

Kwame Nkrumah University of Science and Technology, Kumasi

Scientific Misconduct POLICY



SCIENTIFIC MISCONDUCT POLICY



KWAME NKURUMAH UNIVERSITY OF SCIENCE
AND TECHNOLOGY, KUMASI-GHANA
**QUALITY ASSURANCE AND
PLANNING UNIT**

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FOREWORD

The Kwame Nkrumah University of Science and Technology, Kumasi has a mission to advance knowledge in science and technology through creating an environment for undertaking relevant research, quality teaching, entrepreneurship training and community engagement to improve the quality of life. In order to achieve this mission, there is the need to have Scientific Misconduct Policy.

The rationale of this policy is to guide the advancement of the research and innovation system through coordinating, facilitating and administering grant applications and award acceptance in the University.

The University is grateful to all those who ensured the initiation, development and approval of this Policy.

PROFESSOR K. OBIRI-DANSO

VICE-CHANCELLOR

ACKNOWLEDGEMENT

As part of the strategic planning mandate of the Quality Assurance and Planning Unit (QAPU), university policies are initiated and proposed for approval by the Academic Board. The Unit in collaboration with the Office of Grants and Research (OGR) therefore initiated the Scientific Misconduct Policy and submitted for approval by the Academic Board.

QAPU is grateful to Prof. Robert C. Abaidoo and the entire staff of OGR for their enormous contributions leading the process of developing this policy. A special thanks goes to the Building Stronger Universities Project (BSU111) for providing financial and technical support for developing grants related policies in the University including the Scientific Misconduct Policy.

Lastly, we wish to appreciate the work of the Review Committee and all staff of the University who contributed in several ways to the development and approval of this Policy.

PROF. CHRISTIAN AGYARE

HEAD, QAPU

JUNE, 2019

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1.0 INTRODUCTION

Good research practices rest on fundamental values of research integrity. They aid researchers in their encounter with practical, ethical and intellectual challenges that are deep-rooted in research. To realise this responsibility as a research community, KNUST has developed this policy on Scientific Misconduct to define acceptable research behaviour and to respond adequately to threats to, or violation of research integrity. The policy intent is to guide all staff carrying out research at or on behalf of KNUST. Below are the interpretations of the values and principles that regulate research at KNUST:

1.1 DEFINITIONS

1.1.1 Misconduct in Research

Interpreted to mean fabrication, falsification, plagiarism, or any other practice that seriously deviates from those that are commonly accepted within the scientific community for proposing, conducting or reporting on research. It does not include genuine error or honest differences in interpretation or judgment of data.

1.1.2 Conflict of interest

Conflict of interest means real or apparent interference of a person's interest where potential bias may occur due to prior or existing personal or professional relationships.

1.1.3 Good faith allegation

It refers to an allegation of scientific misconduct made by a Complainant who honestly believes that scientific misconduct may have occurred. A

good faith allegation needs not to be objectively made or subsequently verified to be made in good faith. However, a complainant who recklessly disregards evidence that disproves an allegation has not made the allegation in good faith.

1.1.4 Retaliation

This refers to any response by KNUST or an employee that adversely affects the employment or other status of a complainant who, in good faith, has made an allegation of scientific misconduct or inadequate institutional response thereto, or who has cooperated in good faith with an investigation of such allegation.

2.0 PROCEDURES FOR PREVENTING SCIENTIFIC MISCONDUCT

The scientific community of the University is expected to make all possible efforts to prevent scientific misconduct both by personal discipline and by example. The primary responsibility for preventing scientific misconduct rests within the scientific community.

2.1 RESPONSIBILITIES TO REPORT RESEARCH MISCONDUCT

All employees of the University have responsibility to report an observed, suspected, or apparent misconduct in scientific research to the Ethics Committee. If an individual is unsure whether the incident falls within the definition of misconduct, he/she may call the Ethics Committee by telephone (Phone # +233322062184). If the circumstance reported does not meet the definition of scientific misconduct, the individual or the allegation will be referred to the appropriate official or office for resolution.

