POLÍTICA INSTITUCIONAL PARA ATENDER ALEGACIONES Y CASOS DE CONDUCTA IMPROPIA EN ACTIVIDADES DE INVESTIGACIÓN

DOCUMENTO NORMATIVO A-0605-018

I. Introducción

Guiada por sus principios cristianos y ecuménicos, la Universidad Interamericana de Puerto Rico promueve un ambiente intelectual, social, y moral de servicio a la comunidad. Estimula el desarrollo integral del individuo y el estudio y la búsqueda de la verdad en un ambiente del respecto y tranquilidad.

En armonía con esta visión, la Universidad Interamericana de Puerto Rico, por este medio, establece la política para asegurar que la búsqueda del conocimiento pueda realizarse con la mayor integridad, libre de conducta que podría dar lugar al perjuicio de la confiabilidad en la ciencia e investigación que deberá existir en las comunidades académicas y científicas así como en la comunidad en general. Esta política será incorporada en todos los manuales de facultad, de estudiantes, de personal, y diseminada a toda la comunidad académica. Se hará énfasis en los programas de investigación incluyendo directores de proyectos, facultad, y a los estudiantes involucrados en investigación.

Aun cuando la política establecida en este documento está en armonía con las guías básicas para atender alegaciones de conducta impropia en investigación, este documento no procura presentar todas las diferentes políticas o procesos requeridos por las varias agencias que auspician o pueden auspiciar investigación en esta Universidad. No obstante, la Universidad seguirá los requisitos de la agencia para atender alegaciones de conducta impropia cuando solicita o acepta participar en investigación auspiciada.

En vez de establecer una política para la protección de los informantes de alegada conducta impropia (whistleblowers) en este documento, la Universidad acepta y adherirá a las políticas y a los procedimientos dispuestos en las Guías para Instituciones sobre Procedimientos sobre Informantes en Proyectos de Investigación de la Oficina de Integridad en Investigación del Departamento de Salud y Servicios Humanos. Esta decisión de la Universidad cumple con los requisitos del gobierno federal y con los requisitos para la protección del informante (whistleblower).
II. Base Legal

Esta política es formulada por la Junta de Síndicos de la Universidad Interamericana de Puerto Rico. Está de acuerdo con y será interpretada en armonía con la siguiente Ley y Reglamentación federal.

Ley de Salud Pública federal, según enmendada (Public Health Service Act).

Políticas de Aplicación General (42 CFR Parte 50, Sub-Parte A), efectiva el 8 de noviembre de 1989, según enmendada. (Se hace formar parte de esta Política como Anejo A).

III. Aplicabilidad

Esta política se aplicará a cualquier miembro de la facultad o del equipo de trabajo, ayudantes, consultores externos, o cualquier otra persona que participe directa o indirectamente en un proyecto de investigación auspiciado por la Universidad. Estas personas se considerarán participantes en el proyecto y por lo tanto tendrán la responsabilidad de observar una conducta ética en las actividades del mismo. También, estarán sujetas a ser investigadas en casos de alegada conducta impropia según se define en esta política. La política aplicará también a contratistas independientes o agentes que no sean empleados directos de la Universidad, pero que hayan sido subcontratados para trabajar en investigación.

IV. Propósito

Este documento tiene el propósito de establecer la política de la Universidad para informar y atender casos de conducta impropia en investigación. Esta política promoverá el mejor interés de la Universidad mientras protege la reputación, la integridad, los derechos y el bienestar de todo el personal de la Universidad y de las personas contratadas por la Universidad para participar en proyectos de investigación institucionales.

4.1 Para lograr esta meta, se han establecido los siguientes principios y definiciones para atender alegaciones de conducta impropia en la investigación:

4.1.1 Todos los miembros de la comunidad académica que participan en investigación tienen la responsabilidad de observar el mayor grado de integridad.
4.1.2 Todos los miembros de la comunidad académica que participan en investigación tienen la obligación de informar cualquier incidente de conducta impropia cuando tienen argumentos razonables de creer que esto ha ocurrido.

4.1.3 Los investigadores principales tienen la responsabilidad primaria de asegurar la integridad de la investigación realizada bajo su supervisión. Es responsabilidad del investigador principal asegurarse de que los participantes en la investigación que no sean de la facultad cumplan con la política de la Universidad sobre integridad en investigación.

