Sub: Establishment of Office of Research Integrity (ORI) and Constitution of the Standing Screening Committee (SSC).

The approved policy document for establishment of Office of Research Integrity (ORI) is enclosed herewith for necessary compliance by all the concerned.

As per the provisions of the policy document following Standing Screening Committee (SSC) and Standing Investigation Committee (SIC) are constituted and notified for necessary action by all concerned:

I. Standing Screening Committee (SSC)

1. Dean, Research Development : Chairperson
2. Dean, Academic Affairs : Member
3. Dean, Faculty Affairs : Member
4. Head of the concerned Department(s) on case to case basis : Member
5. Research Integrity Officer : Member Secretary

II. Standing Investigation Committee (SIC)

1. Professor R.S. Tomar, Dept. of Biological Sciences : Chairperson
2. Professor Sanjit Konar, Dept. of Chemistry : Member
3. Professor D.S. Rana, Dept. of Physics : Member
4. Two Nominees of Director (nominated on case to case basis) : Member(s)
5. Dean, R&D : Member Secretary

The Grant Manager of R&D Office shall be the ex-officio Member Secretary of the SSC and discharge the duties of Research Integrity Officer. In the absence of Grant Manager the Scientific Officer of each academic office shall be the Member Secretary on rotation basis for each calendar year.

The ORI will be a part of Office of the Research and Development (R&D) and Dean R&D will be the Head, ORI.

This is for necessary information, record, and action by all concerned.

Siva Umapathy
Director
Encl: As above.

Copy to:
1. Deputy Director.
2. Registrar.
3. All Deans.
4. All HoD(s)
5. Deputy Registrar (F&A)
6. Office of Research and Development.
Office of Research Integrity

Indian Institute of Science Education and Research
Bhopal
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1. Introduction

IISER Bhopal has carved a niche in global academia and has shown great potential to strive forward. In order to maintain the integrity and quality of research, the office of research integrity (ORI) at the institute is committed to identifying and firmly handling instances of research misconduct by present/past members of the institute, however rare they may be. In this connection, this document provides an overview of policies related to good research practices. A framework for identifying research misconduct and initiating corrective action is also included.

2. Organisational structure

Office of Research Integrity (ORI) has been established at IISER Bhopal to encourage and enable a culture of research integrity and implementation of good academic research practices. The ORI will be a part of the office of Research and Development (R&D) at IISER Bhopal. The Dean R&D will head ORI, and the office of R&D will facilitate its activities.

Role, duties and responsibilities of ORI:

The primary responsibilities of the ORI are:

2.1 To educate about the code of good academic research practices

The primary role of the ORI is to make sure that the academic fraternity at IISER Bhopal is aware of the do’s and don'ts of good academic research practises. This is to ensure that any cases of research misconduct can be avoided to the extent possible. In order to promote this ORI should facilitate periodic orientation and training on research and publication ethics.

2.2 To implement and sustain a culture of research integrity
ORI should act as the primary point of contact for queries related to research integrity and compliance with the code of good research practices. This is to maintain a culture of research integrity at the institute.

2.3 To monitor any instances of academic/research malpractice

Any member of the institute can bring instance(s) of academic/research malpractice (for typical examples, please refer to section 4.0) to the notice of ORI. ORI should serve as a resource for sound confidential advice related to research integrity.

2.4 To develop guidelines to deal with allegations of research misconduct

ORI should develop its code of conduct and enlist guidelines (detailed below) to deal with allegations of research misconduct. It should ensure that swift action is taken while maintaining fairness when dealing with any case of research misconduct brought to its notice.

2.5 To maintain the records of all the research misconduct inquiries

ORI should keep record and document the source of allegation, the process followed to address it, the outcome of the investigation and any penalties that might have been meted out for future reference.

3. Good research practices

The following practices are an indicative list and not exhaustive. If in doubt, you may always contact ORI for specific information.

3.1 Record keeping of all raw data in soft/hard copies.
All researchers of IISERB should keep all the records of procedures and data, including interim and final research outcomes in soft/hard copies, as appropriate. The PI should ensure proper record keeping of all the researchers in the group and formulate policies for data management and data protection.

3.2 Proper citation of previous work.
It is encouraged to make sure that the previous relevant work is cited in the manuscripts/reports/theses to give due credit to the researchers in the field in an unbiased manner.

