TEXAS A&M **INTERNATIONAL** UNIVERSITY

Rule

15.99.03.L1 Research Misconduct

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Rule Statement and Reason for Rule

Texas A&M International University (TAMIU) is committed to the highest standards of integrity in research, scholarship, and creative work. The entire University community—students, staff, faculty, and administrators—shares the responsibility for promoting ethical research practices. The credibility of academic research relies on proper design, execution, documentation, and communication of findings. This policy outlines procedures for addressing allegations of research misconduct and applies to all individuals involved in research activities, regardless of funding source, in compliance with System Regulation *15.99.03*, *Research Misconduct,* and federal sponsor requirements.

Procedures and Responsibilities

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1. GENERAL

1.1 Research at TAMIU must be conducted with honesty, transparency, and accountability. All data, procedures, and findings must be documented thoroughly and adequately. Allegations of research misconduct—including fabrication, falsification, or plagiarism—will be reviewed thoroughly and fairly by the Office of Research and Sponsored Projects (ORSP).

1.1.1 This rule applies to allegations received:
Within six years of the date the institution or funding agency becomes aware of the alleged misconduct, with exceptions noted for Health and Human Services (HHS) funded research and regulations detailed in System Regulation 15.99.03 section 7),

(a) All individuals involved in research at TAMIU, including faculty, staff, students, and collaborators,
(b) Both sponsored and non-sponsored research activities. For sponsored research, see section 1.2.

1.2 Research misconduct proceedings involving sponsored research must follow the sponsor's policies. For research funded by HHS, the National Science Foundation (NSF), and the federal government (Office of Science and Technology Policy or OSTP), there are additional requirements outlined in System Regulation 15.99.03, sections 7-9.

1.2.1 TAMIU will take all reasonable and practical steps to ensure the cooperation of respondents and other individuals within the institution during research misconduct proceedings, including, but not limited to, the provision of information, research records, and other evidence.

1.3 Confidentiality is an essential component of research misconduct proceedings. TAMIU will maintain confidentiality throughout the proceedings. Disclosure of the identity of respondents, complainants, witnesses, and research subjects that may be identifiable from research records during research misconduct proceedings is limited, to the extent possible, to those who need to know, as determined by System Regulation 15.99.03, consistent with a thorough, competent, objective, and fair proceeding. Those who need to know may include:

1.3.1 Institutional Review Boards (IRBs) and other research compliance committees
1.3.2 Journals, editors, publishers, and co-authors
1.3.3 Other institutions of higher education

2. Sponsors of research that are part of the proceedings.

2.1 Throughout research misconduct proceedings, all reasonable and practical steps must be taken to protect the positions and reputations of complainants, witnesses, and committee members, and to protect those individuals from retaliation by respondents and/or individuals associated with the institution.

2.2 Individuals responsible for any component of a research misconduct proceeding, including the Deciding Official (DO), Research Integrity Officer (RIO), and committee members, cannot have unresolved conflicts of interest with the complainant, respondent, or witnesses. Members must address any potential,

perceived, or actual personal, professional, or financial conflicts of interest between members of any committee or other people involved with the research misconduct proceedings and the complainant, respondent, and witnesses.

2.3 At any point during a research misconduct proceeding, respondents may admit to committing research misconduct, or a settlement with the respondent may be reached.

(a) A respondent's admission of research misconduct must be made in writing and signed by the respondent. The admission must be specific to the falsification, fabrication, and/or plagiarism that occurred, which research records were affected, and that it constituted a significant departure from accepted practices of the relevant research community. The statement must meet all elements required for a research misconduct finding according to System Regulation 15.99.03.

(b) With a respondent's admission, TAMIU may decide to terminate an ongoing research misconduct proceeding or may continue the proceedings if the admission statement is insufficient or there is a concern that additional allegations may arise. The decision to continue should be consistent with sponsor requirements, made by the RIO and DO, and the inquiry or investigation committee if the proceedings have progressed to the inquiry or investigation stage.

2.4 TAMIU is responsible for securely maintaining the institutional record and all sequestered evidence, including physical objects, even if the evidence is not part of the institutional record, for **seven years** after the conclusion of the research misconduct proceedings or any sponsor proceedings, whichever comes later.

2.4.1 The ORSP must give the respondent copies of, or reasonable supervised access to, sequestered research records and evidence during research misconduct proceedings.

2.4.2 When multiple institutions, whether within or outside of The Texas A&M University System (System), receive allegations of research misconduct, one institution will be designated as the lead institution if a joint research misconduct proceeding is conducted. Those participating in joint research misconduct proceedings must agree to the process, including any deferral to another institution's research misconduct policy as described in this rule, through a memorandum of understanding (MOU) or other agreement with the other institution(s) involved.

