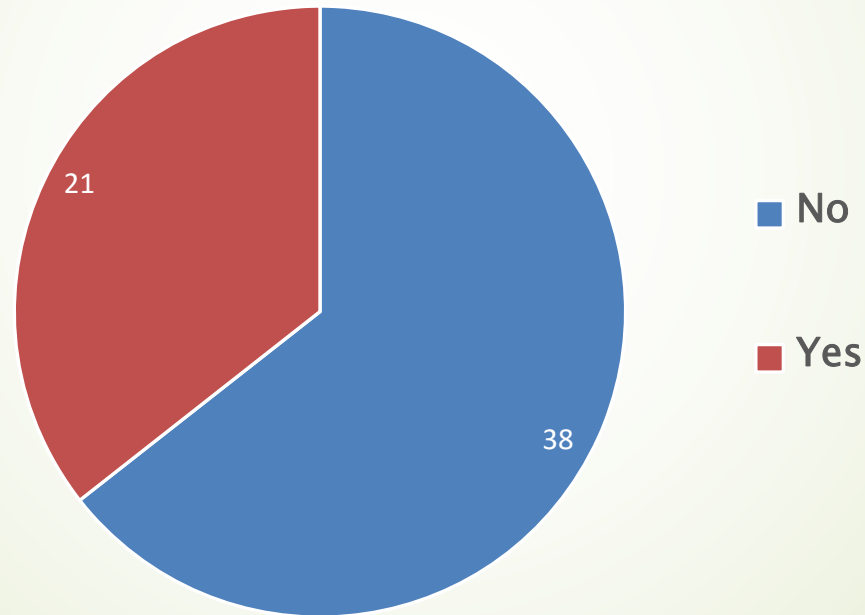


Authorship and Publications

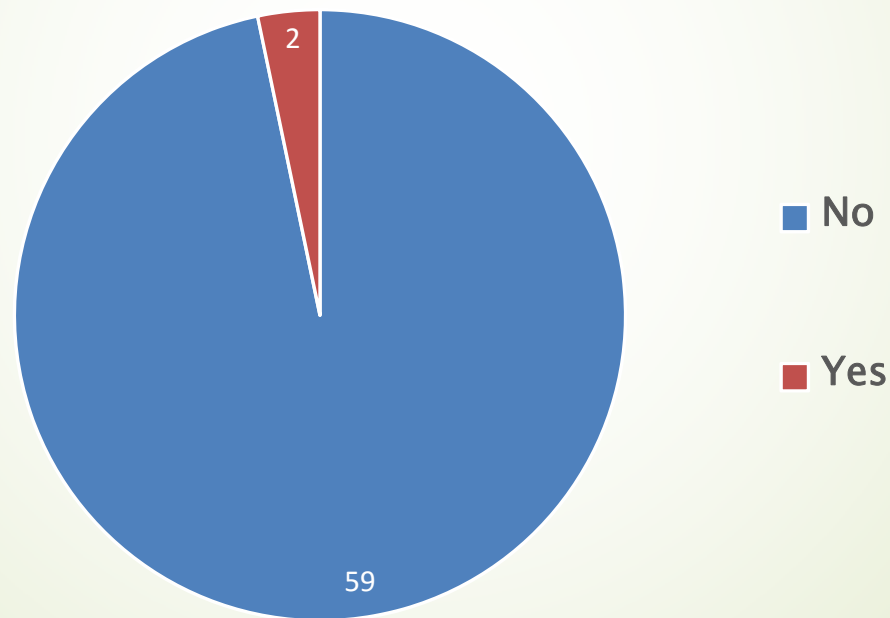
Does your institution use a third-party plagiarism program, e.g. Turnitin?



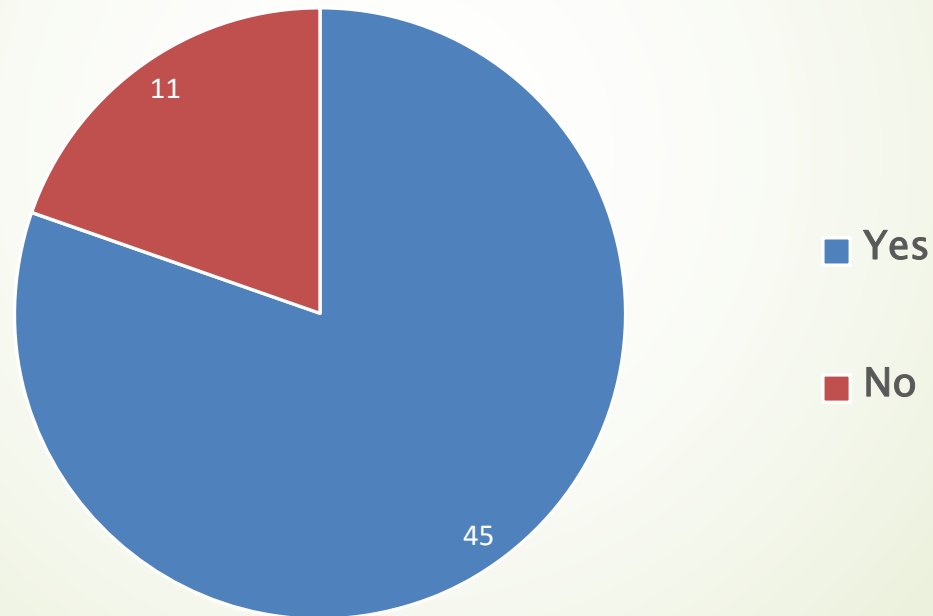
Does your institution require graduate student theses and dissertations to be checked for plagiarism?



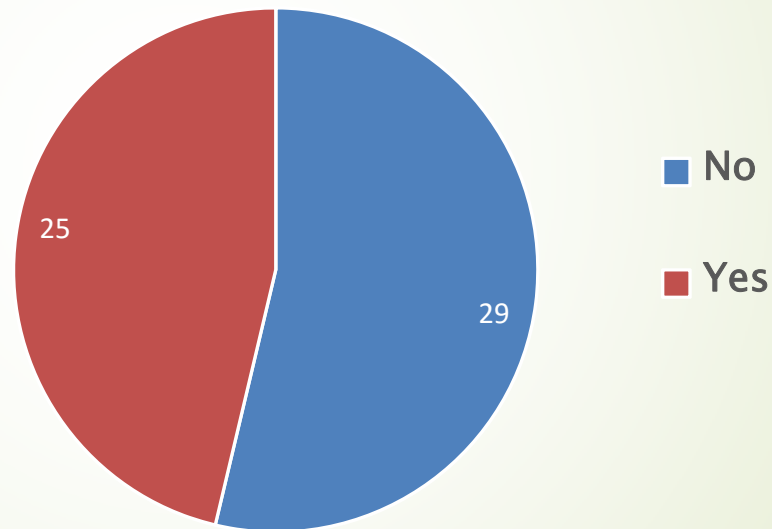
Does your institution require faculty publications to be checked for plagiarism before being submitted to a conference or journal?