3.3 Acknowledging all the contributors
All the researchers should acknowledge the contributors to a given piece of work and also cite the use of any kind of results, ideas and methods of others.

3.4 Declaring a conflict of interest
In order to promote transparency within the IISERB research community, ORI strongly encourages to disclose the potential conflict(s) of interest in writing to the concerned authorities/committees. The conflict(s) of interest is(are) not limited to personal financial gain; it includes a long list of professional academic activities including peer reviewing grants/manuscript, serving on various decision-making committees to give recognition or funding.

3.5 Follow all the ethical guidelines
All the research carried out at IISERB must comply with relevant regulatory and ethical standards. If your research involves direct human participation or human sample, all necessary permissions and approvals must be taken before initiating research and be updated in case there is any change in the research plan. In case there is any doubt whether such permission is required or not the PI should seek advice from ORI.

3.6 Helping new members of the lab
Whenever a new member joins in any research group the existing senior researchers in the group should make an effort to help the new members in all
possible ways to develop the required scientific skills. The PI of the group should ensure this practice.

3.7 Openness and accountability
ORI understands the need to protect the intellectual property of a researcher. However, after publishing, ORI encourages the researchers of IISERB to be as open as possible in discussing their research to the scientific community and to the public.

3.8 Promoting positive research environment
A positive research environment and good laboratory culture helps to improve productivity. ORI encourages a healthy research-favourable environment within the research groups.

3.9 Authorship based on contribution.
Authorship is the credit for a researcher’s individual contribution in any publication and it also carries accountability. Unfortunately, there is no universal rule or standard to determine the authorship order in the publication. In this regard, ORI encourages the PI to identify his or her contribution and make a decision about authorship.

3.10 Image manipulation check before submission
Authors are encouraged to use the online available tools such as https://ori.hhs.gov/droplets or https://www.elsevier.com/editors-update/story/publishing-ethics/the-art-of-detecting-data-and-image-manipulation etc. to check the image manipulation.

3.11 Plagiarism check
Authors are required to use the available tools for plagiarism check before manuscript/report/thesis submission, such as Turnitin (https://www.turnitin.com/) and Urkund (https://secure.urkund.com/account/auth/login) etc.

Additionally, it is advised to refer to the following link for more information on good academic research practices. https://www.ugc.ac.in/e-book/UGC_GARP_2020_Good%20Academic%20Research%20Practices.pdf.
4. Identifying research misconduct

Research misconduct includes different types of scientific misconduct occurring at different stages of work. It can begin as early as the conceptualisation of the study itself to the dissemination of findings. Research misconduct typically includes, but is not limited to, plagiarism, fabrication and/or falsification in proposing, performing, reviewing and/or reporting research findings. Research misconduct may include but not limited to the following which may be classified under this area from time to time by the committee:

- **Plagiarism and Auto-plagiarism** include using work in published or grey literature, their words, process or results without appropriate credit via full citation and making it appear as if their work is one’s own and reusing one’s work fully or in part without full disclosure/credit, respectively.
- **Misappropriation** can take various forms and includes using as is and or building on someone else’s idea, typically acquired in the process of reviewing manuscripts of grant applications. Essentially pretending someone else’s intellectual property whether ideas, processes or results as one’s own constitutes misappropriation.
- **Violating globally accepted research practices** includes cherry-picking literature or any form of manipulation of experiments, data analyses or reporting to obtain a pre-decided or preferred outcome without disclosing all details and misleading others to align with the researcher’s narrative.
- **Falsification of data** as compared to manipulating the experiments or the data to generate preferred results is actually fabricating the data entirely, often to lead to pre-decided research outcomes.
- **Failure to validate research findings** includes the refusal to provide experimental results, images, and other data in sufficient detail that are needed to replicate a study for verification.
- **Questionable practices of authorship** include requiring authorship that is not deserved based on intellectual contributions for one’s own self or others,
excluding contributions from others to deliberately deny co-authorship where deserved, or submitting multi-author papers to journals without the consent of all authors.

- **Failure to respond to known instances of unsuccessful validation** includes the failure to issue erratum or retract published articles that are found unverifiable or containing errors (intentionally or otherwise) either by the original authors or others.

- **Failure to comply with legislative and regulatory requirements** includes deliberate violations of rules that relate to usage of chemicals, care of an animal or human subjects, use of equipment and research funds.