2.4.3 If more than one System member employs the respondent, or changes employment during the course of the proceedings, the DO at the institution receiving the allegations of misconduct first will notify the DO(s) of the other institution(s), and they will determine which institution(s) will be responsible

for taking the lead on the research misconduct proceedings through execution of an MOU including the scope of administrative actions the DOs of the involved institution may take.

2.4.3.1 If the institutions are unable to determine who will handle the proceedings, they will request that the Chief Research Compliance Officer make the determination. The institutions that do not lead the proceedings must be included in the proceedings or kept informed of the progress of the proceedings as described in the MOU.

3. DUTIES OF THE RESEARCH INTEGRITY OFFICER (RIO), DECIDING OFFICIAL (DO), AND INSTITUTIONAL CERTIFYING OFFICIAL (ICO)

3.1 Deciding Official (DO)

The Provost and Vice President for Academic Affairs is TAMIU's DO. The DO has the following responsibilities:

(a) Takes interim administrative actions, as appropriate, to protect research participants and funds during the research misconduct proceeding.

(b) Makes final determinations on allegations of research misconduct and implements institutional actions after the completion of an investigation. Determinations must be made in writing and become a part of the institutional record.

(c) Assists the RIO with identifying committee members to serve on inquiry and investigation committees.

3.2 Research Integrity Officer (RIO)

3.2.1 The Associate Vice President for Research and Sponsored Projects is TAMIU's designated RIO. The RIO has the following responsibilities:

(a) Serves as the primary individual responsible for managing a research misconduct proceeding.

(b) Conducts the assessment of an allegation of research misconduct.

(c) Works with requisite institutional departments to sequester research data at the initiation of an inquiry. Prepares and maintains all documentation gathered or generated during the research misconduct proceeding (the institutional record

(d) Reports research misconduct proceedings to the System Office of General Counsel (OGC) and the Chief Research Compliance Officer (CRCO):

(i) Immediately, at any time during the research misconduct proceedings, if there is reason to believe any of the following conditions exist:

a. The health or safety of the public is at risk, which includes the immediate need to protect human research participants or animal subjects.
b. Research activities need to be suspended.
c. There is a reasonable indication of possible violations of civil or criminal law.
d. Immediate reporting is required to HHS, ORI, NSF, or other sponsor.

(ii) When a previously reported proceeding ends at inquiry with no finding of research misconduct.

(iii) When a research misconduct proceeding progresses to the investigation phase.

3.2.2 Reports to sponsors and regulatory oversight agencies, as applicable.

3.2.3 Appoints and manages inquiry and investigation committees.

3.2.4 Ensures that committee members and others involved with research misconduct proceedings do not have unresolved conflicts of interest as per Section 1.4.2 of Regulation *15.99.03*.

(a) Provide committee members with training and their responsibilities.
(b) Manage committee deliberations to ensure adherence to this rule and all applicable sponsor and regulatory oversight requirements.

3.2.5 Appoints a Deputy RIO who may assist the RIO, if necessary (the DO cannot serve as a Deputy RIO).

3.2.6 Manages the work conducted by Deputy RIOs, as applicable.

3.3 Institutional Certifying Official (ICO)

3.3.1 The Provost and Vice President for Academic Affairs is the ICO. The ICO ensures that the institution has written policies and procedures for addressing allegations of research misconduct and that it complies with them.

3.3.2 If allegations of research misconduct are made against the RIO or DO, or if the RIO or DO has conflicts of interest with the complainants, respondents, witnesses, or other individuals involved in the research misconduct

proceedings, members can utilize another individual to serve in that role on an interim basis upon consultation with the OGC.

4. ASSESSMENTS OF ALLEGATIONS OF RESEARCH MISCONDUCT

Allegations of research misconduct may be presented by any means of communication (written or oral statement, or other communication) to the RIO or other institutional official. Allegations of research misconduct may also be sent to the EthicsPoint Hotline, either online or at 1-888-501-3850.

The assessment of an allegation of research misconduct conducted by the RIO, or Deputy RIO, is the process whereby the institution determines whether or not an allegation warrants an inquiry. TAMIU follows procedures detailed in System Regulation 15.99.03 Section 3.

5. INQUIRIES OF ALLEGATIONS OF RESEARCH MISCONDUCT

5.1 Inquiries serve as an initial review to assess whether an allegation of research misconduct warrants further investigation. Full reviews of evidence related to the allegation are not needed at this stage of the research misconduct proceedings. It is not the charge of the inquiry committee to make a finding of research misconduct.

5.1.1 Inquiries should be completed within 90 days unless a more extended period is justified, in which case the RIO must document the reasons. These will be included in the inquiry report.

5.2 The RIO must make a good-faith effort to notify respondents in writing at the start of the inquiry.

5.2.1 In cases with multiple respondents, each respondent receives only their specific allegations.

5.2.2 New allegations raised during the inquiry must be communicated promptly to the respondents.

5.3 Prior to or at the time of notifying respondents, reasonable steps must be taken to:

5.3.1 Obtain necessary research records and evidence, including copies that are substantially equivalent in evidentiary value.