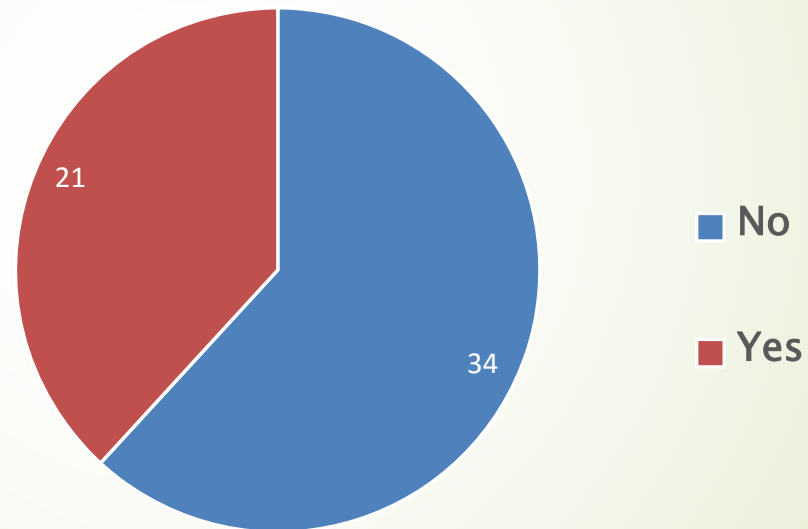
Does your institution allow faculty to use institutional tools to do a plagiarism self-check before submitting for publication?



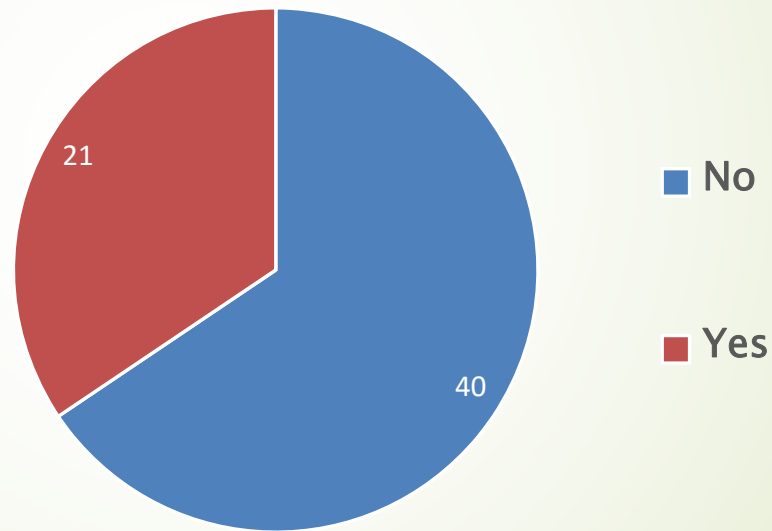
Does your institution allow students to use institutional tools to do a plagiarism self-check on documents?



Does your institution consider “self-plagiarism” to be a research integrity issue?



Does your institution have a policy on authorship disputes?

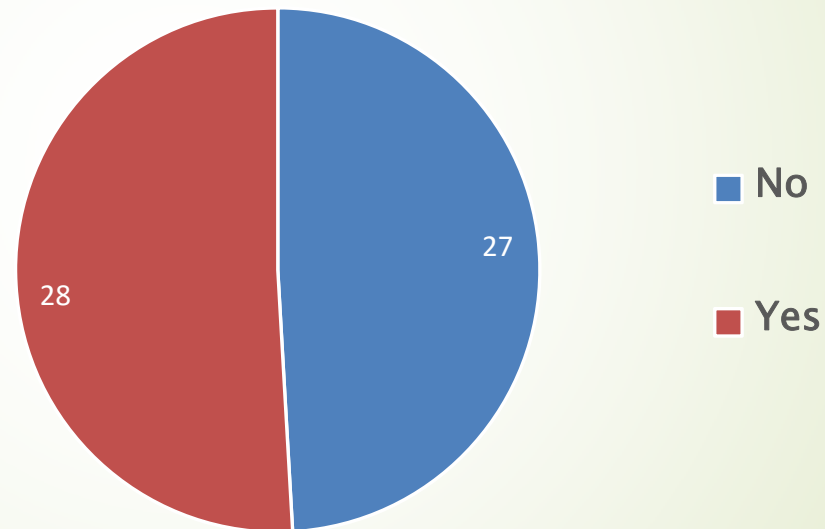


Research Integrity Survey of VPRs

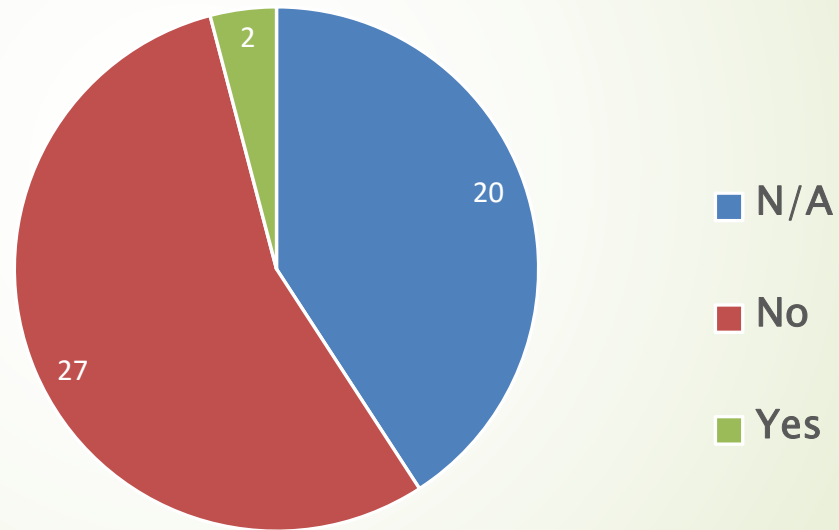


Data Management

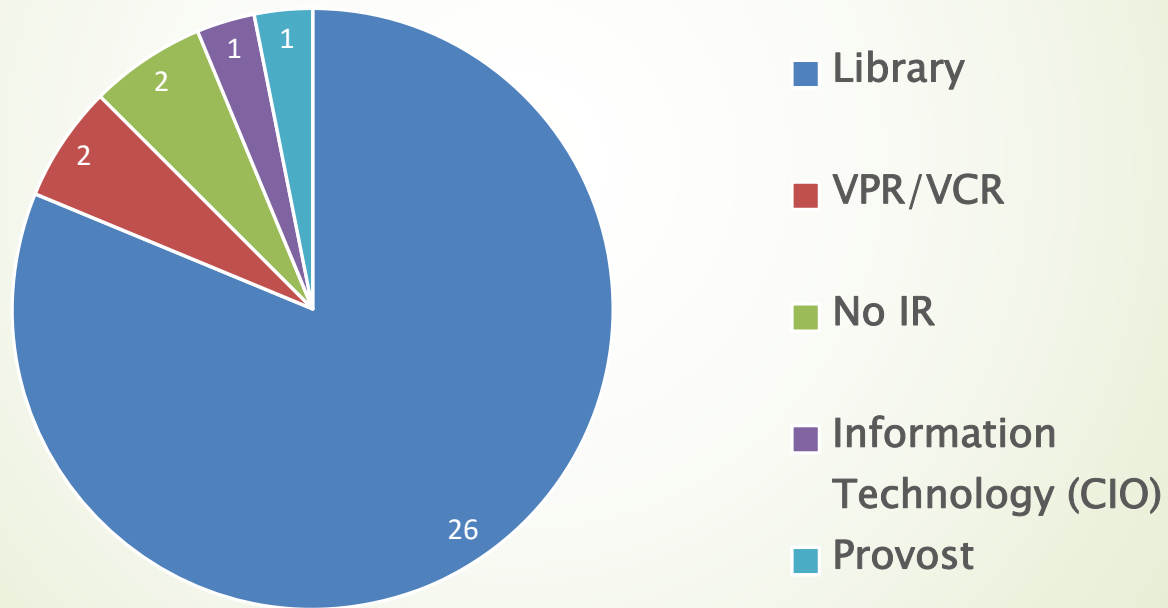
Does your institution have an internal Institutional Repository (IR)?