4.1.4 Los directores de departamento tienen la responsabilidad de indagar periódicamente sobre la integridad de las actividades de investigación llevadas a cabo por su facultad.

4.1.5 La Institución observará el grado más alto de confidencialidad posible a través de la indagación e investigación de una alegación de conducta impropia. Todos los documentos relacionados con una indagación e investigación serán considerados confidenciales y no serán publicados ni divulgados excepto por orden judicial. Una vez se inicie un procedimiento formal de indagación o investigación de alegada conducta impropia todos las partes tendrán el derecho de examinar y de copiar los documentos en los cuales la investigación formal será basada.

4.1.6 Se tomará el debido cuidado para proteger la reputación, la integridad, los derechos y el bienestar de las personas implicadas en un proceso de investigación institucional con respecto a un caso de alegada conducta impropia en investigación.

4.1.7 La Institución actuará con diligencia y liderato en la investigación de alegada conducta impropia y ofrecerá protección a los informantes (Whistleblowers) que hacen alegaciones de buena fe sobre conducta impropia en investigación.

4.2 Para propósitos de esta política institucional, se definen los siguientes términos según se indica a continuación:

4.2.1 Conducta Impropia: Los siguientes son ejemplos de conducta impropia en actividades de investigación, esta lista no es taxativa.

4.2.1.1 Casos de fabricación, falsificación, plagio, exposición falsa de ideas o datos, u otras prácticas que engañen, desinformen o se desvien seriamente de las prácticas
aceptadas comúnmente dentro de la comunidad científica correspondiente al proponer, llevar a cabo o informar investigación bajo los auspicios de la Universidad Interamericana de Puerto Rico. Los errores legítimos o las diferencias sinceras en la interpretación de los datos no se considerarán actos de conducta impropia.

4.2.1.2 Conducta que constituya una violación del código de ética de la profesión del participante y que pueda dar lugar a sanciones, desaforo o a la pérdida de la facultad de practicar una profesión, o cualquier conducta identificada como impropia por algún departamento o agencia federal según se define en la parte 76 de 45 CFR.

4.2.1.3 El uso de fondos asignados para cabildear o contratar a otros para cabildear en una tentativa de influenciar a cualquier oficial o empleado de una agencia, del congreso o de la legislatura del estado con respecto a la aprobación de nuevos proyectos de investigación o de proyectos pendientes de renovación, enmiendas o modificaciones. Esto incluye el uso de estos fondos para publicidad o propaganda diseñada para apoyar o derrotar legislación a menos que el uso de los fondos sea parte de una actividad normalmente reconocida.

4.2.1.4 Participación en o solicitar participación en cualquier proyecto de investigación o en otra actividad en la cual un examinador independiente podría determinar razonablemente que el interés financiero de la persona podría afectar directa y significativamente el diseño, la realización o la presentación de un proyecto auspiciado. La política general de la Universidad sobre conflicto de interés y su política sobre conflicto de interés en investigación auspiciada por el gobierno federal guiarán toda determinación sobre conflicto de interés.

4.2.1.5 Cualquier miembro de la facultad que esté desarrollando un proyecto de investigación a los que le aplique esta Política, no podrá utilizar ni valerse de estudiantes para analizar y recopilar datos si éstos se encuentran tomando cursos con este miembro de la facultad o si el miembro de la facultad está dirigiendo o asistiendo al(a la) estudiante en la preparación de su trabajo de investigación (tesis) para la obtención de un título graduado.
4.2.2 Participante en Investigación

4.2.2.1 Cualquier miembro de la facultad, estudiante u otra persona involucrada en investigación, según se define en las leyes federales, estatales o reglamentos institucionales aplicables, sea como director, miembro del equipo de trabajo, ayudante, consultor externo o contratista, o persona que de cualquier otra forma esté directa o indirectamente relacionada con la realización de la investigación.

4.2.3 Investigación

4.2.3.1 Búsqueda o indagación metódica que incluye desarrollo, prueba y evaluación diseñada para contribuir al conocimiento generalizable.

4.2.4 Auspicio

4.2.4.1 Acuerdo o consentimiento por parte de la Universidad para que se someta una solicitud para llevar a cabo investigación, o de realmente llevarla a cabo a través de un representante autorizado.

4.2.5 Consentimiento o Acuerdo

4.2.5.1 Documento escrito que especifique que todos los participantes en la investigación han sido informados acerca de las políticas y procedimientos vigentes.