(a) Data from shared instruments can be obtained, provided the copies are of equivalent value.
(b) Where appropriate, during the research misconduct proceedings, the respondent(s) must be given copies of, or reasonable supervised access to, the research records secured by the institution.

5.3.2 Inventory all research records and evidence.

5.3.3 Secure and sequester records and evidence, including those on devices and cloud storage, member-owned or not.

5.4 The inquiry is conducted by an inquiry committee appointed by the RIO and must include at least three members, with at least one possessing appropriate scientific expertise relevant to the allegation. If no institutional member has such expertise, the RIO may request another system member to serve on the committee. The RIO will appoint a replacement for any committee member who departs while the inquiry is ongoing.

5.5 The RIO will ensure all inquiry committee members understand their responsibilities, maintain the confidentiality of respondents, complainants, and witnesses, and conduct their work in accordance with applicable regulations and oversight agency requirements. The expectations for the inquiry committee are detailed in System Regulation 15.99.03 sections 4.5-4.9.

5.6 The inquiry committee will not determine whether research misconduct occurred or assess whether the alleged misconduct was intentional, knowing, or reckless; such determinations can only be made during an investigation.

5.6.1 At the conclusion of the inquiry, a written report must be prepared and submitted to the DO. The report should address whether the inquiry committee believes there is potential for honest errors or differences of opinion that may warrant further investigation.

5.7 The RIO will notify the respondent whether the inquiry indicates that an investigation is necessary. The notice must include a copy of the inquiry report, references to any federal research misconduct regulations (e.g., 42 CFR Part 93), a copy of System Regulation 15.99.03, and TAMIU Rule 15.99.03.L1. The respondent(s) must be allowed to review and comment on the inquiry report. Their comments should be attached to the inquiry report before it is sent to the DO.

6. INVESTIGATIONS OF ALLEGATIONS OF RESEARCH MISCONDUCT

Investigations must begin within 30 days after deciding an investigation is warranted, but not until the respondent has been notified, as marked by the date of the inquiry report, along with the attached respondent's comments, if any, and provided to the DO. Investigation procedures are detailed in System Regulation 15.99.03 Section 5.

7. DECISIONS ON ALLEGATIONS OF RESEARCH MISCONDUCT BY THE DECIDING OFFICIAL

7.1 The DO is responsible for making a final determination on whether research misconduct occurred. The decision must be in writing and include:

7.1.1 Based on a preponderance of the evidence, the member DO's final determination is whether to accept the investigation report, its findings, and the recommended institutional actions.

7.1.1.1 If the DO's determination differs from that of the investigation committee, the DO must document a detailed explanation of the reasons for making a different decision. This explanation should align with the Public Health Service definition of research misconduct, the institution's policies and procedures, and the evidence reviewed and analyzed by the investigation committee.

7.1.1.2 The DO may also return the report to the investigation committee for further fact-finding or analysis. The same procedure outlined in section 5 will be followed.

7.1.2 Whether the institution found research misconduct, and if so, who committed it; and a description of the relevant institutional actions taken or planned.

(a) In determining appropriate sanctions for respondents found to have committed research misconduct, the DO should consider the severity of the misconduct, including but not limited to, whether the misconduct was conducted intentionally, knowingly, or recklessly; if it was an isolated incident or part of a larger pattern; and the impact on the research record, research subjects, or public health and welfare.

(b) If the actions taken by the DO are less than termination or expulsion (or if termination or expulsion is recommended), the decision will be final

(c) If the DO chooses to recommend termination of employment, such recommendation will be discussed and approved by the Chief Executive Officer. Faculty respondents can request a review under System Policy *12.01, Academic Freedom, Responsibility, and Tenure*. Nonfaculty employees may appeal using the procedures outlined in System Policy *12.01* and System Regulation *32.01.02, Complaint and Appeal Process for Nonfaculty Employees*. For this rule, any employment action taken against the respondent(s) will equally affect their employment status with any other member(s).

(d)If the respondent is a student and the DO recommends expulsion, the student has the right to appeal in accordance with Section 9.07 Right to Appeal (non-academic) in the Student Handbook.

TAMIU is committed to fostering a culture of responsible research conduct and encourages all members of the research community to uphold the highest standards of integrity.

Related Statutes, Policies, Regulations, or Requirements

System Regulation *15.99.03*, *Research Misconduct*

42 CFR, Part 93 45 CFR, Part 689 Federal Research Misconduct Policy (OSTP)

Definitions

For definitions, see "Definitions" in System Regulation *15.99.03*, *Research Misconduct*

Contact Office

Office of Research and Sponsored Projects; 956-326-3026
Office of Provost and Vice President for Academic Affairs, 956-326-2240