- **Inappropriate behaviour in instances of suspected misconduct** includes a failure to cooperate in inquiries of misconduct by duly empowered bodies in cases of alleged misconduct against one’s own self, deliberately concealing known or suspected misconduct, and the destruction of any evidence related to a claim of misconduct. Likewise, retaliating against people claiming potential research misconduct or intentionally alleging misconduct knowing there is no transgression are also considered inappropriate.

The above list includes common kinds of misconduct and should not be considered all-inclusive or exhaustive. A determination on whether or not a particular instance constitutes misconduct will sometimes have to be made based on the case and its circumstances.

The following are, however, not considered as ‘research misconduct.’

- Errors that occur unintentionally despite exercising due diligence and differences in conceptualisation, design, conduct, interpretation or judgment in presenting research methodology or outcomes.

- Any other misconduct not directly related to research. These items should not be co-joined when evaluating allegations of research misconduct.

Further, in general, research misconduct includes, committing inappropriate acts as well as omissions, with reference to research. Also, in assessing whether or not
something is ‘misconduct’, the evaluation must be made based on the norms, practices and rules in place that were prevailing at the time that alleged misconduct under investigation took place and not by retrospectively applying practices or norms that are prevalent after the event took place.

**Causal factors and remedial actions**

Davis et al. (2007) examined data from closed files of the Office of Research Integrity (ORI) in the US, which is supported by several branches of the National Institutes of Health (NIH). They analysed this data to identify seven clusters of potential causes for research misconduct viz., personal and professional stressors, organisational climate, job insecurities, two categories of rationalisations, personal inhibitions, and personality factors.

Overall, the authors find that personal and professional stressors include both standard stressors like publish-or-perish pressure and a variety of situational stressors that come in the way of upholding research integrity. They also argue that organisational structures from the laboratory to larger systems may unintentionally create a platform for misconduct through various forms of alienation. They argue that job insecurity factors are a more individual response to withstand pressures rather than being an organisational factor.

The most interesting outcome of this preliminary analysis of causal factors for research misconduct is perhaps some recommendations on avoiding the occurrence of such misconduct. These include:

- Periodic training and education in the responsible conduct of research (RCR). Online teaching modules that address the structural realities of scientific research and their potential to create undue pressures on individuals to deviate from research integrity together with proven and accepted strategies for managing these pressures.
- Closely related to RCR education and training, institution of employee assistance programs for all research staff and suitable means to increase awareness about
these programs. Training mid-level research managers to be aware of various stressors their subordinates face and to understand the implications of poorly managed stress at an individual level on the overall organisational research environment and the integrity of research outcomes.

IISER Bhopal is cognizant of the need to empower our researchers and various levels and provide them with necessary tools for successful research while upholding the highest standards of research integrity and ethics. To this end, the ORI will facilitate measures such as those discussed above and develop additional tools that are relevant and specific to its research environment and ethos.

5. Corrective action

5.1 Receipt of complaint

5.1.1 The complainant needs to submit a written complaint to the ORI at ori@iiserb.ac.in

5.1.2 The ORI will be the office responsible for coordinating the fair and effective resolution of the complaint.

5.1.3 Every effort will be made to maintain the confidentiality of the complainant, accused, witness and complaint to the extent possible.

5.1.4 The complainant is responsible to furnish all the details such as the identities of all the parties involved, supporting documents, relevant dates, locations, and publications, if any. All the documents and evidence must be appropriately preserved by the ORI.

5.1.5 The Dean R&D is the HoD of the ORI and shall take cognisance of the complaint and Convene the meeting of the Standing Screening Committee (herein as “SSC”), preferably within a week of receiving all the essential documents and details from the complainant.

5.1.6 The Institute authorities may also refer any matter to be probed by the ORI on suo-moto basis, if need be.
5.2 Constitution of the Standing Screening Committee for fact finding enquiry:

5.2.1 A Standing Screening Committee equivalent to the fact-finding committee for these classified matters, shall be headed by
(1) Dean of R&D (Chairperson)
(2) Dean of Academic Affairs
(3) Dean of Faculty Affairs
(4) Head of the concerned department/s where the accused is posted and;
(5) Research Integrity Officer as Member-Secretary.

5.2.2 The SSC is the authority designated to receive such complaints and screen them out for the genuineness and give preliminary findings for further decision by the Director, on behalf of the Board of Governors, having been delegated with such powers by the BoG on its behalf, as to whether a full-scale enquiry is required in the matter or not, by assigning the investigation to the Institute Standing Investigation Committee (herein as “ISIC”).