4.2.6 Informante (Whistleblower)

4.2.6.1 Persona que hace una alegación de conducta impropia o demuestra un intento para hacer tal alegación (o de lo que se percibe como una alegación) mientras sea miembro de la institución en la cual la conducta impropia ocurrió.

4.2.7 Querella

4.2.7.1 Cualquier alegación oral o escrita o cualquier otro indicio de conducta impropia en la investigación que se presente a un Oficial de la Institución.
4.2.8 Conflcto de Interés

4.2.8.1 Cuando se interponen los intereses personales, reales o aparentes, del(de la) investigador(a) mientras se desarrolla un proyecto de investigación, de manera que el resultado de la investigación quede comprometido o en entredicho.

4.2.9 Sanciones

4.2.9.1 Suspensión de clases o empleo sin paga por un período definido de tiempo no menor de cinco ni más de 15 días laborables.

4.2.9.2 Terminación de contratos con la Universidad Interamericana de Puerto Rico y/o la restitución de los fondos.

4.2.9.3 Suspensión permanente de estudiantes o despido de empleados, facultad o personal administrativo.

V. Implantación de esta Política

La administración de la Universidad tendrá la responsabilidad de establecer los procedimientos para implantar esta política institucional para atender alegaciones de conducta impropia en investigación. Los procedimientos que se establezcan deberán aplicarse uniformemente en todo el sistema universitario y estar en armonía con esta política, las guías de la Fundación Nacional de Ciencias (NSF) y las del Departamento de Salud Federal. En ciertos casos, los procedimientos se pueden modificar para conformarse con los requisitos adicionales de la agencia que financia la investigación. Deberán procurar atender alegaciones de conducta impropia en investigación en una manera oportuna y con suma sensibilidad y confidencialidad. Además, deberán garantizar que las alegaciones se atiendan lo más objetivo y juicioso posible, y que no haya recriminaciones para una persona que de buena fe hace una alegación de conducta impropia. Los procedimientos deberán proveer las medidas necesarias para proteger la salud pública, la propiedad pública o privada y los derechos e intereses de la persona o grupo implicado.

VI. Cláusula de Separabilidad

Cada sección de este documento puede separarse de las otras. Por eso, en caso de que se invalidara cualquiera de ellas, no se afectarán las restantes, las cuales se podrán aplicar independientemente de las que hayan sido invalidadas.
VII. Otros Asuntos

Cualquier asunto protegido por Ley que no esté incluido en esta política será resuelto por decisiones tomadas por la Universidad Interamericana de Puerto Rico, en armonía con la Ley según lo indicado en la Sección II de este documento.

VIII. Derogación y Enmiendas

Esta política sobre conducta impropia en investigación deroga la carta circular A-131-91 y cualquier otra directriz en conflicto con lo aquí dispuesto. Esta política puede ser enmendada por la Junta de Síndicos de la Universidad Interamericana de Puerto Rico, por iniciativa propia o como resultado de una petición del Presidente de la Universidad.

IX. Vigencia

Esta política tendrá vigencia inmediata luego de ser aprobada por la Junta de Síndicos de la Universidad Interamericana de Puerto Rico.

X. Aprobación

_____________________________  ____________________________
Manuel J. Fernós  Fecha (D-M-A)
Presidente

Anejo: Sección 42 CFR Parte 50, Sub-Parte A.
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AUTHORITY: Sec. 215, Public Health Service Act, 58 Stat. 690 (42 U.S.C. 216); Sec. 1006, Public Health Service Act, 84 Stat. 1507 (42 U.S.C. 299h-4), unless otherwise noted.

SOURCE: 43 FR 52165, Nov. 8, 1978, unless otherwise noted.

Subpart A—Responsibility of PHS Awardee and Applicant Institutions for Dealing With and Reporting Possible Misconduct in Science

AUTHORITY: Sec. 403, Public Health Service Act, as amended, 99 Stat. 874-875 (42 U.S.C. 289b); Sec. 501(f), Public Health Service Act, as amended, 102 Stat. 4213 (42 U.S.C. 290aa(f)).

SOURCE: 54 FR 32449, Aug. 8, 1989, unless otherwise noted.

§ 50.101 Applicability.

This subpart applies to each entity which applies for a research, research-training, or research-related grant or cooperative agreement under the Public Health Service (PHS) Act. It requires each such entity to establish uniform policies and procedures for investigating and reporting instances of
§ 50.103 Assurance—Responsibilities of PHS awardee and applicant institutions.