2.2 PRELIMINARY ASSESSMENT

Once the allegation of scientific misconduct is received, the Ethics Committee shall immediately assess the allegation and determine whether there is prima facie evidence to warrant an inquiry. In assessing the allegation, it should be determined whether the allegation falls under the definition of “research misconduct” in research.

2.3 COOPERATION WITH INQUIRY AND INVESTIGATION

University employees must cooperate with the Ethics Review Committee in the review of the allegation and the conduct of the inquiry and investigation as well as providing relevant evidence to the allegation.

2.4 PROTECTION OF COMPLAINANT

Any University employee may have confidential discussion about concerns of possible misconduct with the Ethics Committee and will be advised of the appropriate procedure to report the allegation.

The Ethics Committee shall ensure that:

- confidentiality is guaranteed to protect complainants who report allegations of misconduct
- the career prospects of “whistle blowers” are not jeopardized during investigations
- anonymity is maintained if so requested or if deemed appropriate to aid the investigation by way of non-disclosure of name, identity and other pertinent attributes that could adversely affect the ‘whistle blower’ or the outcome of the inquiry
- Investigations are expediently carried out and through to their logical conclusions.

2.5 SECURING DATA AND EVIDENCE

Once the allegation is determined to fall within the definition of scientific misconduct, then the related research records and materials are to be archived/stored as material evidence for the inquiry.

3.0 GUIDELINES FOR CONDUCTING AN INQUIRY

The purpose of the inquiry is not to reach a final conclusion as to whether a misconduct occurred or not but rather to evaluate the situation and determine whether there is sufficient evidence of possible scientific misconduct that warrant an investigation.

3.1 APPOINTMENT OF INQUIRY COMMITTEE

If the Ethics Committee in consultation with the Vice-Chancellor, decide that an inquiry should be conducted, the Ethics Committee will set up an ad hoc inquiry committee of three persons that do not have any conflict of interest in the case, are unbiased, and have the appropriate qualifications to evaluate the issue raised. The scope of this committee is limited to the evaluation of the facts to determine if there is sufficient evidence of scientific misconduct to warrant an investigation.

The respondent must be notified of the proposed committee members. If the respondent has an objection to any of the persons appointed to the committee, his objection must be submitted in writing. The Ethics Committee may replace the challenged person with a qualified substitute if the objection is upheld.

3.2 INQUIRY PROCESS

Normally inquiry will involve interviewing the complainant, the respondent, collaborators of respondent, key witnesses, and examining relevant original research records and materials. The inquiry process will be conducted objectively and in fairness to all parties.

3.3 COMPLETING INQUIRY REPORT

The inquiry committee is expected to complete the inquiry and submit a written report to the Ethics Committee within 60 calendar days of its appointment.

If the committee needs more time to complete the investigation, a written request with reasons for the extension must be submitted to the Ethics Committee and recorded as such. The respondent should be notified of the extension.

3.3.1 Content of Inquiry Report

The inquiry report must include:

- the evidence that was reviewed
- summary of interviews
- conclusion of the inquiry as to whether an investigation is warranted

3.3.2 Comments by the Respondent and the Complainant

Comments from the respondent or the complainant must be in writing and must become part of the record/report. The respondent should be given a copy of a redacted report that does not expose the information on roles and opinions of other persons who might have participated in the inquiry.

3.4 DECISION OF THE ETHICS COMMITTEE

After receiving the complete report, the Ethics Committee in consultation with the Vice-Chancellor of the University, shall determine whether to conduct an investigation, void or annul the matter or take other appropriate action.

4.0 INVESTIGATION

The purpose of the investigation is to examine and evaluate all relevant facts to determine whether a scientific misconduct has been committed, identify the person(s), and the seriousness of the misconduct. The Office of Grants and Research (OGR) will be provided on or before the start of the investigation, in writing, with the name of the person against whom the allegation was made.