5.2.3 In order to ensure a fair and transparent process, any possible conflict of interest needs to be disclosed by the members of the both committees in each instance.

5.3 Procedural guidelines for the Standing Screening Committee and Disciplinary Authority

5.3.1 The SSC after verifying the authenticity/ merit of the complaint shall give its findings to the Director, specifying if there is a prima facie evidence. The Director after due diligence, may accept or reject the findings with observations recorded to that extent.
5.3.2 If, convinced with the findings of the SSC, the Director shall have the delegated authority to decide whether to assign the same for further investigations by the ISIC, on behalf of the Board of Governors.

5.3.3 The Disciplinary Authority or the authority delegated with such powers on accepting the recommendations of the Standing Screening Committee, if any, shall issue the charge-sheet on the respondent in accordance with the standard procedure of service rules or the rules applicable to the respondent.

The action taken shall be reported to the Board of Governors, in both the cases.

5.3.4 Research integrity issues are generally subjective in nature. Genuine mistakes can often be misinterpreted as intentional malfeasance. The SSC and ISIC must differentiate between these two cases.

5.3.5 All the evidence and facts should be appropriately documented by the SSC, which should be handed over to the ORI, along with a recommendation for further action.

5.3.6 If the findings indicate that there are no reasonable grounds for the allegation, the complaint will be dismissed by the Director based on the findings of the SSC or based on merits. The recommendation to dismiss the complaint should be accompanied by the reasons for dismissal. In order to minimise the false complaints, the committee may also recommend suitable action against the complainant if the Standing Screening Committee finds that the complainant has malaise intentions and has made deliberate false claims.

5.3.7 The action taken report shall be submitted to the Board of Governors for further necessary ratification or directives, if any.
5.4 Disciplinary authority and constitution of the investigation committee

5.4.1 If, the charges are admitted by the respondent, there is no need for conducting a detailed enquiry into the matter and the Disciplinary Authority shall issue the show cause notice for award of the proposed penalty, as per rules.

5.4.2 In case, the charges are denied by the respondent, the Director on behalf of the Board of Governors shall assign the job of full-scale / detailed enquiry to the Institute Standing Investigation Committee for holding an inquiry into such charge, in accordance with principles of natural justice and standard procedures of enquiry as laid down under CCS(CCA) Rules, 1965.

5.4.3 The institute level Research Integrity Investigation committee (Standing Investigation Committee) shall comprise of the following:

(1) Three Institute Professors from various departments of the institute.

The committee will be headed by one of the three professors designated as a Chairperson while notifying the standing committee for each calendar year by the Director.

(2) Dean R&D as a Member-Secretary of the committee.

(3) Two other members nominated on case to case basis, by the Director.
(4) The Research Integrity Officer being the Presenting Officer of the case with all the facts and records produced from all concerned and;

5.5 Process of investigation

5.5.1 ORI shall present and make available all the records relevant to the investigation with the investigation committee. The investigation committee may ask for the necessary records from the respondent such as grant application, progress report, manuscript drafts, primary data, electronic records, etc. that are considered relevant to the investigation.

5.5.2 The investigation committee will be given access to the laboratory and will be allowed to interview the complainant, the respondent and any other laboratory member which the committee considers necessary to gather information. The Institute Standing Investigation Committee shall hold the proceedings in the Institute after intimating the Parties, and the proceedings shall be recorded in writing.

5.5.3 If the Respondent or Complainant remains absent despite due notice and without cause or justification or if they refuse to participate in the inquiry, it is open to the Institute Standing Investigation Committee to proceed with the inquiry placing the said party ex-parte and submit a report based on evidence/material available on record.

5.5.4 After the conclusion of the inquiry, the Investigation Committee shall prepare a report which shall contain- (a) the articles of charge (b) the defence of the respondent in respect of each article of charge; (c) an assessment of the evidence in respect of each article of charge; (d) the findings on each article of charge and the reasons thereof.
5.5.5 The is expected to complete the investigations and report submission within a period of 90 days from receiving the complaint. The committee may seek extension of time, in such compelling circumstances with the prior approval of the Director.

