



Category:	Research and Copyright
Approval Body:	Board of Governors
Approval Date:	November 19, 2019
Effective Date:	January 1, 2020
Revision Dates:	
Policy Sponsor:	Provost and Vice President Academic
Policy Administrator:	Associate Vice President Research

Applied Research and Scholarship Policy

Purpose

The purpose of this policy is to express Lethbridge College's (the "College") commitment to Applied Research and Scholarship, and to ensure compliance with all laws, regulations, ethical standards and best practices pertaining to Applied Research and Scholarship.

Scope and Limits

This policy applies to all Members of the College Community.

Definitions

Agency means the Canadian Institutes of Health Research ("**CIHR**"), the Natural Sciences and Engineering Research Council of Canada ("**NSERC**"), and the Social Sciences and Humanities Research Council of Canada ("**SSHRC**"), as the context requires.

Animal means a non-human vertebrate or cephalopod.

Applied Research means the application of existing scholarship or scientific or professional knowledge to develop practical applications in the sciences, social sciences or humanities.

Approver means the person responsible for approving various elements of a research project. For funded research in the area of Scholarship of Teaching and Learning, the Approver is the STAR Grant Selection Committee. For unfunded research in the area of Scholarship of Teaching and Learning, the Approver is the researcher's academic dean. For all other forms of research, the Approver is the Associate Vice President Research or a position, panel or committee delegated by the Associate Vice President Research.

CCAC means the Canadian Council on Animal Care.

Committee means the Animal Care Committee.

Complainant means a person who alleges research misconduct committed by another person.

Copyright means the right to produce or reproduce a Work or a substantial part of it, the right to communicate a Work or a substantial part of it to the public by telecommunication, and, if a Work is unpublished, the right to publish the Work or a substantial part of it, in addition to the other rights set out in subsection 3(1) of the *Copyright Act*.

Data Management Plan means a plan describing the lifecycle of Research Data, from collection or creation through to long-term storage.

Employee means any person on the payroll of the College.

External Partner means a person or legal entity (other than an Agency) contributing financial, material, human, technical, intellectual or other assets to a research project.

General Research Fund means a trust account used to hold residual balances of NSERC and SSHRC grants.

Human Participant means an individual whose data, or responses to interventions, stimuli, or questions by a researcher, are relevant to answering a research question.

Inquiry means the process of reviewing an allegation of research misconduct to determine whether an Investigation is necessary.

Intellectual Property means a form of creative effort that can be protected through a trademark, trade secret, patent, Copyright, industrial design, integrated circuit topography, or plant breeders' rights.

Investigation means the process whereby the Investigation Committee investigates an allegation of research misconduct which has been referred to it following an Inquiry.

Investigation Committee means the *ad hoc* committee which is constituted from time to time to conduct Investigations into research misconduct.

Member of the College Community includes a Governor of the College Board of Governors, an Employee, a dependent or independent contractor, subcontractor or authorized agent of the College, a Student, and a volunteer for a College-sanctioned activity.

Moral Rights means the following rights held by the author of a Work: the right to the integrity of the Work; the right, where reasonable in the circumstances, to be associated with the Work as its author by name or under a pseudonym; and the right to remain anonymous in relation to the Work.

Principal Investigator means the person primarily responsible for conducting a research project; the lead member of a research team. If there is only one researcher involved in a research project, that person is the Principal Investigator.

REB means the Research Ethics Board of the College, with the mandate to review the ethical acceptability of research which involves Human Participants and takes place under the auspices or jurisdiction of the College.

Research Agreement means a legally-binding contract between the College and another party respecting a research project.

Research Data means data that are used as primary sources to support research, that are used as evidence in the research process, or that are commonly accepted in the research community as necessary to validate research findings and results. Research Data can take many forms, such as experimental, observational, operational, processed or repurposed data.

Research Proposal means a document or collection of documents providing a comprehensive overview of a research project.

Respondent means a person against whom an allegation of research misconduct is made.

Scholarship means an undertaking intended to extend knowledge through a disciplined inquiry or systematic investigation.

Scholarship of Teaching and Learning (“SOTL”) means the systematic study of teaching and learning with a focus on improving Student learning. It is an evidence-based process that enables the use of various research methodologies with outcomes that can be applied to learning environments. This work focuses on conducting research, developing results for peer review, and publicly disseminating the research outcomes so others can learn from them and build upon them.

Secretariat on Responsible Conduct of Research means the Agency body that supports the Agency Panel on Responsible Conduct of Research in overseeing allegations of research misconduct.

STAR Grant Selection Committee means the committee that decides how to administer funding for research in the area of Scholarship of Teaching and Learning.

Student means any person enrolled in a course at or through the College.

TCPS2 means the Tri-Agency Statement on Ethical Conduct for Research Involving Humans, which sets out the minimum ethical standards for research involving Human Participants. Research funding is often contingent on institutional compliance with the TCPS2.

Work means any architectural, artistic, choreographic, cinematographic, collective, dramatic, literary, musical, scientific, or technical work, as well as a book, compilation, computer program, engraving, lecture, photograph, sculpture, and any other work in which Copyright may subsist under the *Copyright Act*.