4.1 APPOINTMENT OF INVESTIGATION COMMITTEE

If a misconduct is confirmed, the Vice Chancellor of the University will notify the respondent that an investigation will be conducted. Also, the Vice Chancellor, in consultation with the Ethics Committee and the Provosts, will appoint an investigation committee. Members of the committee should not have any apparent conflicts of interest with the respondent or the case in question, and they must have the necessary expertise to examine the evidence, interview the witnesses and conduct the investigation.

The Ethics Committee will notify the respondent of the proposed committee membership. If the respondent submits a written objection to any of the appointed members of the investigation committee, the Vice-Chancellor may decide to replace the challenged person with a qualified substitute.

4.2 THE INVESTIGATION PROCESS

If findings from the inquiry provide sufficient basis for the conduct of an investigation, the Vice-Chancellor in consultation with the Ethics Committee shall appoint an investigation committee to initiate the process. This must be done within 30 days of the completion of the inquiry. The investigation will include relevant research data materials,

proposals, publications, correspondence, memoranda, and notes of telephone calls.

Persons accused of research misconduct at this stage are offered comprehensive details of the allegation(s) and are given the opportunity to respond to the said allegation(s) and corresponding evidence.

Interviews must be transcribed or tape recorded. A summary of the interviews should be prepared, provided to the interviewed parties for comments or revision, and included as part of the investigation file. The investigation should be completed within 120 days of the appointment of the committee. This will include conducting the investigation, preparing a report of the findings, and submitting it to the Vice-Chancellor through the Ethics Committee.

4.3 CONTENT OF REPORT

The final report must contain the procedures under which the investigation was conducted, a description of how and from whom relevant information was obtained, the findings, and explain the basis of the findings, and include an accurate summary of the views of any individual (s) involved in the misconduct, comments of both the respondent and the complainant as well as a description of sanctions taken by the University.

4.4 DECISION BY THE UNIVERSITY

The Vice-Chancellor will decide whether a misconduct has occurred based on the report, and what sanctions or administrative actions should be taken. These may include:

- restitution of funds to the supporting agency,
- withdrawal or correction of all pending or published abstracts and papers that resulted from the research in question,
- removal from the particular project, special monitoring of future work, letter of reprimand, probation, suspension, salary reduction, initiation of steps leading to possible rank reduction, or termination of employment.

5.0 PLAGIARISM

Researchers/Authors who present the words, data, or ideas of others without attribution to the original source, are committing theft of intellectual property and may be guilty of plagiarism and thus of research misconduct. This applies to reviews, methodology and background/historical sections of research papers as well as to original research results or interpretations. If there is a word-for-word copying beyond a short phrase of six or seven words of someone else's text, that section should be enclosed in quotation marks or indented and referenced to the location in the manuscript of the copied material. The same rules apply to grant applications and proposals, clinical research protocols, and to students' papers submitted for academic progress. Citing substantive parts of one's own already published work without proper acknowledgment, also amounts to plagiarism (i.e., self-plagiarism).

Not only does plagiarism violate the standard code of conduct governing all researchers, but in many cases, it could constitute an infraction of the law by infringing on copyright held by the original author or publisher.

An author should cite the work of others even if he or she had been a co-author or editor of the work to be cited or had been a supervisor or student of the author of such work.

The work of others should be cited or credited, whether published or unpublished and whether it was a written work, an oral presentation, or material on a website. Each journal or publisher may specify the particular form of appropriate citation. However, a researcher may not provide citations, in the case of well-established concepts that may be found in common textbooks or in the case of phrases which describe a commonly-used methodology. Special rules have been developed for citing electronic information and should be noted.