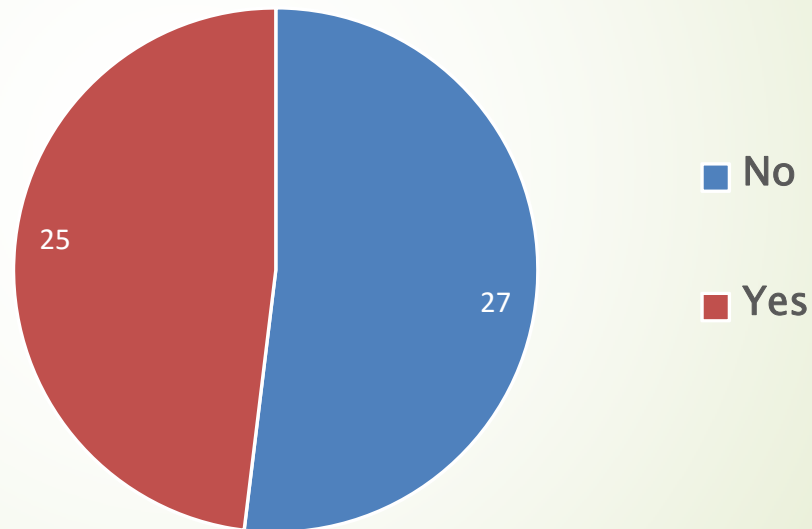
If so, do you use a third-party to provide the IR?



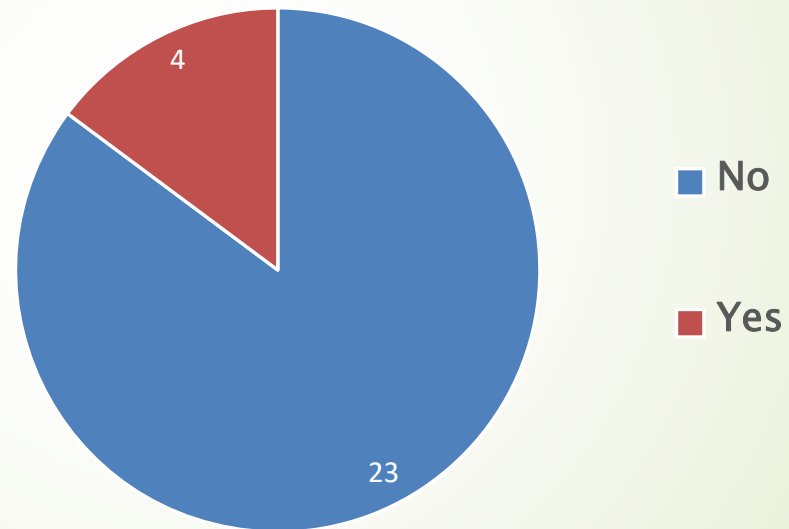
Who manages the IR?



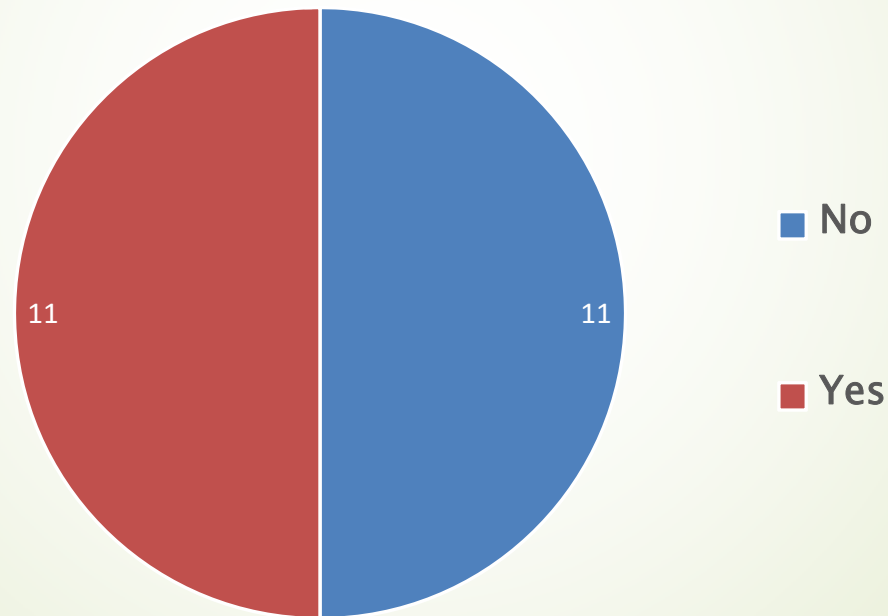
Does your institution have a data repository (either as part of the IR or stand-alone)?



If so, do you charge researchers a fee for storing data?



If your institution has a data repository, do you use part of the F&A reimbursement to pay for it?

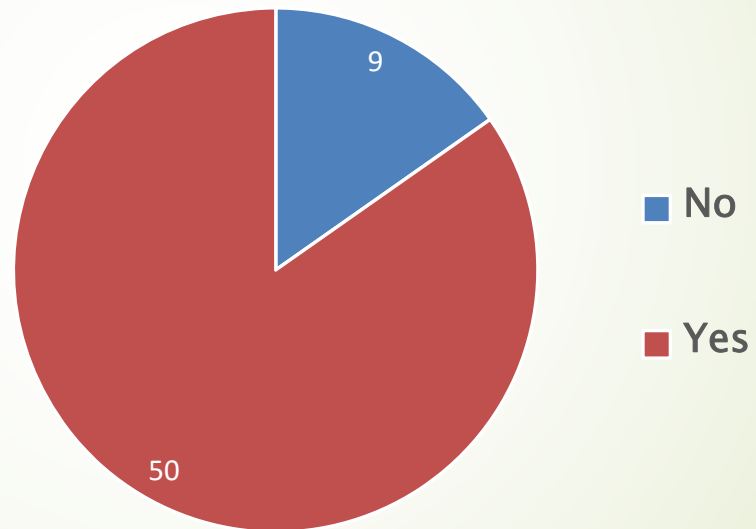




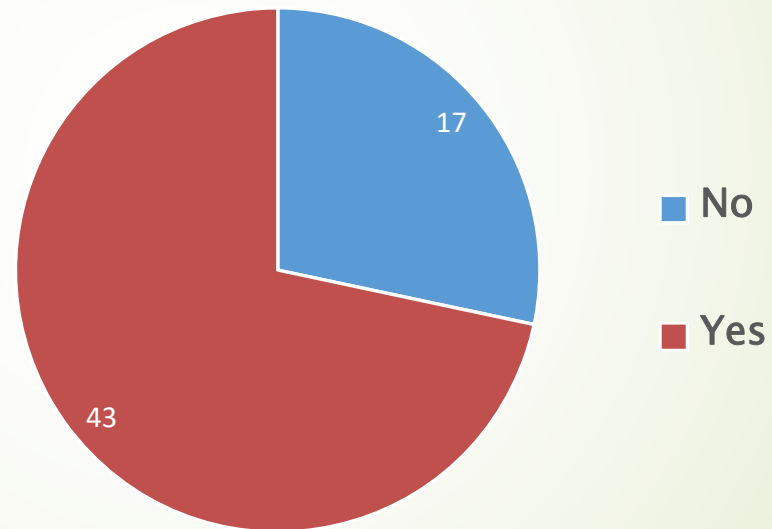
Research Integrity Survey of VPRs **Biological Safety**