Policy Statements

1. Applied Research and Scholarship, including the Scholarship of Teaching and Learning, are integral components of the College’s mandate and benefit the College and the broader community by:
 - a) producing and disseminating new technologies for the social and economic betterment of society;

- b) increasing faculty knowledge, engagement, professional development, and pedagogical effectiveness;
 - c) bolstering the quality, relevance, and currency of academic programming and curricula through practical learning experiences and high-quality instruction for Students, thereby contributing to an innovative, workforce-ready population;
 - d) enhancing the College's reputation locally, nationally, and internationally;
 - e) fostering mutually-beneficial partnerships between the College and industry; and
 - f) generating revenue for, and attracting investment in, the College.
2. The College encourages faculty members, staff, and Students to engage in Applied Research and Scholarship. Course curricula should incorporate opportunities to pursue Applied Research and Scholarship where appropriate.
 3. Applied Research and Scholarship are to be conducted in accordance with all College policies and procedures, Research Agreements, funding letters, laws, regulations, requirements of accrediting bodies, ethical standards, and best practices. Every researcher is responsible for familiarizing himself or herself with these requirements. This policy and its procedures are not exhaustive of the requirements with which researchers must comply.
 4. The Animal Care Committee and the Research Ethics Board are established to ensure that all Applied Research and Scholarship involving animals and humans is ethical. The position of Biological Safety Officer is established to ensure compliance with the Canadian Biosafety Standard.
 5. Researchers are expected to act honestly, accountably, openly, and fairly as described in the Protocol on Research Misconduct. The College does not condone research misconduct and will respond appropriately to allegations of research misconduct.
 6. As part of the College's data management strategy, the College supports the publication of Research Data in recognized repository services or other platforms that securely preserve, curate, and provide continued access to Research Data. By making Research Data publicly available, the utility of Research Data is maximized, as are the benefits to society.

A: Policy Supports

Appendix A: Applied Research and Scholarship Procedures
 Appendix B: Protocol on Research Misconduct
 Appendix C: Protocol on Research Involving Animals
 Appendix D: Protocol on Research Involving Human Participants

B: Legislated References

Animal Health Act and Regulation (Alberta)
 Animal Protection Act and Regulation (Alberta)

Copyright Act and Regulations (Canada)
Occupational Health and Safety Act, Regulations, and Code (Alberta)
Health of Animals Act and Regulations (Canada)
Human Pathogens and Toxins Act and Regulation (Canada)
Post-secondary Learning Act (Alberta)

C: Other References

Campus Alberta Quality Council Handbook
Canadian Biosafety Standard (2nd ed), handbook, guidelines, directives, and advisories
Canadian Council on Animal Care policies and guidelines

Tri-Agency Publications:

- Agreement on the Administration of Agency Grants and Awards by Research Institutions
- Financial Administration Guide
- Framework for the Responsible Conduct of Research
- Guidelines for the General Research Fund (NSERC and SSHRC Only)
- Open Access Policy on Publications
- Public Communications Policy
- Research Data Management Policy
- Statement of Principles on Digital Data Management
- Statement on Ethical Conduct for Research Involving Humans (“TCPS2 2018”)

Lethbridge College Forms and Publications:

- Applied Research Strategic Plan
- Researcher Attestation

D: Related Policies

Board of Governors Executive Limitations
EL-11: Ethical Research
EL-12: Ends Focus of Grants or Contracts

Copyright Policy
Lethbridge College Code of Conduct Policy
Procurement Policy
Safe Disclosure Policy
Student Rights and Code of Conduct Policy
Travel, Meal and Hospitality Expenses and Public Disclosure Policy



Category:	Research and Copyright
Parent Policy:	Applied Research and Scholarship Policy
Approval Body:	Board of Governors
Approval Date:	November 19, 2019
Effective Date:	January 1, 2020
Revision Dates:	
Policy Sponsor:	Provost and Vice President Academic
Policy Administrator:	Associate Vice President Research

Appendix A

Applied Research and Scholarship Procedures

NOTE: Refer to the parent policy for definitions.

The following sections do not apply to SOTL research:

- A 9
- B 4, 5
- C 3, 4, 5, 6
- D 3, 4

A: Research Requirements

Obligations of researchers

1. A researcher (other than a Student engaged in research strictly through supervised coursework):
 - a) must not apply for funding from an External Partner without first obtaining the Associate Vice President Research's endorsement of the application;
 - b) must not commence a research project without first obtaining the Approver's approval of a Research Proposal;
 - c) must disclose to the Approver any real, potential, or perceived conflicts of interest involving the researcher, together with a plan to eliminate or mitigate all conflicts of interest;
 - d) must furnish the Approver with copies of all Research Agreements, funding letters, ethics approvals, permits, and certifications pertaining to a research project;
 - e) must agree to and sign a statement confirming that the researcher will abide by all College policies and procedures, Research Agreements, funding letters, laws, regulations, requirements of accrediting bodies, ethical standards, and best practices;

- f) must adequately supervise those research team members for whom the researcher is responsible; and
- g) must provide any interim or final reports required by a Research Agreement, Approver or funding Agency.

Students conducting research

- 2. A Student may conduct research under the auspices of the College either through coursework or as a researcher (e.g. as a SOTL "Student as Partner" or research assistant). In either case, the Student's instructor or the Principal Investigator is responsible for ensuring that the research complies with an approved Research Proposal.