(a) Assurances. Each institution that applies for or receives assistance under the Act for any project or program which involves the conduct of biomedical or behavioral research must have an assurance satisfactory to the Secretary that the applicant:

(1) Has established an administrative process, that meets the requirements of this Subpart, for reviewing, investigating, and reporting allegations of misconduct in science in connection with PHS-sponsored biomedical and behavioral research conducted at the applicant institution or sponsored by the applicant; and

(2) Will comply with its own administrative process and the requirements of this Subpart.
§ 50.103

(b) Annual Submission. An applicant or recipient institution shall make an annual submission to the OSI as follows:

(1) The institution’s assurance shall be submitted to the OSI, on a form prescribed by the Secretary, as soon as possible after November 8, 1989, but no later than January 1, 1990, and updated annually thereafter on a date specified by OSI. Copies of the form may be requested through the Director, OSI.

(2) An institution shall submit, along with its annual assurance, such aggregate information on allegations, inquiries, and investigations as the Secretary may prescribe.

(c) General Criteria. In general, an applicant institution will be considered to be in compliance with its assurance if it:

(1) Establishes, keeps current, and upon request provides the OSIR, the OSI, and other authorized Departmental officials the policies and procedures required by this subpart.

(2) Informs its scientific and administrative staff of the policies and procedures and the importance of compliance with those policies and procedures.

(3) Takes immediate and appropriate action as soon as misconduct on the part of employees or persons within the organization’s control is suspected or alleged.

(4) Informs, in accordance with this subpart, and cooperates with the OSI with regard to each investigation of possible misconduct.

(d) Inquiries, Investigations, and Reporting—Specific Requirements. Each applicant’s policies and procedures must provide for:

(1) Inquiring immediately into an allegation or other evidence of possible misconduct. An inquiry must be completed within 60 calendar days of its initiation unless circumstances clearly warrant a longer period. A written report shall be prepared that states what evidence was reviewed, summarizes relevant interviews, and includes the conclusions of the inquiry. The individual(s) against whom the allegation was made shall be given a copy of the report of inquiry. If they comment on that report, their comments may be made part of the record. If the inquiry takes longer than 60 days to complete, the record of the inquiry shall include documentation of the reasons for exceeding the 60-day period.

(2) Protecting, to the maximum extent possible, the privacy of those who in good faith report apparent misconduct.

(3) Affording the affected individual(s) confidential treatment to the maximum extent possible, a prompt and thorough investigation, and an opportunity to comment on allegations and findings of the inquiry and/or the investigation.

(4) Notifying the Director, OSI, in accordance with §50.104(a) when, on the basis of the initial inquiry, the institution determines that an investigation is warranted, or prior to the decision to initiate an investigation if the conditions listed in §50.104(b) exist.

(5) Notifying the OSI within 24 hours of obtaining any reasonable indication of possible criminal violations, so that the OSI may then immediately notify the Department’s Office of Inspector General.

(6) Maintaining sufficiently detailed documentation of inquiries to permit a later assessment of the reasons for determining that an investigation was not warranted, if necessary. Such records shall be maintained in a secure manner for a period of at least three years after the termination of the inquiry, and shall, upon request, be provided to authorized HHS personnel.

(7) Undertaking an investigation within 30 days of the completion of the inquiry, if findings from that inquiry provide sufficient basis for conducting an investigation. The investigation normally will include examination of all documentation, including but not necessarily limited to relevant research data and proposals, publications, correspondence, and memoranda of telephone calls. Whenever possible, interviews should be conducted of all individuals involved in making the allegation or against whom the allegation is made, as well as other individuals who might have information regarding key aspects of the allegations; complete summaries of these interviews should be provided to the interviewed party for comment.
or revision, and included as part of the investigatory file.
(8) Securing necessary and appropriate expertise to carry out a thorough and authoritative evaluation of the relevant evidence in any inquiry or investigation.
(9) Taking precautions against real or apparent conflicts of interest on the part of those involved in the inquiry or investigation.
(10) Preparing and maintaining the documentation to substantiate the investigation’s findings. This documentation is to be made available to the Director, OSI, who will decide whether that Office will either proceed with its own investigation or will act on the institution’s findings.
(11) Taking interim administrative actions, as appropriate, to protect Federal funds and ensure that the purposes of the Federal financial assistance are carried out.
(12) Keeping the OSI apprised of any developments during the course of the investigation which disclose facts that may affect current or potential Department of Health and Human Services funding for the individual(s) under investigation or that the PHS needs to know to ensure appropriate use of Federal funds and otherwise protect the public interest.
(13) Undertaking diligent efforts, as appropriate, to restore the reputations of persons alleged to have engaged in misconduct when allegations are not confirmed, and also undertaking diligent efforts to protect the positions and reputations of those persons who, in good faith, make allegations.
(14) Imposing appropriate sanctions on individuals when the allegation of misconduct has been substantiated.
(15) Notifying the OSI of the final outcome of the investigation.