Members of a research group who contribute to work that is later incorporated into a proposal or protocol are entitled to be consulted and informed as to what their role will be if the proposal is funded or the protocol approved. A charge of plagiarism in the proposal or protocol on grounds that such members are not later included as part of the team that conducts the approved or funded research, however, can usually not be sustained. Such researchers who are excluded from subsequent research are entitled, however, to be considered for co-authorship in publications if their contributions merit it.

6.0 OTHER CONSIDERATIONS

6.1 TERMINATION OF EMPLOYMENT OR RESIGNATION PRIOR TO INQUIRY OR INVESTIGATION

Termination of employment by the respondent, before or after an allegation has been reported, or during inquiry or investigation, will not preclude or terminate the misconduct procedures. If the respondent refuses to participate in the process after resignation, the Ethics Committee will use its best effort to reach a conclusion concerning the allegation pointing out the effect of the lack of cooperation by the respondent on its review of all the evidence.

6.2 RESTORATION OF REPUTATIONS

The University will undertake diligent efforts to restore the reputation of the respondent if exonerated of allegation of misconduct. The Ethics Committee will ensure that all references to the matter are removed from the respondent's personal file. All persons who have been interviewed or informed of the charge will be notified in writing that the charges have been dropped.

Respondents should be consulted regarding other actions that might be taken on their behalf to restore their reputation.

6.3 RETENTION OF RECORDS

After completion of a case and all ensuing related actions, the Ethics Committee will prepare a complete file that includes, the original record of inquiry and investigation, copies of all documents and other materials furnished to the appropriate committees. The Ethics

Committee shall retain the file for three (3) years from the date that Office of Grants and Research completes its review of the case and all related actions. Access to the file shall be made available to the OGR or other authorized personnel upon request.

7.0 ADMINISTRATIVE ACTIONS

The University will take the appropriate administrative actions to protect public and donor funds and ensure that the purposes of the government financial assistance are carried out.

7.1 REPORTING TO THE VICE-CHANCELLOR

The Ethics Committee must report in writing to the Vice-Chancellor when:

- A decision is made to initiate an investigation. The notification should include the name of the person(s) against whom allegations have been made, the general nature of the allegation, and applications or grant number(s) involved, as well as a report of the final outcome of the investigation,
- The University intends to terminate an inquiry or investigation for any reason. The notification should include a description of the reasons for the termination, and the Vice-Chancellor should have the final say in whether further investigation should be undertaken or not.
- When the inquiry committee anticipates a delay in an investigation within 120 days as slated by the Ethics Committee in handling such a case, a request for an extension must be made, which should include an explanation for the delay as well as an estimated new date for completion of the assignment. If the request is granted, then the Ethics Committee will send periodical progress report to the Vice-Chancellor.
- When funding or application for funding is involved and there is an admission of scientific misconduct, the admission of misconduct will not be used as a basis for closing a case

or not carrying out an investigation without the approval of Ethics Committee.

The Ethics Review Committee shall notify the Vice-Chancellor at any stage of the inquiry or investigation when:

- there is an immediate health hazard;
- there is an immediate need to protect government and donor funds or equipment;
- there is an immediate need to protect the interests of the respondent(s) as well as their co-investigators and associates or the complainants;
- it is possible the alleged incident is going to be reported publicly; and
- there is a reasonable indication of possible criminal violation.

8.0 DISCIPLINARY ACTION

If an Ad Hoc Enquiry Committee reports that a majority of its members find that scientific misconduct has occurred, Vice-Chancellor shall take appropriate disciplinary action.

9.0 PROTECTION AND CONFIDENTIALITY

The rights and privileges of any employee accused of scientific misconduct will be protected by the existing provisions of the Institutional Regulations within KNUST, which apply to any allegation of misconduct by an employee of this institution.

The confidentiality of this administrative process will be maintained at all times. In particular, the privacy of those persons who in good faith report apparent scientific misconduct will be observed. Nevertheless, written documentation of the inquiry and of the formal investigation will be maintained as permanent confidential records in the Office of the Vice-Chancellor with secured reservation for a reasonable period.

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