Discretion of the Approver

- 3. The Approver may approve Research Proposals at the Approver's discretion, acting reasonably, in good faith, and in the best interests of the College.
- 4. The Approver may suspend or terminate a research project or (in consultation with Human Resources to ensure compliance with the faculty collective agreement) a researcher's participation in a research project due to noncompliance with College policies and procedures, Research Agreements, funding letters, laws, regulations, requirements of accrediting bodies, ethical standards or best practices, or if the researcher materially departs from the Research Proposal (including the approved budget) without the Approver's approval.

Applying for external funding and soliciting External Partners

- 5. Notwithstanding anything else in this Appendix A, only a Principal Investigator may apply for external funding or solicit an External Partner, and only the Associate Vice President Research (or his or her delegate) may approve an application for external funding or the solicitation of an External Partner.

Research Proposals

- 6. A Research Proposal may be amended from time to time by the written agreement of the Principal Investigator and the Approver, and must:
 - a) clearly explain the scope of the research, the research question(s), the research methodology, the anticipated contribution of the research to the relevant field of study, and the researcher's / researchers' qualifications and capacity to conduct the research;
 - b) provide a timeline for the research, identifying key milestones and deliverables;
 - c) identify all required ethics approvals (note that ethics approval for a Research Proposal may not constitute ethics approval for an amended Research Proposal), permits, certifications, facilities, materials, equipment, software, and licences;
 - d) identify all potential members of the research team, including any External Partners;

- e) provide a budget detailing all anticipated expenditures and funding sources, any plans for the commercialization of Intellectual Property, and an overview of how the direct and indirect costs of the research will be recovered;
- f) include copies of any documentation which will be submitted to funding Agencies or used to solicit External Partners;
- g) include a Data Management Plan if requested by the Approver or if the research is funded by an Agency;
- h) include a tentative plan for publishing or disseminating information about the research, noting any anticipated publications, presentations, and public announcements;
- i) disclose any real, potential, or perceived conflicts of interest involving the researcher, together with a plan to eliminate or mitigate all conflicts of interest; and
- j) include anything else reasonably required by the Approver.

Data Management Plans

7. A Data Management Plan must address:

- a) whether any existing datasets will be used;
- b) how Research Data will be collected, created, and documented while adhering to standards of quality assurance for the relevant field of study;
- c) who will have access to Research Data during the course of the research;
- d) how Research Data will be protected from unauthorized, inadvertent, and untimely disclosure through the use of administrative, physical, and technical safeguards;
- e) how individuals' privacy and confidentiality will be safeguarded;
- f) how Research Data will be preserved in the event that the Principal Investigator ceases to be involved in the research or ceases to be an Employee;
- g) how Research Data will be disseminated or published following the completion of the research; and
- h) how Research Data will be formatted, curated, and preserved for long-term use (i.e. for at least five years from the completion of the research).

8. Research Data which are preserved for long-term use should be preserved alongside relevant metadata, outlining who created the Research Data, when, how, and the accuracy of the Research Data.

9. If research is funded by SSHRC, Research Data must be made available for use by others within a reasonable period of time (usually two years) following the completion of the research.

Research Agreements

10. If research is to be conducted in partnership with an External Partner, the College must enter into a Research Agreement with the External Partner.
11. A Research Agreement must be submitted to the Associate Vice President Research for approval and must at a minimum:
 - a) stipulate that the College and External Partner are not employees, servants, contractors or agents of the other;
 - b) require the External Partner to adhere to all College policies and procedures, and to cooperate with the fulfilment of any contracts between the College and other External Partners or funding Agencies;
 - c) specify who will own the Intellectual Property arising out of the research and how it will be commercialized, if applicable; and
 - d) include any clauses which Institutional Compliance considers advisable for good contract management and to mitigate risk and liability.

B: Public Communications

1. Proprietary Research Data, commercially sensitive information, and potentially valuable results or ideas must be protected from unauthorized, inadvertent or untimely disclosure.
2. All public communications about research must acknowledge the contributions of the College, funding sources, and External Partners.
3. The College and External Partners have the right to review in advance any public communications to be made by the other concerning their research. Provided that a public communication gives proper attribution and does not breach legal or contractual requirements or confidentiality, jeopardize the protection of Intellectual Property, or misrepresent the research, the College and External Partners will not unreasonably withhold consent from the other to make a public communication.
4. Unless the Agency agrees otherwise, a funding Agency has the right to make the first public announcement about the funding. If the College intends to make its own public announcement, it must give the Agency five business days' notice. The College must provide the Agency with copies of all promotional material developed to promote the research.
5. If an Agency has provided funding for research, then, in accordance with the Tri-Agency Open Access Policy on Publications, peer-reviewed journal publications about the research must be made freely accessible to the public within 12 months of publication and must quote the Agency funding number.

