International Agency for Research on Cancer

World Health Organization

IARC POLICY ON SCIENTIFIC MISCONDUCT

September 2013

Preamble

Misconduct in research can have wide-ranging negative consequences. Therefore, to preserve scientific reputation and credibility, strict adherence to good scientific conduct and thorough follow- up of any misconduct allegation are of utmost importance to any research institution.

Proper scientific conduct in IARC is captured by *the IARC Code of Good Scientific Practice*. This policy is intended to give guidance on the internal procedures to manage and pursue allegations of scientific misconduct and define the rights and obligations of both the whistleblower and the respondent.

Nothing in this policy should be read as overriding prevailing *WHO Staff Rules and Regulations* or applicable procedures governing the same. All IARC personnel are bound by the International Civil Service Commission's *Standards of Conduct for the International Civil Service* supplemented by the *Ethical Principles and Conduct of IARC/WHO Staff - Compilation of Policies and Practices* edited November 2011, by the IARC terms and conditions of students, postdocs/fellows and visiting scientists and the *IARC Postdoctoral Fellowship Charter*.

Applicability

This policy applies to all persons that are conducting research at the Agency regardless of funding source. The policy envisions potential allegations emanating from within and from outside the Agency.

Definitions

Scientific misconduct comprises any act of fabrication, falsification, plagiarism, or any other practice that seriously deviates from common scientific practices in performing, reporting or publishing research.

Fabrication means making up results and recording or reporting them, whereas falsification means manipulating research, materials, equipment, or processes, or changing or omitting data or results such that the research is not accurately represented in the research record. Plagiarism is the appropriation of another person's ideas, processes, results, or words without giving appropriate credit, including those obtained through confidential review of others' research proposals and manuscripts.

Scientific misconduct does not include honest error or honest differences of opinion.

For the purposes of this document, the person who alerts IARC of a potential misconduct is referred to as “the whistleblower”, and the person against whom allegations of scientific misconduct have been made is referred to as “the respondent”.

Scientific misconduct allegation

It is the responsibility of any person working at IARC to maintain the highest standards of scientific conduct as described in the *IARC Code of Good Scientific Practice* and to report immediately on any potential scientific misconduct s/he becomes aware of.

In addition, a general request is sent to all group heads on a yearly basis asking them to report on any potential scientific misconduct they may be, or may have been made aware of. These reports are made available to DIR, DAF and the SLT and are shared with any funding organization that requires reports on misconduct.

Investigating the scientific misconduct allegation

Initiating the investigation

The Director will nominate a senior staff member to act as a Scientific Integrity Officer (SIO), for a period of 2 years, who will be the focal point of any scientific misconduct investigation. All allegations received by the SIO in written form which contain supporting information or evidence about the alleged scientific misconduct will be followed up. The investigations will be conducted with the utmost confidentiality and without any delay by the SIO. Within 15 days of receiving an allegation, the SIO will prepare the notification of the alleged misconduct and inform the accused person (the “respondent”) as well as DIR and DAF about the allegation and the investigation that will be initiated.

The notification includes:

1. The specific allegation
2. The rights and responsibilities of the respondent
3. A description of the inquiry process
4. The IARC Policy on Scientific Misconduct

Preliminary inquiry

Within 30 days of receipt of the notification of the misconduct allegation, the SIO, DIR and DAF should convene to discuss the allegation. Based on the information provided by the whistleblower and further information requested of the respondent, a decision is taken on whether the allegation is to be further investigated or is judged unfounded. In the latter case, the conclusion with available information and a summary of the discussion is submitted under confidential cover to the Chair of the IARC Ethics Committee (IEC) for review. Should the IEC Chair come to a different conclusion, s/he may advise the SIO, DIR and DAF to refer this case to full investigation. It is up to the SIO, DIR and DAF to make a final decision based on this advice. If the decision is to close the case, the file, including the comments of the IEC Chair, is kept under confidential cover in the DAF office for a period of at least 10 years. Access to these files will be restricted to internal use only at the sole discretion of DIR and DAF.

Investigating the allegation

Within a maximum of 60 days after the initial allegation, the SIO will convene a four member ad hoc Scientific Conduct Team (SCT) consisting of in-house and external experts, in addition to the SIO, who will serve as a facilitator of the meetings and a liaison officer. Two of the SCT members should be external to IARC. The SIO must ensure that the necessary scientific expertise is represented on the SCT. Every member of the SCT including the SIO will be required to submit a declaration of conflict of interest before serving on the team. For the fair treatment of the allegation, the avoidance of potential conflicts of interest is essential; the respondent has the right to challenge the inclusion of members of the SCT based on the declared interests. The investigation conducted by the SCT will be carried out under strict confidentiality to protect the respondent and the whistleblower.

The SCT will choose a rapporteur from amongst its members who will report on the scientific misconduct investigation, providing minutes on all steps taken and information assembled.