Jim Rankin

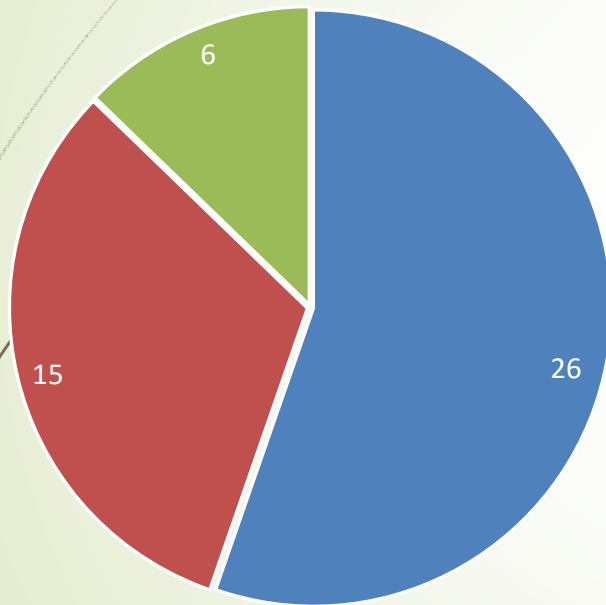
Does your institution have a Biological Safety Officer?



Does your institution have a Biological Safety Department/Office?



If so, is the Biological Safety Office located in the:



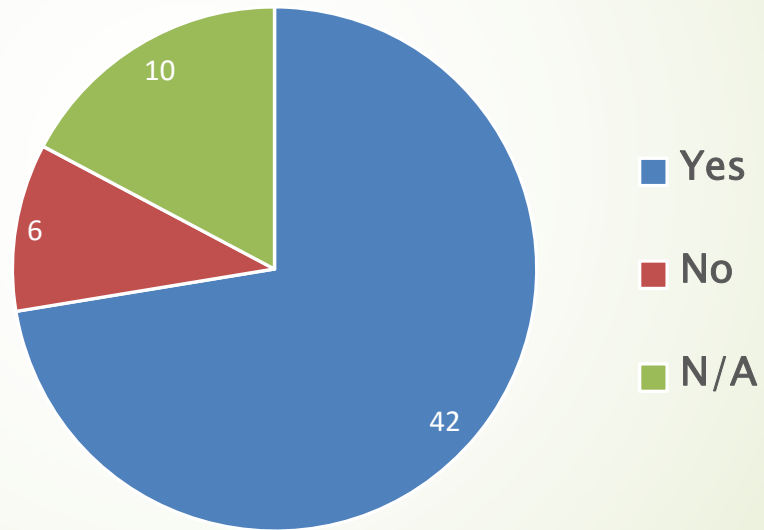
■ Environmental Health and Safety chain

■ VPR chain

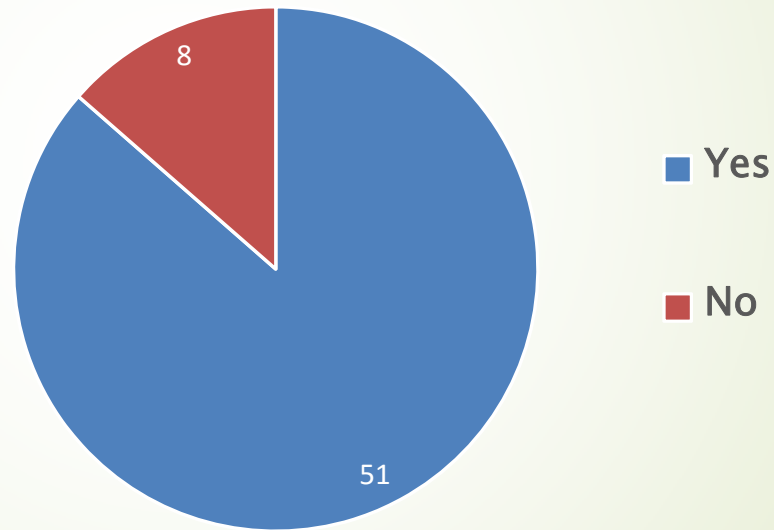
■ Other (please specify)

- 2 - Part of EHS which reports to VPR
- 1 - Compliance and Risk Management
- 1 - Finance and Administration
- 1 - Office of Research Compliance
- 1 - VPR is the Institutional Official

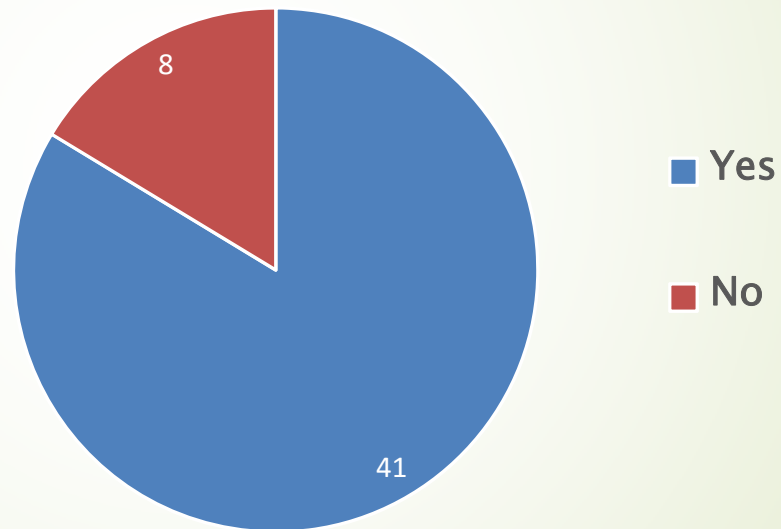
Is the Biological Safety Office responsible for doing laboratory safety inspections and audits?



Do you have a Biological Safety Committee (BSC)?