C: Financial Administration

1. Research funds must be used effectively and economically, and every expense charged to a research account must be supported by a verifiable audit trail and supporting documentation, which shall be maintained for at least seven years. A researcher must not accept funds in his or her own name; all funds should be payable to the College.
2. Research funds may only be used for an expense which:
 - a) is essential for the research for which the funds were awarded;
 - b) is approved by the grant recipient in accordance with the terms of the applicable Research Agreement; and
 - c) in the case of Agency funds, is an eligible expense according to the Tri-Agency Financial Administration Guide.
3. Every Agency grant shall be held in a separate account.
4. The College shall maintain a General Research Fund trust account for residual balances of NSERC and SSHRC funds respectively, and may maintain an additional trust account for residual balances of other research funds.
5. Upon the expiration or termination of an Agency grant, any residual balance in an NSERC or SSHRC research account is to be transferred to the respective General Research Fund, provided that the residual balance is less than 50% of the total grant amount. Any amount in excess of this limit is considered an unspent grant which must be paid back to the Agency. Any residual balance in a CIHR account is considered an unspent grant which must be paid back to the Agency.
6. In any given fiscal year, at least 50% of a General Research Fund's opening balance at the beginning of that fiscal year must be spent, as required by the Tri-Agency Guidelines for the General Research Fund. A General Research Fund may only be used for the purposes allowed by the Tri-Agency Guidelines for the General Research Fund.
7. The Principal Investigator on a research project must advise the Approver if it appears that the research objectives of a research project will not be met without deviating from the approved Research Proposal budget, and must obtain the Approver's authorization before deviating from that budget. The Approver may approve budget variations at the Approver's sole discretion.

D: Procurement, Use, and Ownership of Materials and Equipment

1. The procurement of materials and equipment with research funds is at the discretion of the grant recipient in consultation with the Approver. Due to the nature of research, the considerations which typically apply to the procurement of materials and equipment by the College may not apply to procurement under this policy. However, the College's standard procurement procedures are to be followed unless they are impractical or inappropriate;

any departure from standard procedures must still comply with the College's obligations as a public body.

2. Materials and equipment purchased with research funds shall remain the property of the College. The College shall house, maintain, insure (where appropriate), and take reasonable measures to protect materials and equipment during their useful lives; the costs of doing so should be considered at the time of procurement.
3. If any materials or equipment bought with NSERC or SSHRC funds are sold, the proceeds are to be deposited into the NSERC or SSHRC General Research Fund, depending on the funding source.
4. Scientifically valuable collections of animal, culture, plant or geological specimens, and archaeological artifacts collected by a grant recipient, shall remain the property of the College.
5. Materials and equipment shall be made available for use by other faculty members and Students, provided that users are properly qualified, adequately supervised (where appropriate), and only use the materials and equipment for a legitimate purpose. Use by faculty members and Students shall not interfere with use by members of the research team that acquired the materials and equipment, during the course of their research.



Category:	Research and Copyright
Parent Policy:	Applied Research and Scholarship Policy
Approval Body:	Board of Governors
Approval Date:	November 19, 2019
Effective Date:	January 1, 2020
Revision Dates:	
Policy Sponsor:	Provost and Vice President Academic
Policy Administrator:	Associate Vice President Research

Appendix B

Protocol on Research Misconduct

NOTE: Refer to the parent policy for definitions.

Important cross-references:

For potential research misconduct involving:

- Animals, refer to Appendix C section B 6;
- Human Participants, refer to Appendix D section B 8;
- a Student engaged in research through coursework, refer to the Student Rights and Code of Conduct Policy;
- a Student engaged in research other than through coursework, this Appendix B applies.

A: Research Misconduct and Sanctions

1. A researcher must not engage in research misconduct. Research misconduct may include fabrication, falsification, destruction of research records, plagiarism, redundant publication or self-plagiarism, inaccurate attribution of authorship, inadequate acknowledgement of contributors, mismanagement of a conflict of interest, misrepresentation in an application for funding, mismanagement of funds, failure to comply with Research Agreements, funding letters, policies, laws, regulations, and the requirements of accrediting bodies, failure to obtain, maintain, and comply with any required ethics approvals, permits, and certifications, and failure to supervise a research team member for whom the researcher is responsible.
2. Whether a person’s actions were intentional or unintentional is irrelevant when determining whether research misconduct occurred, but is relevant when determining which sanctions are appropriate to impose on a Respondent who is found to have committed research misconduct.
3. A person’s actions are to be evaluated in light of the standards and ethical sensitivities of the time when they were committed rather than contemporary standards and ethical sensitivities.

4. A person who commits research misconduct is subject to sanctions ranging from a reprimand or withdrawal of research privileges, up to and including termination of employment. Any sanctions imposed on Students for conduct will be in accordance with the College's Student Rights and Code of Conduct Policy.

B: Reporting Research Misconduct

1. A researcher is obligated to confidentially report in writing any research misconduct of which he or she becomes aware to the Associate Vice President Research. A researcher who alleges research misconduct in bad faith, maliciously, or knowing the allegations to be false commits research misconduct and is subject to sanctions.
2. If an anonymous allegation is accompanied by sufficient information to enable the assessment of the allegation and the credibility of the facts and evidence on which the allegation is based, without further information from the complainant, the procedures for an inquiry will be followed with the necessary modifications. Otherwise, anonymous allegations will be retained by the Associate Vice President Research but not acted upon.

