

POLICY ON RESEARCH MISCONDUCT



UNIVERSITY OF CHILD HEALTH SCIENCES, LAHORE

Policy on Research Misconduct

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1. Background

The University of Child Health Sciences, Lahore (UCHS) takes pride in upholding its tradition of attaining high rigor and integrity in its academic endeavors. UCHS builds on common concerns and ensures that the same standards are applied in the conduct and reporting of research. This Policy applies to all research across all research disciplines, where research is defined as an undertaking intended to extend knowledge through a disciplined inquiry and/or systematic investigation.

Though violations of ethical standards remain a possibility in all investigations, a false allegation of misconduct can jeopardize the reputation of the University and its researchers. Hence, this policy is developed with the objective in mind that while having the responsibility to provide a conducive environment to promote integrity in research and quality assurance, UCHS has taken steps to ensure that appropriate mechanisms are in place to expeditiously deal with allegations of misconduct in research.

This policy also addresses the necessary checks and balances to ensure that the highest ethical standards are maintained at UCHS. The University recognizes the contributions of mentors, supervisors, unit heads, and faculty, which establish the high bar of honesty and integrity required in the conduct of research.

2. Principles and Objectives

UCHS strives to be an international institution of distinction which is committed to the development of human capacity through the discovery and dissemination of knowledge, and application through service. To achieve this mission, UCHS operates on the core principles of quality, relevance, impact and accessibility. Strict adherence to the principles of honesty and integrity in the conduct of research and scholarly activity is greatly emphasized.

3. Specific Objectives of the Policy

- 3.1. To encourage responsible conduct amongst researchers, who are engaged in research and scholarly activities at UCHS.
- 3.2. To ensure that the highest standards of integrity and honesty are adhered to in the dissemination of research output.
- 3.3. To establish and maintain a climate of recognition, and acknowledgement of research contributions of all those who have been involved in achieving a particular set of research objectives.
- 3.4. To recognize the rights of researchers and other stakeholders as per the University's policies.



4. Applicability

- 4.1. This policy applies to all University employees (faculty, postgraduate residents, fellows, undergraduate students and staff) and those affiliated with the University (such as trainees, technicians, students, fellows, clinicians, visiting researchers, collaborators, observers and other staff members) who are engaged in research conducted at or by the University, regardless of the source of funding.
- 4.2. If misconduct is discovered after the individual no longer works for or is not affiliated with the University, the case may still be processed and appropriate action taken (such as demand for public apology/retraction of publication/legal action, etc.).
- 4.3. The minimum time-limit for the retention of research data and records will be seven (07) years from the end of the data collection for the research project, the last publication / report emanating from the research, or when a degree is awarded to a student for the research work (whichever is last). Researchers will be expected to adhere to longer data storage period as required by regulatory bodies or funding institutions.
- 4.4. Research records include all forms of results captured during the research (laboratory notebooks, questionnaires, interviews, and similar notes, etc.). The primary purpose for the retention is to preserve the ability to validate the research findings and/or to permit the work to be repeated or extended into new scholarship.

5. Definitions

Misconduct in research includes any, some, or all of the following acts:

- 5.1. Fabrication and /or falsification of research-related data, or of reported research outcomes.

This includes serious deviation from accepted practices in proposing or carrying out research, improper manipulation of experiments to obtain biased results, deceptive statistical or analytical manipulations, or improper reporting of results.
- 5.2. Plagiarism in all research-related matters, including publications, appropriation of someone else's ideas, processes, results, outputs, or words, without giving appropriate credit.
- 5.3. Inappropriate use of someone else's intellectual property (without reference, acknowledgement, or permission, as the case may be).
- 5.4. Denial of individual rights such as authorship to collaborative partners in research publications.



- 5.5. Non-compliance with the University's policies on Research related policies.
- 5.6. Deliberate misuse of institutional or sponsored funds for financial gains.
- 5.7. Willful failure to honour an agreement or contract with the funding agency, to perform certain tasks.
- 5.8. Publishing any data or results that are against the internationally accepted general principles of research and scholarly activities.
- 5.9. Deliberate destruction of one's own or others' research data, records, or research-related property.
- 5.10. Making use of any information in breach of any duty of confidentiality associated with the review of any manuscript or grant application.
- 5.11. Violation of (or non-compliance with) the code of ethics for research as established by the University.
- 5.12. Wrongful attribution towards an approving authority (e.g., claiming approval from an Ethics Review Committee [ERC], Ethical Committee for Animal Care & Use [ECACU], biohazard assessment, etc., when such approval does not exist).
- 5.13. In appropriate use of technology (e.g., misinformation resulting from manipulation of images through photo-editing technology).

Misconduct does not include:

- 5.14. Unintentional errors in interpretations or judgments of data.
- 5.15. Accidental loss of data or loss of results.
- 5.16. Discontinuation of an agreed research collaboration or assigned task due to legitimate reasons, such as ill health or situations beyond one's control.

6. Plagiarism

- 6.1. The University (UCHS) is uncompromising towards plagiarism and considers it an act of misconduct liable to disciplinary action. In keeping with past practices, the University will adhere to the guidelines issued by the higher education authority i.e., Higher Education Commission Pakistan.
- 6.2. The following types of plagiarism, irrespective of their degree of seriousness, whether committed deliberately or inadvertently, are considered unethical and illegal:

1. Complete Plagiarism:

When the whole document, manuscript, or research idea, is copied verbatim from one or more sources, even if the source is disclosed in the reference section.