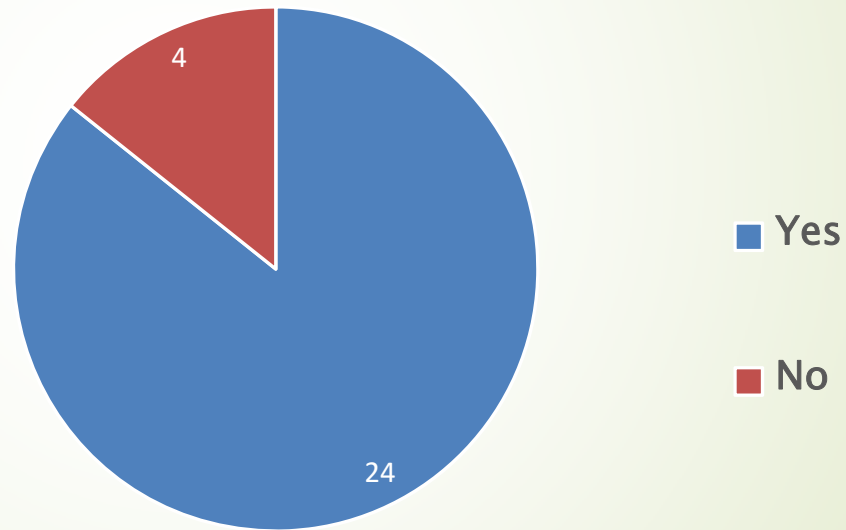
Does the BSC review protocols other than those involving recombinant DNA?



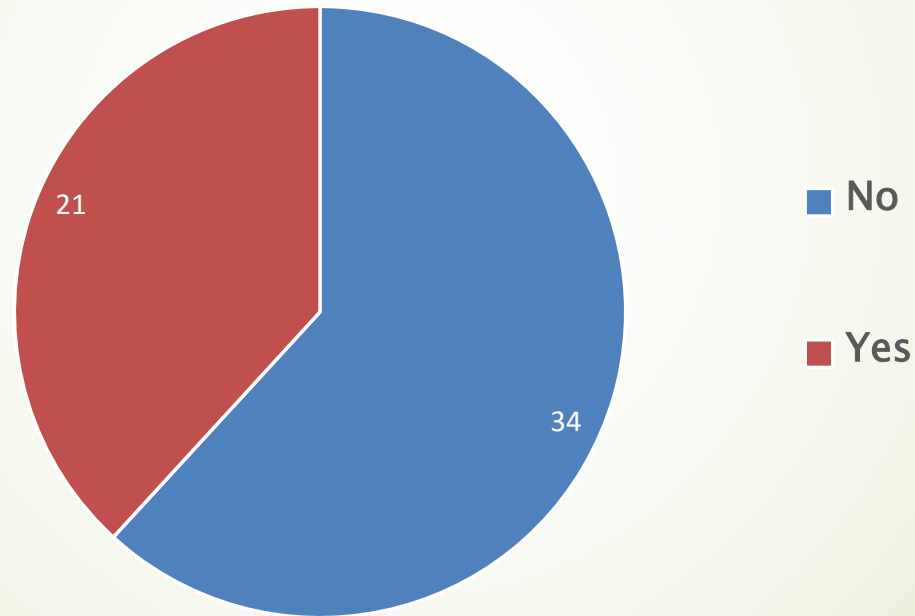


Research Integrity: Survey of VPRs
Animal Use and Care

If a land-grant institution, is the University Veterinarian responsible for the health and wellbeing of “all” – regulated and non-regulated – university-owned animals (including both research and teaching animals)?



Does your institution have Biosafety Level 3 (BSL-3) facilities for animal use (not just for lab use)?

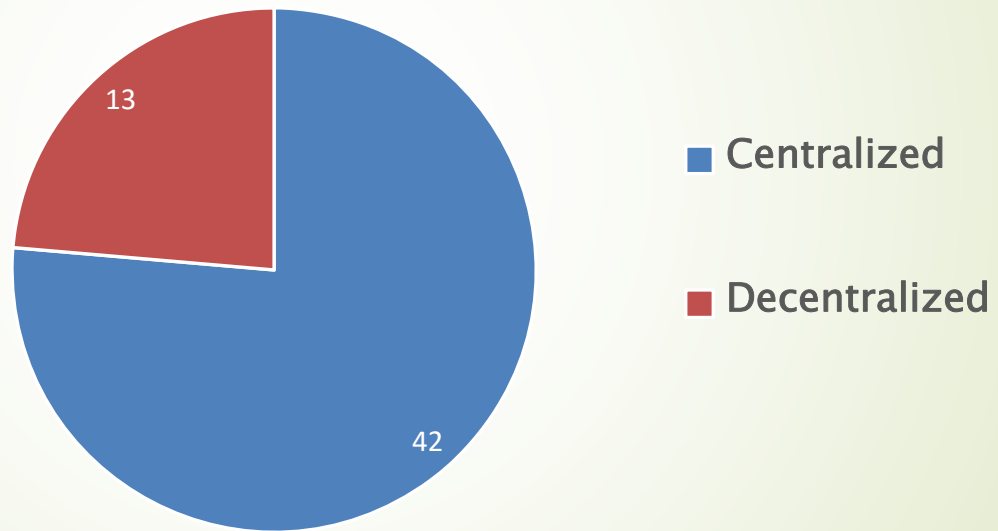




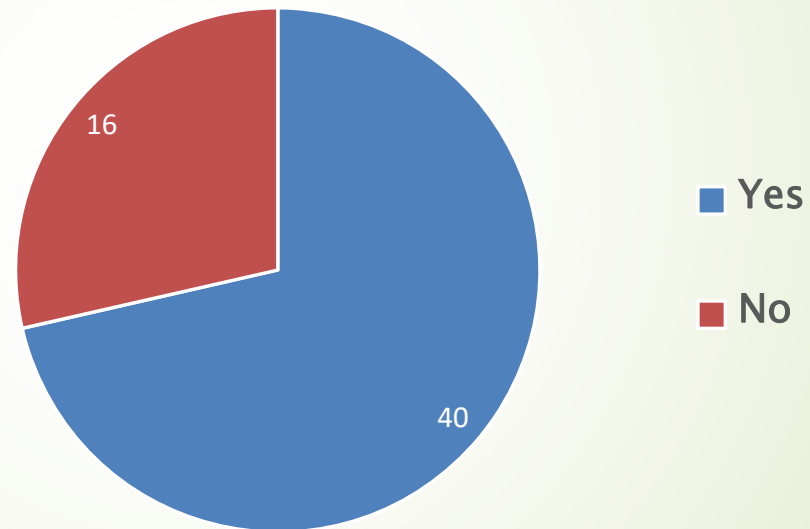
If BSL-3 facilities for animal use, how is it funded?

by VPR
Centrally
Combination of F&A support as well as per diem fees
Cost recovery as well as central subsidy
Institutional and sponsored research
Institutional funding and sponsored projects.
Institutional funds
internal funding at this time.
Medical School
NIH
NIH and institutional funds
overwhelmingly charge back to users, minimal subsidy
PHS and institutional funds
recovered indirect costs
Recovery from users and internal funding.
Through OVPR and external awards
University funding and external grants
Variously

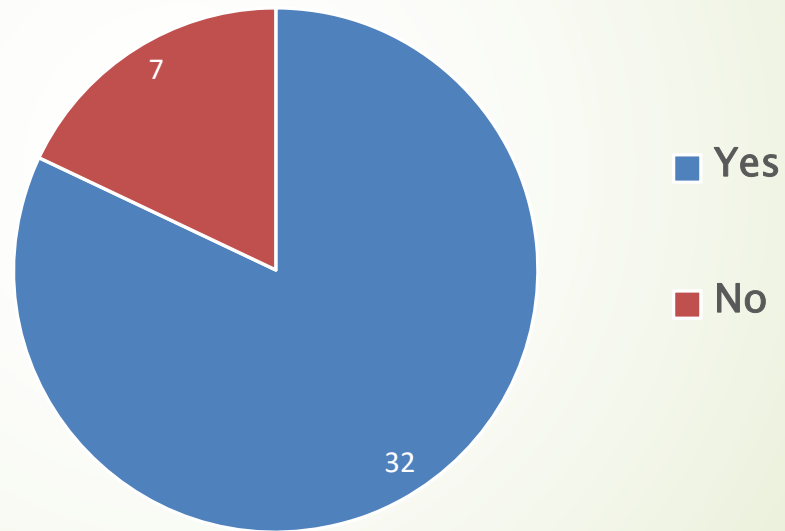
Is your animal care program Centralized or Decentralized?