C: Inquiries into Research Misconduct

1. If an allegation concerns Agency-funded research and may involve significant financial, health and safety, or other risks, the Associate Vice President Research will immediately advise the Secretariat on Responsible Conduct of Research. Pending the resolution of an Inquiry, Investigation or appeal, the Associate Vice President Research may suspend or impose conditions on a research project or researcher, acting reasonably and in good faith. The Committee chair and the REB chair have this same authority where the allegation concerns research involving Animals or Human Participants respectively.
2. If an allegation concerns conduct that is alleged to have occurred at another institution, the Associate Vice President Research will cooperate with that institution to determine whether the College or the other institution should conduct an Inquiry.
3. The Associate Vice President Research will conduct an Inquiry into an allegation by discussing the allegation with the Complainant and Respondent independently, and inviting evidence from them to either substantiate or refute the allegation.
4. If the Associate Vice President Research determines that:
 - a) no research misconduct occurred, he or she will inform the parties of the outcome in writing and document the outcome in a file to be held by the Associate Vice President Research;
 - b) unintentional research misconduct occurred and the Respondent has agreed to rectify the research misconduct, he or she will inform the parties of the outcome in writing and document the outcome in a file to be held by the Associate Vice President Research;

- c) unintentional research misconduct occurred and the Respondent has not agreed to rectify the research misconduct, or that intentional research misconduct may have occurred, he or she will inform the parties of the outcome in writing, initiate an Investigation, and take any immediate action required to protect Agency funds.
5. In the case of subsection 4(b) or (c), if the allegation concerns Agency-funded research, the Associate Vice President Research will also advise the Secretariat on Responsible Conduct of Research as to the outcome of the Inquiry and next steps to be taken. This report must be sent within two months of the allegation being made.

D: Investigations into Research Misconduct

1. Investigations shall be conducted by an Investigation Committee convened by the Associate Vice President Research. The Investigation Committee shall be comprised of a College faculty member, a College senior administrator, and a third person who has no affiliation with the College; the Associate Vice President Research may not be a member. All members must be free of any conflict of interest and must have the necessary expertise to conduct an Investigation, based on the nature of the allegation and the field of study. The Associate Vice President Research shall appoint one member as chair.
2. At least five business days prior to the commencement of an Investigation, the Associate Vice President Research shall furnish the Complainant and Respondent with a list of prospective Investigation Committee members. No later than the third business day prior to the commencement of an Investigation, the Complainant or Respondent may advise the Associate Vice President Research of his or her objection to one or more of the prospective Investigation Committee members on the basis that the person has a conflict of interest or lacks the necessary expertise to conduct an Investigation. If the Associate Vice President Research believes the objection is well-founded, he or she will adjust the membership accordingly and issue a new list. The issuance of a new list restarts the five-day timeline in this section.
3. The Investigation Committee shall invite verbal and written evidence from the Complainant, Respondent, and any other person the Investigation Committee deems fit. All parties are entitled to rebuttal after all parties have made their initial submissions. Rebuttal is strictly limited to comments that directly respond to initial submissions which the rebutting party could not reasonably have anticipated; rebuttal is not an opportunity to repeat an argument that has already been made.
4. At Investigation Committee proceedings, the Respondent may be accompanied by a representative, such as a representative from the students' association (if the Respondent is a student) or faculty association (if the Respondent is a faculty member), but the representative must not directly address the Investigation Committee.
5. The Investigation Committee shall determine by majority vote (*held in camera*) whether the Respondent committed research misconduct and shall issue a report to the Associate Vice President Research.
6. A report in section 5:

- a) must summarize the allegations, the parties' submissions, the Investigation Committee's findings and reasons therefor, any actions taken by the Respondent to remedy the research misconduct as at the commencement of the Investigation, any recommended sanctions to be imposed on a Respondent (if found to have committed research misconduct), and any recommendations for other actions to be taken by the College, such as preventative measures; but
 - b) must not include any personal information about any individual that is not material to the Investigation Committee's findings.
7. The Associate Vice President Research cannot overturn or vary a finding of the Investigation Committee, but may choose whether to act on the Investigation Committee's recommendations. As soon as possible, but no later than seven months after an allegation is made, the Associate Vice President Research shall submit the Investigation Committee's report to the parties, noting any differences between the recommended sanctions and actions and those actually imposed or taken. In the case of Agency-funded research, the Associate Vice President Research shall also furnish the Secretariat on Responsible Conduct of Research with the Investigation Committee's report and a copy of this policy, evidencing the procedures that were followed.

E: Appeals

1. A Respondent may appeal a finding of research misconduct to the Provost and Vice President Academic in writing within five business days of receiving a report from the Associate Vice President Research, on the basis that this policy was not followed or that the sanctions imposed are incommensurate with the Investigation Committee's findings.
2. Within 10 business days of receiving an appeal, the Provost and Vice President Academic shall render a report to the Respondent either upholding the sanctions, varying the sanctions, or ordering that the Investigation Committee reconvene and conduct a new Investigation because this policy was not followed. The Provost and Vice President Academic must provide reasons for his or her decision.

F: Miscellaneous Provisions

1. The Complainant, Respondent, Investigation Committee members, and every other person involved in proceedings under this policy must maintain the Complainant and Respondent's privacy as far as is possible.
2. All proceedings shall conform to the principles of natural justice and procedural fairness. Members of the College Community are required to cooperate with proceedings under this policy. The College will make best efforts to protect from reprisal every person who cooperates with proceedings under this policy.
3. In the event that an allegation does not result in a finding that the Respondent committed research misconduct, the College shall make every effort to protect and restore the Respondent's reputation.

4. In the event that a researcher becomes aware that he or she inadvertently committed research misconduct, he or she must promptly remedy the research misconduct (e.g. by correcting the research record, issuing a letter of apology, or repaying funds) and advise the Associate Vice President Research.
5. The Associate Vice President Research shall annually publish on a public-facing College website the number and general nature of any allegations of research misconduct that were substantiated in that year.



