



**Policy Title:** RE7001 - Research Misconduct

**Subject Area:** Research

**Responsible Official(s):** Executive Vice President for Research and Innovation

**Responsible Office(s):** Office of Sponsored Programs

## Definitions

***Conflict of Interest*** – A Conflict of Interest may exist in many forms and raises questions about the integrity of University personnel. Maintenance of the highest ethical standards and avoidance of any appearance of a Conflict of Interest must be practiced by all staff and faculty members as they discharge the trust placed in them as public employees. Broadly representative forms of Conflicts of Interest are described below:

1. Employees of the University must avoid circumstances which improperly favor their own outside financial interests over those of the University. Examples of specific areas of concern are as follows:
  - Selection or orientation of University research to serve the needs of a private enterprise in which the staff or faculty member holds an undisclosed significant interest;
  - Making major purchases for University research activity from a private enterprise in which the staff or faculty member holds an undisclosed significant interest;
  - Selective transmission of University research products, results, materials, records, or information to a private enterprise or other user in order to obtain personal benefits;
  - Use of privileged information obtained in confidence for personal gain or unauthorized purposes;
  - Use of influence in negotiating contracts involving sponsored activity between the University and private organizations with which the staff or faculty member has undisclosed or other relationships;
  - Acceptance of gratuities or special favors from private organizations with which the University may do business in connection with sponsored activity;
  - Extending gifts and money or special favors to employees of funding agencies that might be viewed as an attempt to influence funding decisions.

2. In any sponsored activity, an equitable relationship must exist between the contracted effort or responsibility and the actual extent of involvement in the activity.
3. University staff and faculty members must avoid potential conflicts of interest when consulting with external funding sources or their contractors.
4. The time and effort devoted to professional extramural activities must be limited to the extent that they do not detract from the performance of University responsibilities.
5. Staff and faculty members must avoid the use of the University's name, facilities, materials or any other resources for private purposes or personal gain. However, it is appropriate to acknowledge one's University affiliation on academic publications or in the course of presentations at academic meetings.
6. University staff and faculty members must not enter into agreements that restrict without justifiable reasons the free pursuit of knowledge, trust and openness in relationships with colleagues and students and the right to disseminate freely the results of their research.

**Research Fraud and Misconduct** – Fraud in scholarly activity may be varied in form and ease of detection. In any form, such fraud is unacceptable to the University community. The integrity of research and the ethical standards under which scholarly activity is conducted must unequivocally be at the highest possible level. Among the types of research fraud are:

1. Falsification of data.
2. Plagiarism: This includes the unattributed verbatim or nearly verbatim copying of sentences and paragraphs from another's work that materially misleads the reader regarding the contributions of the author. It does not include the limited use of identical or nearly identical phrases that describe a commonly used methodology. Plagiarism does not include self-plagiarism or authorship or credit disputes, including disputes among former collaborators who participated jointly in the development or conduct of a research project. Self-plagiarism and authorship disputes do not meet the definition of research misconduct.
3. Abuse of confidentiality in peer review of funding proposals, research papers and professional publications.
4. Failure to protect rights of human or animal research subjects.
5. Failure to appropriately credit contributions to the research project.

Research Fraud or Misconduct requires that the misconduct be committed intentionally, knowingly, or recklessly, defined as follows:

- "Intentionally" is "to act with the aim of carrying out the act."
- "Knowingly" is "to act with awareness of the act."
- "Recklessly" is "to act carelessly in proposing, performing, or reviewing research, or reporting research results, with indifference to a known risk of fabrication, falsification, or plagiarism."

***Inquiry*** – Information gathering and initial fact finding to determine whether an allegation or apparent instance of misconduct warrants an investigation.

***Investigation*** – The formal examination and evaluation of all relevant facts to determine if misconduct has occurred.

***Office of Research Integrity*** – The Office of Research Integrity (ORI), formally the NIH Office of Scientific Integrity (OSI), was established as an independent entity in the U.S. Department of Health and Human Services. ORI oversees and directs Public Health Service (PHS) research integrity activities on behalf of the Secretary of Health and Human Services with the exception of the regulatory research integrity activities of the Food and Drug Administration (FDA).

## Policy

Consistent with federal regulations, the University of Memphis is the primary agent for the prevention, detection, and investigation of research misconduct by faculty, staff and students. The University strives to ensure the integrity of research, protection of the rights of faculty, staff and students involved in research, the rights of research subjects and the protection and rights of the public. The University also observes the local requirements related to federal research funding and other external funding sources. All faculty, staff, and students who are engaged in any kind of research, whether funded by the University, an external agency or unfunded, must familiarize themselves with the principles outlined in this policy.

### **Conduct of Inquiry**

All faculty, staff, and students of the University who engage in research activities are responsible for the maintenance of high ethical standards in their work. Any violation of professional ethics that is detected should be reported to the Executive Vice President for Research & Innovation (EVPR) for investigation in order to ensure the integrity of the university community. When an allegation is presented to the EVPR, an inquiry may be conducted by the Research Integrity Officer (RIO) or their designated official.