§ 50.104 Reporting to the OSI.
(a)(1) An institution’s decision to initiate an investigation must be reported in writing to the Director, OSI, on or before the date the investigation begins. At a minimum, the notification should include the name of the person(s) against whom the allegations have been made, the general nature of the allegation, and the PHS application or grant number(s) involved. Information provided through the notification will be held in confidence to the extent permitted by law, will not be disclosed as part of the peer review and Advisory Committee review processes, but may be used by the Secretary in making decisions about the award or continuation of funding.
(2) An investigation should ordinarily be completed within 120 days of its initiation. This includes conducting the investigation, preparing the report of findings, making that report available for comment by the subjects of the investigation, and submitting the report to the OSI. If they can be identified, the person(s) who raised the allegation should be provided with those portions of the report that address their role and opinions in the investigation.
(3) Institutions are expected to carry their investigations through to completion, and to pursue diligently all significant issues. If an institution plans to terminate an inquiry or investigation for any reason without completing all relevant requirements under §50.103(d), a report of such planned termination, including a description of the reasons for such termination, shall be made to OSI, which will then decide whether further investigation should be undertaken.
(4) The final report submitted to the OSI must describe the policies and procedures under which the investigation was conducted, how and from whom information was obtained relevant to the investigation, the findings, and the basis for the findings, and include the actual text or an accurate summary of the views of any individual(s) found to have engaged in misconduct, as well as a description of any sanctions taken by the institution.
(5) If the institution determines that it will not be able to complete the investigation in 120 days, it must submit to the OSI a written request for an extension and an explanation for the delay that includes an interim report on the progress to date and an estimate for the date of completion of the report and other necessary steps. Any consideration for an extension must balance the need for a thorough and rigorous
or revision, and included as part of the investigatory file.

(8) Securing necessary and appropriate expertise to carry out a thorough and authoritative evaluation of the relevant evidence in any inquiry or investigation.

(9) Taking precautions against real or apparent conflicts of interest on the part of those involved in the inquiry or investigation.

(10) Preparing and maintaining the documentation to substantiate the investigation’s findings. This documentation is to be made available to the Director, OSI, who will decide whether that Office will either proceed with its own investigation or will act on the institution’s findings.

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§ 50.105 Examination of the facts versus the interests of the subject(s) of the investigation.

§ 50.105 Institutional compliance.

Institutions shall foster a research environment that discourages misconduct in all research and that deals forthrightly with possible misconduct associated with research for which PHS funds have been provided or requested. An institution's failure to comply with its assurance and the requirements of this subpart may result in enforcement action against the institution, including loss of funding, and may lead to the OSI's conducting its own investigation.

Subpart B—Sterilization of Persons in Federally Assisted Family Planning Projects

§ 50.201 Applicability.

The provisions of this subpart are applicable to programs or projects for health services which are supported in whole or in part by Federal financial assistance, whether by grant or contract, administered by the Public Health Service.

§ 50.202 Definitions.

As used in this subpart:

Arrange for means to make arrangements (other than mere referral of an individual to, or the mere making of an appointment for him or her with, another health care provider) for the performance of a medical procedure on an individual by a health care provider other than the program or project.

Hysterectomy means a medical procedure or operation for the purpose of removing the uterus.

Institutionalized individual means an individual who is (1) involuntarily confined or detained, under a civil or criminal statute, in a correctional or rehabilitative facility, including a mental hospital or other facility for the care and treatment of mental illness, or (2) confined, under a voluntary commitment, in a mental hospital or other facility for the care and treatment of mental illness.