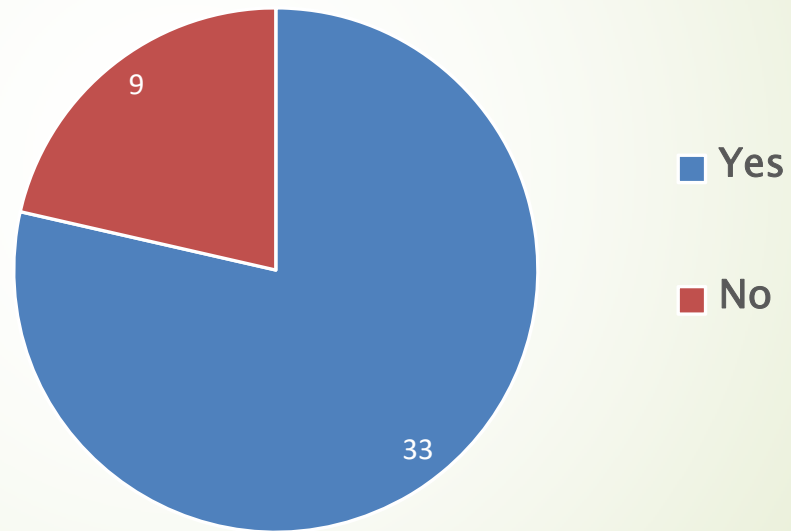
Is your institution AAALAC accredited?



If AAALAC accredited, does this accreditation include all animals?



If AAALAC accredited, does this accreditation include all of your animal facilities?

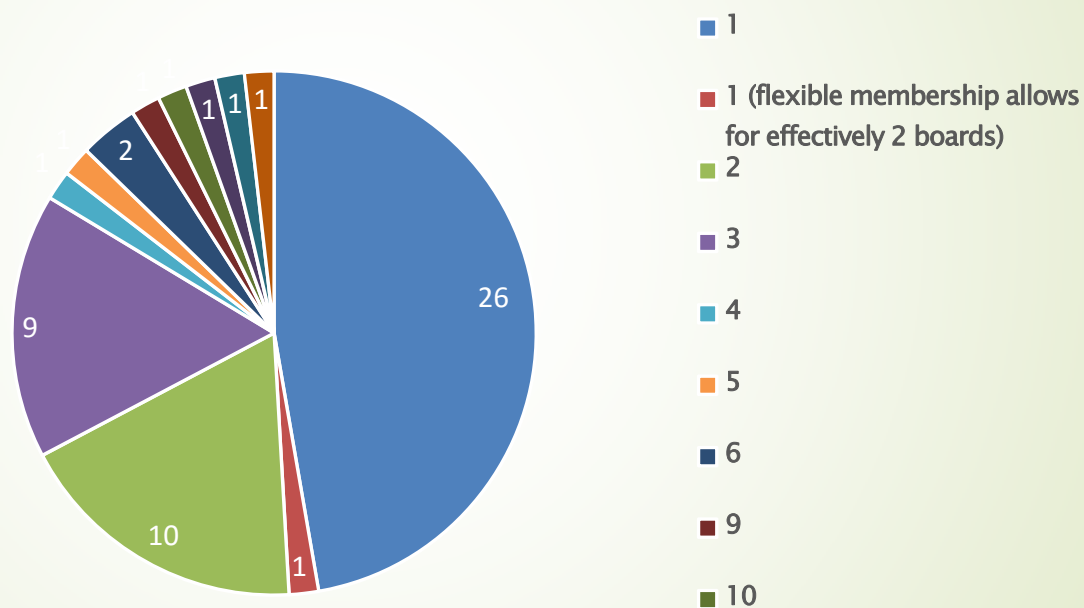


Research Integrity Survey of VPRs

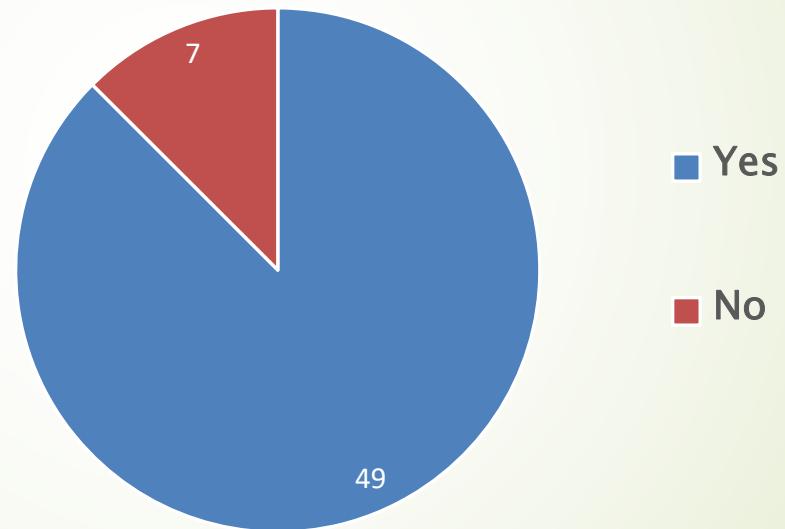


Human Subjects

How many Institutional Review Board (IRB) committees does your institution have?



Do you apply the same requirements to all human subjects research regardless of source of funds?

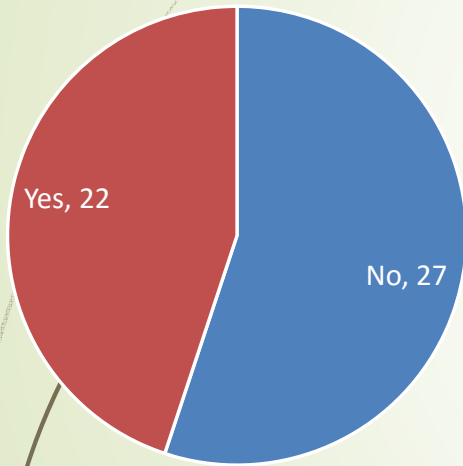




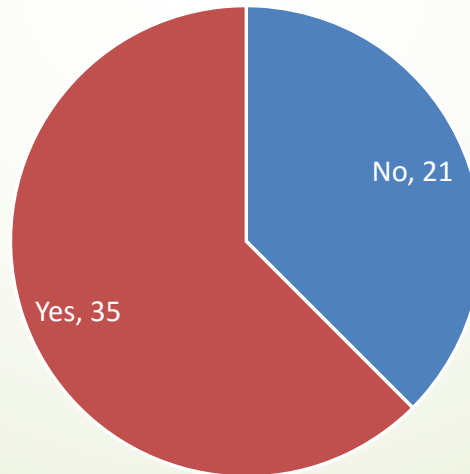
Research Integrity Survey of VPRs
Safety Committees

Does your institution pay the Committee Chair a stipend or honorarium?