The RIO or their designated official will engage in the following activities:

1. Conduct an inquiry immediately into each allegation. An inquiry must be completed within 90 calendar days of its initiation unless circumstances clearly warrant a longer period. The inquiry report should include a description of analyses conducted, transcripts of any interviews that were transcribed, a timeline and procedural history, an inventory of sequestered research records and any other actions implemented. 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 and granted access to all transcripts of transcribed interviews. If they comment on that

report, their comments may be made part of the record. If the inquiry takes longer than 90 calendar days to complete, the record of the inquiry shall include documentation of the reasons for exceeding the 90-day period.

2. Protect, to the maximum extent possible, the confidentiality of those who in good faith report apparent misconduct.
3. Afford 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. In the case of an allegation concerning activity on an externally funded project, the University will follow the regulations of the relevant funding agency in addition to the University process to the extent possible.
5. Maintain sufficiently detailed documentation of inquiries to permit a later assessment of the reasons that an investigation was not warranted, if necessary. Such records shall be maintained in a secure manner for a period of at least ten years after the termination of the inquiry.

Based on the recommendation of the RIO or other designated official, the EVPR will determine whether a formal investigation should take place.

### **Conduct of Investigation and Adjudication**

An investigation will be undertaken within 90 calendar days of the completion of the inquiry (to be completed within 180 calendar days of the initiation of the investigation) if findings from the inquiry provide sufficient basis for conducting an investigation. A different designated official may be appointed by the EVPR to conduct the 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 or telephone calls. Whenever possible, interviews should be conducted of all individuals involved either 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 prepared, provided to the interviewed party for comment or revision and included as part of the investigatory file. The respondent must be provided access to all transcripts. The designated official will engage in the following activities:

1. Secure necessary and appropriate expertise to carry out a thorough and authoritative evaluation of the relevant evidence in the investigation;
2. Sequester all the research records and evidence needed to conduct the research misconduct proceeding” beginning “on or before the date on which the respondent is notified or the inquiry begins, whichever is earlier.;
3. When original research records cannot be obtained, copies of records that are substantially equivalent in evidentiary value will fulfill the sequestration requirement.

Additional sequester research records and evidence might be taken whenever additional items become known or relevant to the inquiry or investigation;

4. Take precautions against real or apparent conflicts of interest on the part of those involved in the investigation;
5. Prepare and maintain the documentation to substantiate the investigation's findings. This documentation is to be made available to the funding agency if required;
6. The investigation report should include an inventory of sequestered materials and how sequestration was conducted, transcripts of all interviews and any scientific or forensic analyses conducted;
7. Take interim administrative actions, as appropriate, to protect external funds and ensure that the purposes of the agency's financial assistance are carried out;
8. In case of an allegation concerning activity on a PHS funded project, keep the ORI apprised of any developments during the course of the investigation which disclose facts that may affect current or potential PHS 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;
9. If additional respondents are identified during an inquiry or investigation, there will not be a separate inquiry for each new respondent. Where multiple institutions are involved in a research misconduct proceeding, one institution should be designated as the "lead institution." The lead institution should obtain the research records from the other relevant institutions;
10. Upon completion of the investigation, the designated official will submit a written report to the EVPR. The report will summarize all relevant information. The individual(s) against whom the allegation was made shall be given a copy of the report of investigation. The subjects will have 14 calendar days to submit comments to the EVPR. If they comment on the report, their comments may be made part of the record. If the investigation takes longer than 180 calendar days to complete, the record of the investigation shall include documentation of the reasons for exceeding the 180-day period. In a separate communication to the EVPR, the designated official shall offer its recommendations for sanctions if deemed appropriate. Note that ORI findings are not required for University of Memphis decisions regarding research misconduct to be considered final and to warrant remediation under University policy;
11. Based on this information, the EVPR will determine whether to recommend to the Provost the imposition of disciplinary action in the case of a faculty member. The Provost, in consultation with Human Resources, may uphold or reject this recommendation and may collect any additional information necessary to make this

decision. In the case of a staff member, the recommendation of the EVPR is forwarded to Human Resources for the imposition of any disciplinary action. In the case of a student, the recommendation of the EVPR and any decision by the Provost are forwarded to the Office of Student Accountability. The [Student Code of Rights and Responsibilities](#) outlines these procedures. The processing of any sanctions for faculty, staff, or students will proceed in accordance with existing University policy and procedures;

12. At the conclusion of the investigation, the EVPR must file the entire institutional record with ORI (including documentation of the assessment; the inquiry report and all records considered or relied on during the inquiry; the investigation report and all records considered or relied on during the investigation; all transcripts; decisions by the RIO; records of any appeals; an index listing all the research records and evidence that University of Memphis complied during the research misconduct proceedings; and a general description of the records that were sequestered but not considered or relied on).

### Related Documents, Policies and Forms

The University of Memphis Faculty Handbook

- [https://www.memphis.edu/faculty\\_handbook/index.php](https://www.memphis.edu/faculty_handbook/index.php)

The Student Code of Rights and Responsibilities

- <https://www.memphis.edu/osa/students/code-of-rights.php>
- Conflict of Interest Policy (GE2021)
- [https://memphis.policytech.com/dotNet/documents/?docid=468&app=pt&source=bro  
wse](https://memphis.policytech.com/dotNet/documents/?docid=468&app=pt&source=browse)

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