5.5.6 The Investigation Committee shall forward to the disciplinary authority the records of inquiry which shall include: (i) the report prepared by it (ii) the written statement of defence if any, submitted by the respondent (iii) the oral and documentary evidence produced in the course of the inquiry; (iv) written arguments if any, led by the Parties during the course of the inquiry.

5.6 Process after investigation

5.6.1 If the accused is a Group ‘A’ employee of the Institute, upon receipt of the Investigation Report, if the respondent has been held guilty of the charges or otherwise, the same shall be placed before the Board of Governors in case of the respondent is appointed by the Board of Governors for necessary acceptance/rejection of the report with reasons recorded.

5.6.2 In all other cases such as students, temporary research staff, Group ‘B’ employees etc, the report be submitted to the Director for necessary acceptance/rejection of the report with reasons recorded.

5.6.3 When disciplinary action is proposed, the Disciplinary Authority or the Director, as the case may be shall issue a show-cause notice along with a copy of the Institute Standing Investigation Committee Report to the respondent asking for show-cause as to why the proposed
penalty should not be levied which should be responded within ten
days after serving the same on the respondent.

5.6.4 Thereafter, the Disciplinary Authority or the Director, as the case may
be, shall proceed with the appropriate action after taking into
consideration the gravity of the allegations/charges proved and the
reply, if any, submitted by the respondent, which should then be
communicated to the respondent and shall be entered into the
personal file of the respondent.

5.6.5 If the Disciplinary Authority finds that the inquiry has not been held in
accordance with the applicable rules, a de-novo investigation or
direct inquiry from the stage of perceived defect may be ordered.

5.7 Punitive actions

As far as employees are concerned, penalties enumerated as per institute rules as
applicable to the individual member. In addition, the Disciplinary Authority is at liberty to
also impose one or more of the following penalties.

5.7.1 In Case Respondent is a Faculty Member or any other Employee, whether
permanent, on probation, or on contract, the Disciplinary Authority may;

a. Issue a written warning
b. Delay career advancement (promotion for example) for a
   specified time period in the range of 1 to 5 years,
c. Declare the respondent ineligible for future IISER Bhopal
   awards for a specified time period.
d. Inform agencies that have funded the respondent’s research
e. Inform relevant National and International Academies
f. Strip the respondent of all prior IISER Bhopal awards or recognitions
g. Make the respondent ineligible to receive any form of research funding from the Institute for a specified time period in the range 1 to 5 years,

h. Prohibit the respondent from taking on any new PhD/UG students for a specified period in the range of 1 to 5 years,

i. Recommend against contract extension or confirmation on probation.

j. Award major / minor penalties in accordance with the Statutes / Service Rules / Conduct Rules / Manuals / Code of Conduct as applicable to the individual as per the rules/laws adopted / promulgated by the Institute.

k. Besides the above, any judicial or legal proceedings as per the prevailing laws of the land.

5.7.2 In Case Respondent is an R&D project staff, the disciplinary authority may

a. Issue a written warning

b. Strip the research staff of any IISER Bhopal awards

c. Declare the respondent ineligible to be considered for future awards

d. Inform Agencies that Sponsor the research staff.

e. Terminate employment / Dismiss the individual from the position held including debarring for future employment in the Institute or elsewhere.

f. Besides the above, any judicial or legal proceedings as per the prevailing laws of the land.

5.7.3 In Case Respondent is a Student, the Disciplinary Authority may

a. Issue a written warning

b. Strip the student of all awards

c. Declare the student ineligible for any awards

d. Inform Agencies that sponsor the student

e. Expel the student
f. Withdraw the Degree(s) / Diploma(s) / Certificates awarded.

g. De-register from all the memberships and from the alumni status.

h. Besides the above, any judicial or legal proceedings as per the prevailing laws of the land.

5.7.4 Any other person temporarily or permanently associated with the Institute or deputed temporarily to the Institute services and all those who are not covered under the above definitions:

a. Recommend suitable action against the individual to the concerned cadre controlling authority.

b. Register complaint with the appropriate Commission / Authority of National or International jurisdiction for initiating suitable action as per the applicable laws to the individual.

c. Besides the above, any judicial or legal proceedings as per the prevailing laws of the land.

5.8 Appellate authority

Any person aggrieved by the Report-cum-Findings and the consequential action taken by the Disciplinary Authority may file a First Appeal before the Board of the Governors, IISER Bhopal or before the Appellate Authority as applicable to the individual / delinquent