Mentally incompetent individual means an individual who has been declared mentally incompetent by a Federal, State, or local court of competent jurisdiction for any purpose unless he or she has been declared competent for
INSTITUTIONAL POLICIES FOR HANDLING AND REPORTING
ALLEGATIONS AND INSTANCES OF MISCONDUCT IN RESEARCH

English Version of Normative Document A-0605-018

I. Introduction

Guided by its Christian and ecumenical principles, Inter American University of Puerto Rico promotes an intellectual, social, and moral environment to serve the community. It stimulates the full development of the individual and the study and search for truth in a climate of respect and tranquility.

In harmony with this vision, Inter American University of Puerto Rico hereby establishes the following policies to assure that the search for knowledge can be carried out with the highest standards of integrity, free from conduct that could result in harm to the trust in science and research that must exist both in the academic and scientific communities as well as in the community in general. These Policies will be incorporated into all faculty, student, and personnel manuals and handbooks and will be disseminated within the academic community. Emphasis will be given to all research program personnel including project directors, faculty and students involved in research.

While the policies established herein are consistent with the basic guidelines for dealing with allegations of research misconduct, this document does not attempt to present all the different policies or processes required by the various agencies that sponsor or may sponsor research at this Institution. Nonetheless, the University will abide by the requirements of these agencies for handling charges of misconduct when it applies for or agrees to participate in research sponsored by them.

In lieu of establishing a policy for the protection of whistleblowers in this document, the University accepts and will adhere to the policies and procedures set forth in the Office of Research Integrity Guidelines for Institutions and Whistleblowers of the Department of Health and Human Services: Responding to Possible Retaliation Against Whistleblowers in Extramural Research (November 20, 1995). This University decision will satisfy regulation requirements and specifically the Institution will be considered in compliance with the regulatory whistleblower protection requirement for resolution of retaliation complaints.
II. Legal Authority

These Policies are formulated by the Board of Trustees of the University. They are in compliance with and shall be interpreted in harmony with the following Federal Act: Public Health Service Act, Final Rule (42 CFR Part 50, Subpart A), effective on November 8, 1989, as amended. (This Act will form part of these Policies as Appendix A).

III. Applicability

These Policies will apply to any faculty member or member of the work team, assistant, external consultant, or a person in any other way directly or indirectly associated with a research project conducted under University auspices. Such persons will be considered project participants and will therefore be responsible for observing ethical conduct in project activities. They will also be subject to investigation in instances of alleged misconduct as defined in this document. These Policies also apply to independent contractors or agents not directly employed by the University, but subcontracted by it for research work.

IV. Purpose

This document has the purpose of establishing University policy for reporting and handling instances of misconduct in research. These Policies will promote the best interest of the University while protecting the reputation, integrity, rights and well-being of all University personnel or persons contracted by the University to participate in institutional research projects.

4.1 To deal with allegations of misconduct in research, the following principles and definitions have been established:

4.1.1 All members of the academic community who participate in research have the responsibility of observing the highest standards of integrity in the research activities.

4.1.2 All members of the academic community who participate in research have the obligation to report any incident of misconduct when they have reasonable grounds to believe such has occurred.

4.1.3 Principal investigators must bear primary responsibility for ensuring the integrity of collaborative research performed under their supervision. It is the responsibility of the principal investigator to ensure that non-faculty participants in research comply with University policies on research integrity.
4.1.4 Department chairpersons are expected to make periodic and reasonable inquiry concerning the integrity of the activities conducted by their faculty.

4.1.5 The Institution will observe the highest degree of confidentiality possible throughout the process of inquiry and investigation of an allegation of misconduct. All documents pertaining to any inquiry and investigation will be considered of a confidential nature and will not be in any way published or given access to except by court order. Once a formal procedure of inquiry or investigation is initiated, all parties will have the right to examine and copy all documents which support the formal investigation.

4.1.6 All due care will be taken to protect the reputation, integrity, rights and well-being of persons involved in an institutional investigation process because of alleged misconduct in research.

4.1.7 The Institution will exercise prompt action and leadership in the investigation of alleged misconduct and will offer protection to whistleblowers that make good faith allegations of scientific misconduct.

4.2 For the purposes of these institutional policies, the following terms are defined as presented below:

4.2.1 Misconduct: The following are examples of misconduct in research, but examples are not limited to this list.

4.2.1.1 Instances of fabrication, falsification, plagiarism, misrepresentation of ideas or data, or other practices which deceive or mislead or that seriously deviate from those practices commonly accepted within the pertinent scientific community when proposing, conducting or reporting research under the sponsorship of Inter American University of Puerto Rico. Honest error or honest differences in judgment or data interpretation are not considered acts of misconduct.