Category:	Research and Copyright
Parent Policy:	Applied Research and Scholarship Policy
Approval Body:	Board of Governors
Approval Date:	November 19, 2019
Effective Date:	January 1, 2020
Revision Dates:	
Policy Sponsor:	Provost and Vice President Academic
Policy Administrator:	Associate Vice President Research

Appendix C

Protocol on Research Involving Animals

NOTE: Refer to the parent policy for definitions.

A: The Animal Care Committee

1. The Committee may, by motion, create and amend terms of reference to provide internal guidance on any relevant issue not addressed by this Appendix C.
2. The Committee shall be comprised of at least:
 - a) a coordinator;
 - b) a veterinarian kept on retainer by the College;
 - c) two Employees experienced in Animal care and use;
 - d) an Employee who does not use Animals for research, teaching or testing;
 - e) a community representative who does not use Animals for research, teaching or testing, and who has no affiliation with the College other than as a member of the Committee;
 - f) a Student representative;
 - g) the person primarily responsible for managing Animal facilities at the College or a designate from each Animal facility;
 - h) a representative of College Occupational Health and Safety; and
 - i) the Manager Applied Research.

3. The Committee may strike a protocol review subcommittee comprised of at least those persons listed in subsections 2(a) through (e), except that only one Employee experienced in Animal care and use is required.
4. The Committee shall have a quorum of five members, inclusive of the chair and the coordinator.
5. The Associate Vice President Research shall be the senior administrator for the purposes of all CCAC policies and guidelines. Accordingly, the Associate Vice President Research cannot be a Committee member.
6. The Associate Vice President Research shall appoint the Committee members, and the Committee members shall elect from among them a chair for a one-year term, which may be renewed for additional one-year terms following this same process. The chair must not be a veterinarian or be directly involved in preparing protocols or managing Animal facilities. The chair must be granted access at all times to all Animal facilities. The Committee members may also elect from among them a vice-chair subject to the same conditions, who shall have the same role as the chair in the chair's absence from Committee meetings.
7. Each Committee member shall be appointed for a two-year term. A member's term may be renewed for up to eight consecutive years, but there is no limit on the number of consecutive terms that may be held by the coordinator, veterinarian, or manager of Animal facilities.
8. The Committee shall meet at least twice per year and as often as necessary to discharge its responsibilities. The coordinator shall keep meeting minutes and forward these to the Committee members and the Associate Vice President Research in a timely manner.

B: Responsibilities of the Animal Care Committee

1. Every year, the Committee shall:
 - a) report to CCAC on its activities in a given calendar year by March 31 of the following calendar year;
 - b) review all existing protocols; and
 - c) visit the College's Animal facilities and document this visit in the meeting minutes.
2. Every three years, the Committee shall:
 - a) review this Appendix C and all of the Committee's standard operating procedures; and
 - b) conduct an audit of the security of Animals and Animal facilities at the College.
3. The Committee must:

- a) review Animal-use protocols which are submitted to it;
 - b) respect the confidential nature of the matters that are referred to it;
 - c) keep CCAC apprised of the persons occupying the positions of senior administrator, chair, coordinator and veterinarian;
 - d) develop a crisis management plan to ensure Animals' wellbeing in the event of a short or prolonged power outage, work stoppage, fire, natural disaster, large chemical spill or other foreseeable crisis, and to provide for accurate and timely communication with the media and the public about Animals' wellbeing during a crisis;
 - e) develop and maintain standard operating procedures respecting matters such as anesthesia, analgesia, euthanasia, post-approval monitoring, and standards for husbandry, facilities, and equipment; and
 - f) sponsor seminars at the College to educate the College community about its mandate and activities, as resources permit.
4. The Committee has the ongoing responsibility to ensure:
- a) that the College complies with applicable legislation and CCAC policies and guidelines;
 - b) that Committee members and Animal users are qualified for their roles;
 - c) that Animals are not acquired or used except in accordance with an approved protocol, and that any use of Animals which deviates from an approved protocol or which causes unforeseen pain or distress to an Animal is immediately stopped;
 - d) that Animals are not abused and are not subjected to undue distress, hardship, privation or neglect;
 - e) that Animals have adequate food, water, shelter, ventilation, space, veterinary care, and reasonable protection from injurious heat and cold; and
 - f) that Animal facilities are adequately managed.
5. The veterinarian must be granted access at all times to all Animal facilities. The veterinarian has the authority to exercise his or her professional judgment to treat Animals; to remove Animals from study; and to euthanize Animals if they experience pain or distress beyond what is contemplated by an approved protocol, and the pain or distress cannot otherwise be alleviated.
6. Compliance issues should be referred to the chair and are to be resolved by the Committee in a collaborative manner. Alternatively, the chair may initiate proceedings under Appendix B of this policy.

C: Responsibilities of Animal Users

1. As stated in Appendix V of the CCAC policy statement for senior administrators (2008), every person who uses an Animal for research, teaching or testing has the responsibility to:
 - a) not use an Animal if a replacement alternative is available and appropriate;
 - b) only use an Animal in accordance with an approved Animal-use protocol;
 - c) treat all Animals with respect and dignity;
 - d) cooperate with the Committee; and
 - e) abide by all College and CCAC policies and guidelines.