The SCT is responsible for conducting a thorough analysis of all documents and supporting evidence to determine whether a case of scientific misconduct is present, by whom it was committed, and the nature and seriousness of the scientific misconduct. The SCT starts its investigation with a presumption of innocence, and a finding of misconduct must be based on evidence beyond any reasonable doubt, i.e. the principle of “in dubio pro reo” applies.

The SCT must interview all persons who have been reasonably identified as being relevant for the investigation, including the whistleblower and the respondent. Interviews are documented and added as supporting information to the files. The SIO will participate in the work of the SCT by obtaining access to all relevant scientific documentation and records contained in the lab books and elsewhere.

Based on the assembled information, the SCT will come to a determination of whether the scientific misconduct allegation is founded or unfounded, what is the extent of the wrongdoing and who is or are responsible, taking into account that a finding of scientific misconduct requires evidence that a significant departure from accepted practices has occurred. Furthermore, the SCT needs to determine whether the scientific misconduct has been committed intentionally, knowingly or recklessly. The SCT should make every effort to take this decision unanimously. If after all deliberations it is impossible to reach this consensus, a majority vote (i.e., 3 out of the 4 members of the SCT) should suffice to make the final decision.

At the end of the investigation, the rapporteur issues a scientific misconduct report. This report is signed by all members of the SCT and should contain minimally the following elements:

1. Names of SCT members
2. Name of the rapporteur
3. Identification of respondent or respondents
4. Description of allegation or allegations
5. Details of procedure including minutes
6. Details of the evidence reviewed including the minutes of the interviews
7. The final decision and the key evidence supporting it
8. Identification of any external stakeholder, such as funding agencies or scientific journals
9. Any recommendations for communication of the results and follow up, such as retraction of papers

The respondent will be given the opportunity to review the draft report for 15 days and provide written comments. These comments are taken into account by the SCT in finalizing the report. Any written comments provided must be attached to the final report. The final report with all attachments is submitted in confidence to the DIR, DAF and the respondent.

From the receipt of the allegation to the final report, the procedure should be completed within 120 days. Within 30 days after the receipt of the final report, the respondent has the right to appeal the conclusion of the SCT. See the appeal procedure below.

The report and all supporting evidence will be stored confidentially in the DAF Office for a period of at least 10 years.

Potential Disciplinary Measures

This policy does not cover areas of misconduct already captured by existing IARC/WHO policies and is therefore not in itself a mechanism to decide on disciplinary measures for IARC staff. The process described in this policy should be considered as a thorough fact finding mechanism that could eventually inform further disciplinary processes, following applicable rules and regulations.

The Director has been delegated by the WHO Director General the authority to determine and implement appropriate disciplinary measures with regard to IARC staff members under staff rules 1120 and 1110.1, with due consultation with the WHO HR Department. The *IARC Postdoctoral Fellowship Charter* and the terms and conditions for students, postdocs/fellows and visiting scientists also apply. Based on the gravity of the offence, these measures could include suspension during the investigation, oral or written reprimand, dismissal for scientific misconduct or summary dismissal for scientific misconduct.

Confidentiality

The investigation will be kept confidential to the maximum extent possible, to protect the persons who have in good faith reported the possible scientific misconduct and to ensure fair treatment of the respondent, taking into account legal requirements and the need of information for the investigation. The importance of this will be reminded to all involved by the SIO.

Appeals process/restoration of reputation

Appeals can be made by the respondent in case proper procedures were not followed during the investigation, there has been previously unknown conflict of interest among those involved in the investigation or there is new evidence in defence against the scientific misconduct allegation. In these cases, the appeal is submitted by the respondent to the SIO who communicates to the SCT accordingly. The SCT must respond to the appeal within 60 days of submission.

Rights and obligations

The respondent has the right to be notified within 15 days of the opening of the procedure or any subsequent hearings and to have access to all documents related to the investigation, as described above. The respondent has the right to present information in defence against the allegations. On the other hand, the respondent has the obligation to cooperate and to provide the information that may be requested within the course of the investigation by the SIO and the SCT. The respondent is also obliged to maintain the confidentiality of the investigation.

The whistleblower has the obligation to provide requested information and may be interviewed during the investigation.

External whistleblowers informed that their allegation is being investigated will be notified within 30 days of the decision of the SCT.

Any staff member who, in good faith, reports suspected misconduct by another staff member will be protected from retaliation in accordance with the *WHO Whistleblower Protection Policy*. As also described in the policy, the intentional filing of a false or misleading report is itself a violation of the Organization's regulations and rules that may constitute misconduct and may result in disciplinary proceedings.

Acronyms used

WHO - World Health Organization
IARC - International Agency for Research on Cancer
DIR - IARC Director
DAF- IARC Director of Administration and Finance
SLT - IARC Senior Leadership Team
IEC - IARC Ethics Committee
SIO - Scientific Integrity Officer
SCT - Scientific Conduct Team