4.2.1.2 Conduct that constitutes a violation of the code of ethics of a participant's profession that may result in sanctions, disbarment or suspension from the profession or any conduct defined as improper by any Federal department or agency, as defined in 45 CFR Part 76.
4.2.1.3 The use of appropriated funds for lobbying or contracting others to lobby in an attempt to influence any officer or employee of an agency, Congress or the State Legislature regarding pending appropriations for research awards, their renewal, amendments or modifications. This includes the use of these funds for publicity or propaganda purposes designed to support or defeat pending legislation, except when these are part of a normal recognized activity.

4.2.1.4 Participation in or application to participate in any research project or other activity in which an independent reviewer could reasonably determine that an individual’s financial interest could directly and significantly affect the design, conduct or reporting of a sponsored project. The University’s general policy regarding conflict of interest in research sponsored by the federal government will guide any determination of conflict of interest.

4.2.1.5 Any member of the faculty that is developing a research project to which these Policies apply, will not be able to use students to analyze and collect data if they are taking courses with this faculty member or if the member of the faculty is directing or assisting students in the preparation of their research projects (thesis) for obtaining a degree.

4.2.2 Participant in Research

4.2.2.1 Any faculty, staff, student or person involved in research, as defined by any applicable federal state law or regulations or institutional regulations, be it as a director, staff member, assistant, external consultant or contractor, or a person in any other way directly or indirectly related to the conduct of research.

4.2.3 Research

4.2.3.1 A systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge.
4.2.4 Sponsorship

4.2.4.1 Agreement or consent on the part of the University to submit an application to carry out research, or to actually conduct it through an authorized representative.

4.2.5 Consent or Agreement

4.2.5.1 A written document that specifies that all participants in research have been informed of the current policies and procedures.

4.2.6 Whistleblower

4.2.6.1 Person who makes an allegation or demonstrates an intent to make an allegation (or what is perceived to be an allegation) while a member of the institution at which the misconduct occurred.

4.2.7 Complaint

4.2.7.1 Any oral or written allegation or any other indication of misconduct in research presented to an Official of the Institution.

4.2.8 Conflict of Interest

4.2.8.1 When the personal interests of the researcher, either real or apparent, are interjected during the development of a research project in such a manner that the result of the research is in jeopardy or may be questioned.

4.2.9 Sanctions

4.2.9.1 Suspension from classes or employment without pay for a definite period of time of neither less than five nor more than 15 workdays.

4.2.9.2 Cancellation of contracts with Inter American University of Puerto Rico and/or restitution of the monies allocated to the project.

4.2.9.3 Permanent dismissal of students, employees, faculty or administrative personnel.
V. Implementation of These Policies

The University administration will have the responsibility to establish the procedures for implementing these institutional Policies for handling and reporting allegations and instances of misconduct in research. The procedures to be established will be applied uniformly throughout the University system and must be in harmony with these Policies, and with the National Science (NSF) and the Department of Health and Human Services guidelines. In certain instances, the procedures may be modified to the extent necessary to conform to additional requirements of funding agencies. The procedures should recognize the importance of handling allegations of misconduct in research in a timely fashion, with the utmost sensitivity and confidentiality. In addition, the procedures should ensure that charges of alleged misconduct are handled as fairly and judiciously as possible, and that there are no recriminations against a person bringing an allegation in good faith. The procedures must provide the necessary measures to protect public health, public or private property and the rights and interests of the person or group involved.

VI. Severability

Each section of this document is separate from the others. Therefore, the invalidation of any of them will not affect the others, which can be applied independently of those declared null or invalid.

VII. Other Matters

Those matters not considered by these Policies which are covered by Law, will be ruled by decisions made by Inter American University of Puerto Rico, in harmony with the Law as stated in Section II above.

VIII. Repeal and Amendments

These Policies revoke Circular Letter A-131-91 and any other directives in conflict with them. These Policies can be amended by the Board of Trustees of Inter American University of Puerto Rico, either by Board initiative or as a result of a request by the President of the University.

IX. Effective Date

These Policies will be in effect once approved by the Board of Trustees of Inter American University of Puerto Rico.