D: Animal-Use Protocols

1. An approved Animal-use protocol is required for all Animal-based research, teaching, and testing activities, except activities which are categorized as invasiveness level "A" on the CCAC standard. The treatment of wildlife, service Animals, pets, and display Animals (e.g. fish kept in an aquarium for aesthetic enjoyment) on College premises, and the use of Animals for approved mental-health initiatives do not require a protocol; these activities are subject to other College policies and procedures.
2. Protocols are to be submitted to the Committee in the form prescribed by the Committee. Protocol authors should also refer to the CCAC policy statement on the terms of reference for animal care committees regarding protocol requirements.
3. The Committee may approve a protocol, approve a protocol with modifications, or deny a protocol. If the Committee approves a protocol with modifications or denies a protocol, the protocol author may appeal to the Associate Vice President Research within 10 business days of being notified of the Committee's decision. The decision of the Associate Vice President Research is final.
4. Minor modifications to an existing approved protocol may be approved by the chair. If a modification is more than minor, a new protocol must be submitted. For assistance in determining whether a modification is minor, protocol authors should contact the coordinator.
5. Protocols for activities which are categorized as invasiveness level "E" on the CCAC standard will rarely be approved.



Category:	Research and Copyright
Parent Policy:	Applied Research and Scholarship Policy
Approval Body:	Board of Governors
Approval Date:	November 19, 2019
Effective Date:	January 1, 2020
Revision Dates:	
Policy Sponsor:	Provost and Vice President Academic
Policy Administrator:	Associate Vice President Research

Appendix D

Protocol on Research Involving Human Participants

NOTE: Refer to the parent policy for definitions.

Relevant sections of the TCPS2 are in square brackets [].

A: Guiding Principles

1. The REB is guided by this Appendix D, by the TCPS2, by any terms of reference which the REB, by motion, creates or amends from time to time in order to provide internal guidance on any relevant issue not addressed by this Appendix D, by the REB’s standard operating procedures, and by the following principles outlined in the TCPS2:
 - a) **RESPECT FOR PERSONS** – This principle recognizes the intrinsic value of human beings and the respect and consideration that they are due. It incorporates the dual moral obligations to respect autonomy and to protect those with developing, impaired or diminished autonomy.
 - b) **CONCERN FOR WELFARE** – This principle requires researchers and the REB to aim to protect the welfare of Human Participants, and, in some circumstances, to promote that welfare in view of any foreseeable risks associated with the research.
 - c) **JUSTICE** – This principle refers to the obligation to treat people fairly and equitably. Fairness entails treating all people with equal respect and concern. Equity requires distributing the benefits and burdens of research participation in such a way that no segment of the population is unduly burdened by the harms of research or denied the benefits of the knowledge generated from it.

B: The Research Ethics Board

1. The REB shall be comprised of both men and women, at least six members, and at least:
 - a) a coordinator;

- b) two members with expertise in relevant research disciplines and methodologies;
- c) one member who is knowledgeable in ethics; and
- d) one community member who has no affiliation with the College other than as a member of the REB.

Senior administrators of the College may not be REB members.

2. The chair may direct that the REB consult a non-member, non-voting advisor if the REB lacks the specific expertise or knowledge to review a particular Research Proposal.
3. The REB shall have a quorum of five members, inclusive of the chair and the individuals listed in sections 2(a) through (d), and exclusive of non-member advisors described in section 2.
4. The Provost and Vice President Academic shall appoint the REB members for two-year terms. A member's term may be renewed for additional two-year terms, up to a cumulative maximum of six consecutive years. The Provost and Vice President Academic may remove a member from the REB if that member fails to abide by this policy or to regularly attend REB meetings without justification for his or her absence.
5. The Provost and Vice President Academic shall appoint an REB member to serve as chair for a two-year term, which may be renewed for additional one-year terms subject to section 4.
6. The REB shall meet at least twice per academic year and as often as necessary to discharge its responsibilities. The coordinator shall keep meeting minutes and forward these to the REB members in a timely manner. Meeting minutes and the membership of the REB shall be publicly available, subject to legitimate concerns for privacy and confidentiality or legal obligations.
7. The chair shall annually furnish the Provost and Vice President Academic with a report summarizing the REB's operations during the previous year.
8. Compliance issues should be referred to the chair and are to be resolved by the REB in a collaborative manner. Alternatively, the chair may initiate proceedings under Appendix B of this policy.

C: When Ethics Review Is Required

When ethics review is required

1. Subject to the exceptions in section 2, the REB must be notified, and ethics review may be required:
 - a) for research involving Human Participants [2.1, 9.10], including research that relies on the secondary use of non-identifiable information [5.5B, 5.6] or information

identifiable as originating from Indigenous peoples [9.20], and research that involves data linkage [5.7, 9.22];

- b) prior to the recruitment of Human Participants or access to data [6.11, 10.1];
- c) whenever the REB requests substantive changes to a previously-approved Research Proposal [6.16], whenever changes to the data collection procedures may present ethical implications and associated risks to the Human Participants (prior to those changes being implemented) [10.5], and whenever any unanticipated issue or event arises which may increase the risk to Human Participants or have other ethical implications for Human Participants' welfare [6.15];
- d) in the case of approved research which lasts more than one year, in the form of an annual status report [6.14]; and
- e) in the case of approved research which lasts less than one year, in the form of an end-of-study report [6.14].