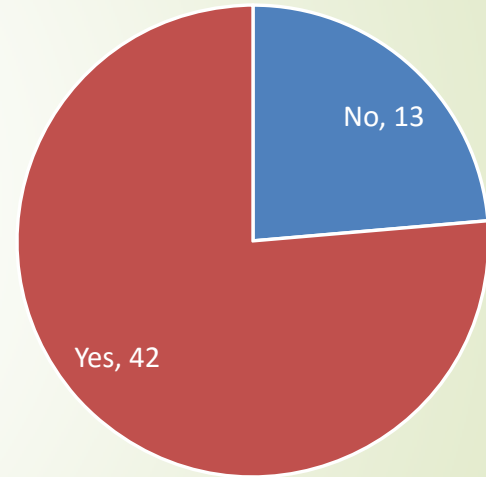
BioSafety



IACUC

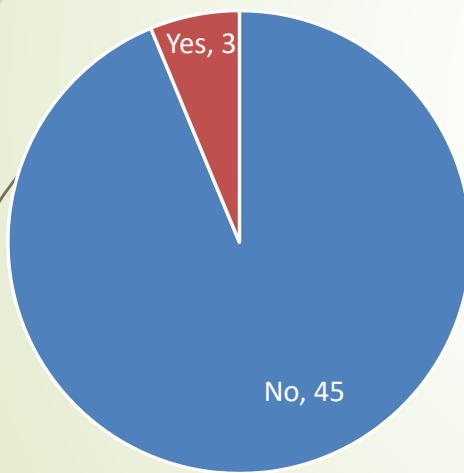


IRB

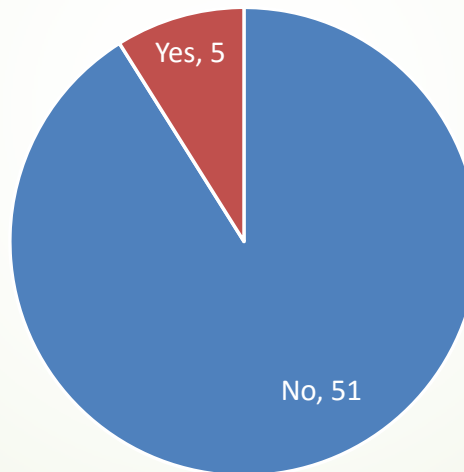


Does your institution pay committee members?