Exceptions to when ethics review is required

2. Notwithstanding section 1, the REB need not be notified, and ethics review is not required:

- a) for the initial exploratory phase of research, intended to discuss the feasibility of the research, establish research partnerships, or design the research project [6.11, 10.1];
- b) for research that relies exclusively on information which is publicly available and protected by law or information that is in the public domain and in which there is no reasonable expectation of privacy [2.2];
- c) for research involving the observation of people in public places, provided that the researcher does not stage any interventions with the Human Participants, the researcher does not directly interact with the Human Participants, the Human Participants have no reasonable expectation of privacy, and dissemination of the research results will not allow specific individuals to be identified [2.3];
- d) for research that relies exclusively on the secondary use of anonymous information, provided that the process of data linkage or recording or dissemination of the research results will not allow specific individuals to be identified [2.4];
- e) for quality assurance and quality improvement studies, program evaluation activities, performance reviews, and testing within normal educational requirements when used exclusively for assessment, management or improvement purposes [2.5]; or
- f) for creative practice activities that are not used to obtain responses from Human Participants which will be used to answer a research question [2.6].

If a researcher is uncertain whether one of these exclusions applies, the researcher should submit the Research Proposal to the REB for review.

- Students conducting research through coursework
3. The Student's instructor is responsible for ensuring that Student coursework receives ethics approval if required. Proposals for Students to complete research through coursework are normally appropriate for delegated review. The reviewer may grant ethics approval for an entire cohort of Students if the terms of their research are substantially similar. The REB may renew ethics approval annually in accordance with this Appendix D.
- Research at other postsecondary institutions
4. Where a researcher proposes to conduct research at another postsecondary institution, the Research Proposal is subject to REB review and to review by the research ethics board of the other postsecondary institution, unless the REB approves an alternative model for ethics review in accordance with TCPS2 Chapter 8. However, Students undertaking research at another postsecondary institution in their capacity as students of that institution only require approval from the research ethics board of that institution.
- Research in other countries
5. Where a researcher proposes to conduct research outside Canada, the Research Proposal is subject to REB review and to review by the research ethics board (or its equivalent) in the other country, unless the REB approves an alternative model for ethics review in accordance with TCPS2 Chapter 8.

D: The Ethics Review Process

1. In addition to anything else reasonably required by the REB or by TCPS2, submissions to the REB shall:
 - a) disclose any real, potential or perceived conflicts of interest that the researcher or the College may have (to the extent that the researcher is aware of them) [7.2, 7.4];
 - b) describe how the requirements for Human Participants' consent will be met, or explain why consent is not required [3, 4.6, 5.5A, 10.3];
 - c) describe measures for meeting confidentiality obligations and explain any reasonably foreseeable disclosure requirements [5.2]; and
 - d) describe measures for safeguarding information during its collection, use, dissemination, retention, and disposal [5.3].
2. Every Principal Investigator proposing to conduct research involving Human Participants must furnish the REB with proof of the Principal Investigator's completion of the TCPS2 Tutorial Course on Research Ethics prior to commencing research.
3. An REB member must disclose any real, potential or perceived conflict of interest to the other REB members in relation to a Research Proposal submitted for REB review, and must recuse himself or herself from deliberations and decision-making in relation to that Research Proposal. If the chair has a real, potential or perceived conflict of interest, he or she must appoint a member to serve as acting chair in the chair's absence.

4. The REB chair shall consider the foreseeable risks, the potential benefits, and the ethical implications of a Research Proposal to determine whether the research poses more than a minimal risk (i.e. the probability and magnitude of possible harms implied by participation in the research is greater than those encountered by Human Participants in their everyday lives). Minimal-risk Research Proposals shall proceed to delegated review; all other Research Proposals shall proceed to full REB review.
5. Where a Research Proposal is designated for full REB review, the REB may grant or deny ethics approval, or grant ethics approval subject to conditions.
6. Where a Research Proposal is designated for delegated review, the chair shall appoint another REB member to review the Research Proposal with the chair. Delegated reviewers may grant or deny ethics approval, or grant ethics approval subject to conditions. If a delegated reviewer decides to deny ethics approval, the Research Proposal shall automatically be returned to the REB for review by the full REB. In any case, delegated reviewers shall notify the REB of their decision.
7. If the REB denies ethics approval, or grants ethics approval subject to conditions, the researcher may request that the REB reconsider its decision. Such a request must be made in writing within five business days of the researcher being notified of the REB's original decision, and must provide specific reasons for the request.
8. If reconsideration by the REB results in ethics approval being denied or granted subject to conditions, the researcher may appeal the REB's decision in writing to the President and Chief Executive Officer within five business days of the researcher being notified of the REB's decision under section 7, and the President and Chief Executive Officer shall then appoint an *ad hoc* appeal committee which fulfils the requirements of section B 1 (but does not include any members of the REB). The appeal committee shall receive submissions from the researcher and the REB chair, deliberate in private, and render its decision to uphold, vary or overturn the REB's decision.
9. All decisions made by the REB, delegated reviewers or appeal committees must be communicated in writing to the researcher. Decisions to deny ethics approval or grant ethics approval subject to conditions must be supported by written reasons.
10. The REB may only grant ethics approval for a term of up to one year, renewable for up to three years upon review of annual reports from the researcher. Research may only continue beyond three years if the REB grants ethics approval for a newly-submitted Research Proposal.
11. Reviews, reconsiderations, and appeals shall be conducted in an efficient and timely manner.