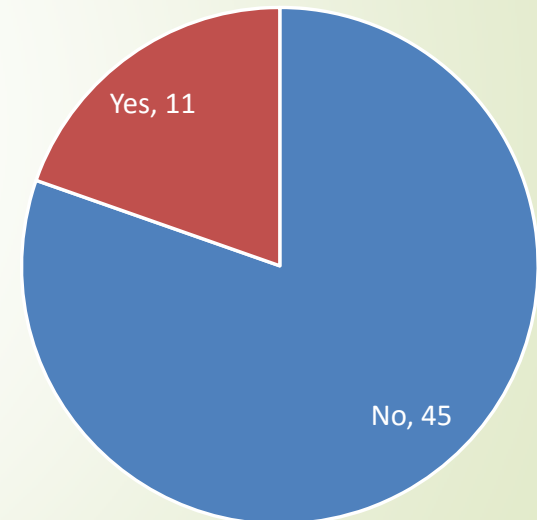
BSC



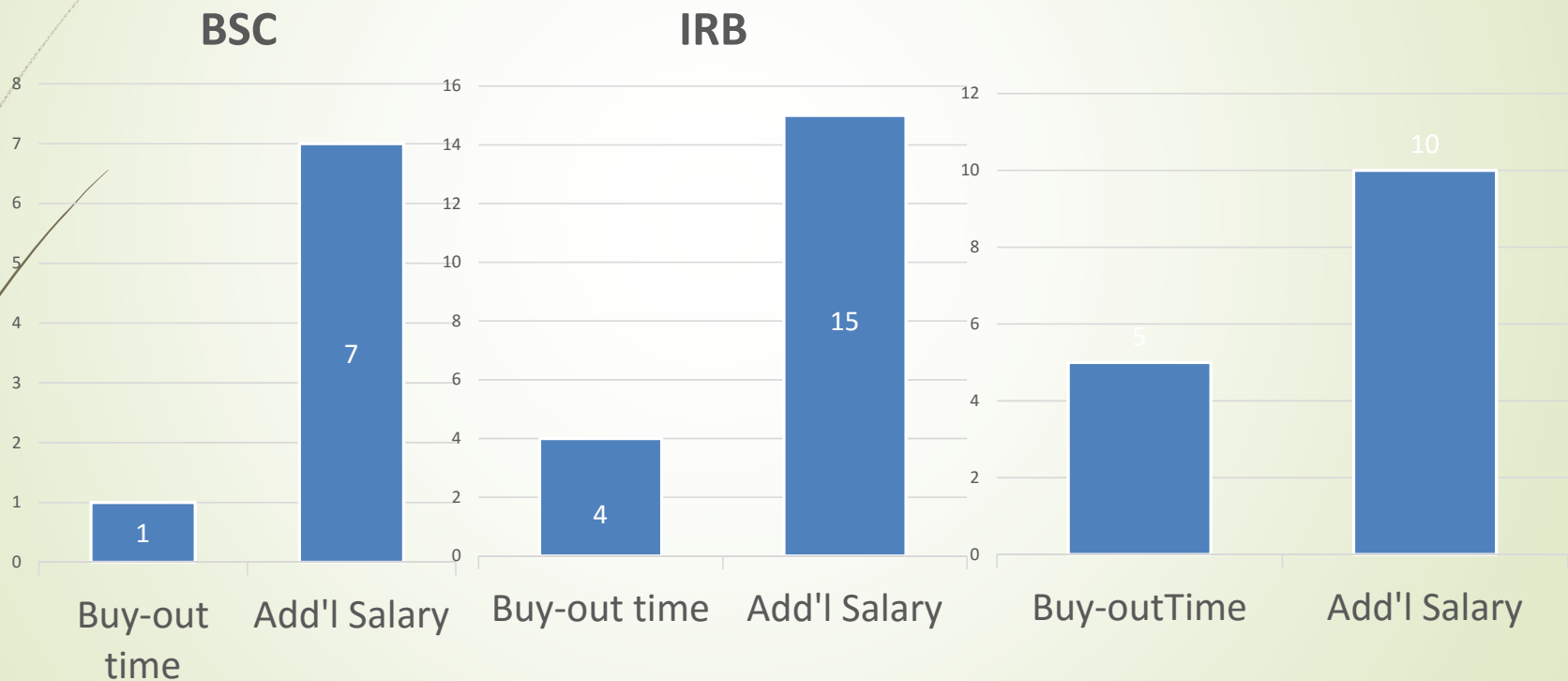
IACUC



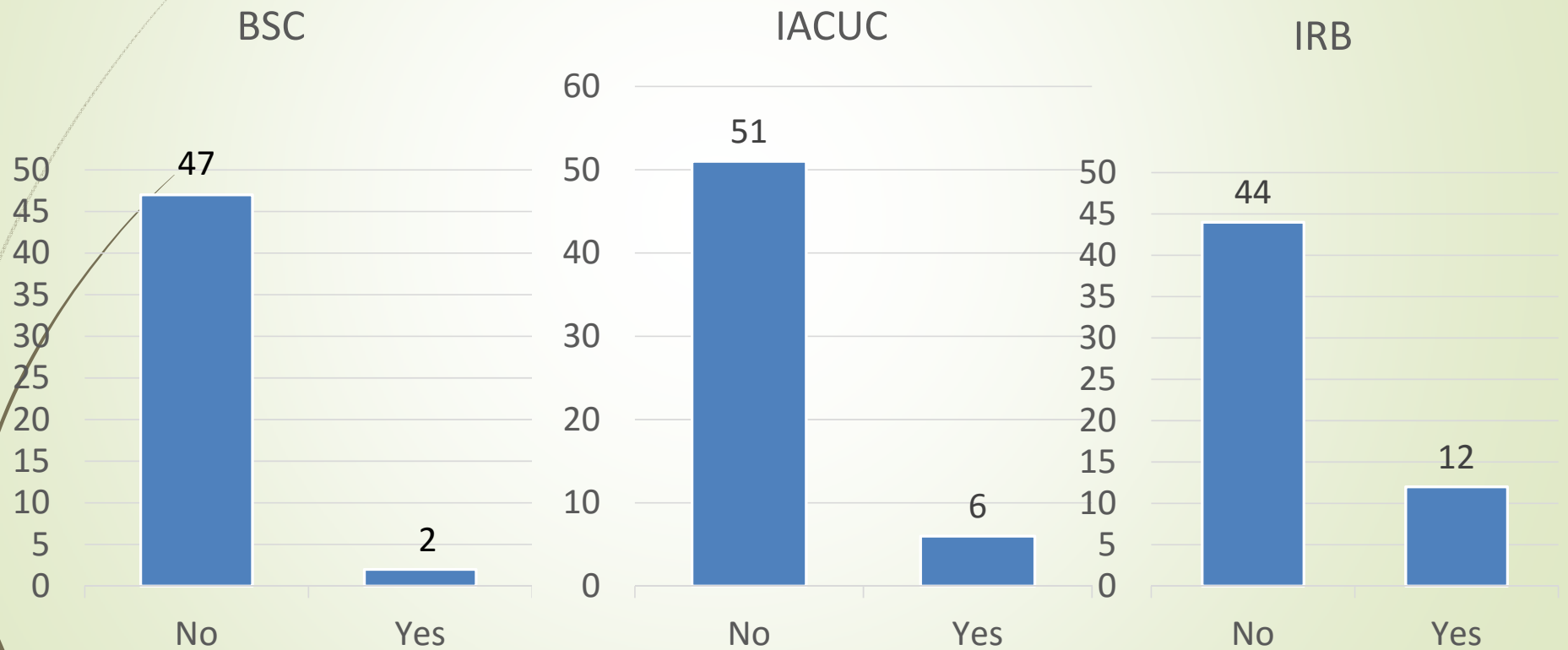
IRB



If your institution pays Committee members, how is it done?



Are community members paid for committee service?

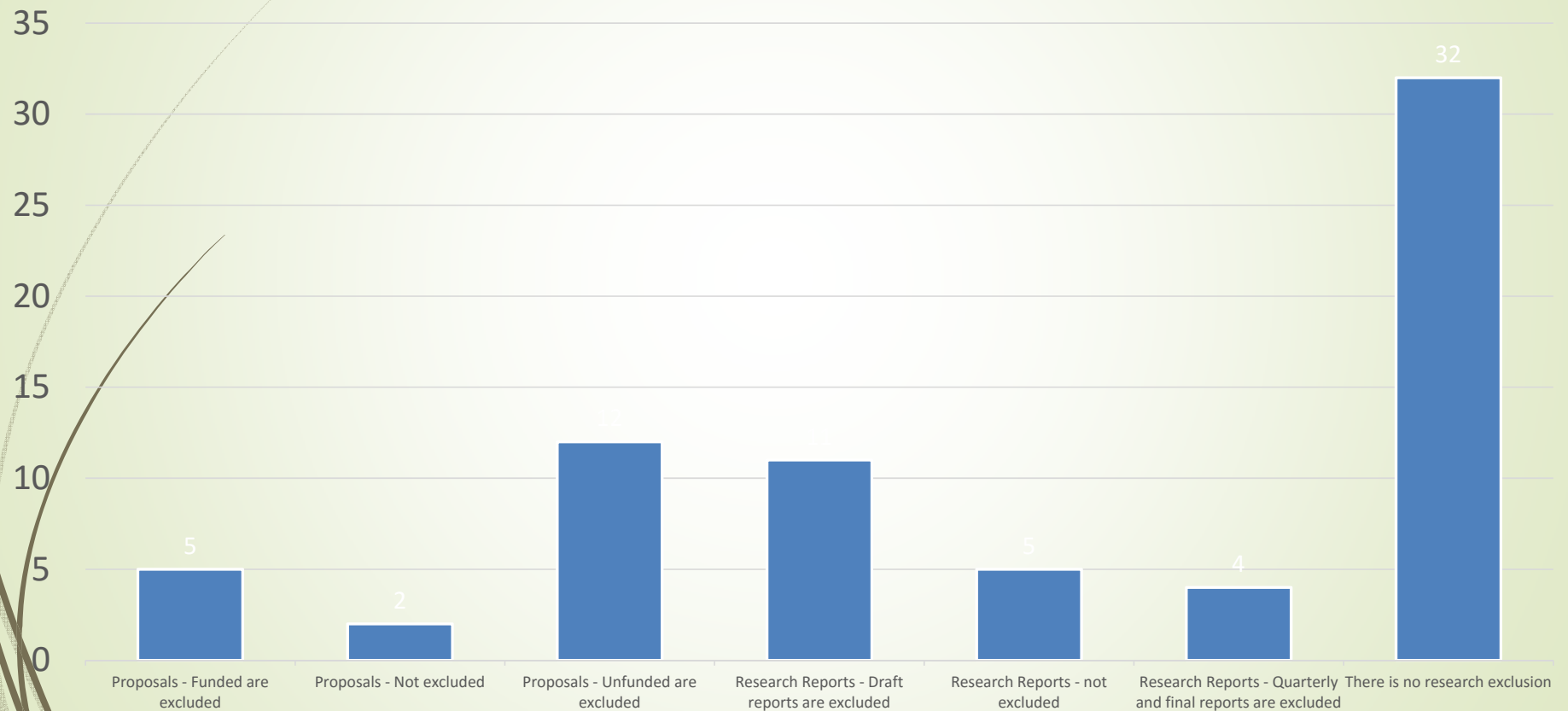


Research Integrity Survey of VPRs

Freedom of Information



Does your state Freedom of Information statute contain a research exclusion?



Does your state require you to report all research projects to a State or System Board?