2. Partial Plagiarism:

When part or whole section(s) are inserted without paraphrasing, with few or only cosmetic changes to the text, without giving appropriate reference. It also applies to insertion of figures/photos, diagrams, illustrations, graphs, or charts, from various sources without prior approval of the author(s) and/or publisher(s), as may be the case.

3. Self-Plagiarism:

When one's own published work is re-sent for publication to another journal, without the permission of the original publisher, even if the publication is translated into another language.

4. Plagiarism of Ideas:

When ideas or documented work of others are presented as one's own, in any form whatsoever, and at any forum whatsoever. This includes proposed research studies on specific topics previously conceived by another individual or group.

5. Concealing Sources/Denying Acknowledgement:

When the source of the information is not disclosed or acknowledged, or due credit is not given to fellow contributors in a publication or research study. Any word-for-word quote must have a reference citation, while written permission of the author and/or the publisher is needed for lengthy quotations.

7. Finding and/or Reporting of Research Misconduct

7.1. The initial reporting of the misconduct may be made in writing or by producing documentary evidence to Dean of Faculty/Principal/Director Medical Education. Such reporting may be by any individual (with evidence) who confirms an act of research misconduct has occurred or is occurring. After reviewing the misconduct report (and where required) the concerned authority will provide a confidential consultation to assess complaints, determine whether they fall under this policy, and outline options for resolution.

7.2. Alternatively, the incident may also be reported in writing directly to the Director ORIC (or designated person appointed by Vice Chancellor, UCHS). In either case, the Director ORIC (or designated person appointed by Vice Chancellor, UCHS) will initiate an investigation by setting up a committee for this purpose. The committee will submit a full report of the findings and advise penalties, if any.

8. Confidentiality and Protection (of person(s) reporting research misconduct)

8.1. Every effort will be made to maintain confidentiality to protect the interests of the University and those involved in reporting research misconduct.



8.2. Allegations of research misconduct might originate from outside the University, possibly from other institutions, in learned journals, or in the press. Within the University, allegations of research misconduct might come from members of academic, research or technical staff, or from students and residents.

8.3. Under no circumstances will an anonymous complaint be the basis for a formal proceeding.

9. Procedure of Inquiry

(Details in Appendix 1: Procedures for addressing allegations of misconduct in research)

9.1. The Director ORIC is responsible for evaluating and investigating all allegations of misconduct related to research at UCHS. Individuals should not undertake investigations of suspected research misconduct on their own. Scientific and research misconduct does not include honest errors or differences of opinion.

9.2. The inquiry into research misconduct will be initiated as follows:

9.3. Information on research misconduct will be received by the Dean of Faculty/ Principal/ Director Medical Education.

1. The Dean of Faculty/Principal/Director Medical Education will endorse the information and refer the matter to the Director ORIC.

2. The Director ORIC (or designated person appointed by Vice Chancellor, UCHS) will setup an Investigation Committee to conduct an inquiry to assess whether the matter constitutes research misconduct, as defined in this policy.

9.4. The Director ORIC (or designated person appointed by Vice Chancellor, UCHS) will further:

1. Notify the faculty member/ employee/ resident /student whose research work is the subject of an investigation regarding the nature of the complaint without disclosing the identity of the initiator.

2. Ensure that the evidence relevant to the complaint is securely placed with the Director ORIC (or designated person appointed by Vice Chancellor, UCHS) and only duplicates/photo copies shall be used for the investigative process.

3. An Investigation Committee shall be appointed by the Director ORIC (or designated person appointed by Vice Chancellor, UCHS) to conduct the investigation. At the conclusion of the investigation, the Investigation Committee will submit a written report of the inquiry

proceedings. All activities and proceedings of the meetings must be recorded through summaries/minutes of meeting.

4. The Investigation Committee may refer to University policies, as well as to policies of relevant international organizations and committees, as resources for its deliberations.
5. The Investigation Committee may also consult with faculty, students, or any other individual who may have knowledge of the alleged research misconduct in question.
6. If an outside sponsor or collaborator is involved in the research, the report (or the relevant part) of the Investigation Committee may be shared with the concerned organization or affected individuals, with the consent of the Director ORIC (or designated person appointed by Vice Chancellor, UCHS).
7. The entire inquiry process from initiation, and post-allegation, to submission of the inquiry report to the Director ORIC (or designated person appointed by Vice Chancellor, UCHS) must be completed in one hundred and twenty (120) calendar days. The aforesaid timeframe for completion may, if so required, be extended by the Director ORIC (or designated person appointed by Vice Chancellor, UCHS).
8. The final investigation report must be in writing and submitted to the Director ORIC (or designated person appointed by Vice Chancellor, UCHS) in a timely fashion. The Director ORIC (or designated person appointed by Vice Chancellor, UCHS) will review the report and determine whether to accept it as is or, to return it to the Investigation Committee for further deliberation or fact-finding.
9. If the alleged misconduct is not substantiated
No further action will be taken by the University and no reports will be made to funding agencies unless they are specifically required under the circumstances of the allegation, or unless the funding agency is aware of the allegation. The research records will be restored appropriately.
10. Where misconduct is identified
The Director ORIC (or designated person appointed by Vice Chancellor, UCHS), upon receiving the recommendations of the Investigation Committee, will inform the respondent. Where the respondent accepts the decision, the Director ORIC (or designated person appointed by Vice Chancellor, UCHS) will refer the case to a Disciplinary Committee for penalty/sanctions. The final decision will be shared with Director Legal Affairs/Law Office by the Director ORIC (or designated person appointed by Vice Chancellor, UCHS)



11. In case of rebuttal by the respondent
The Director ORIC (or designated person appointed by Vice Chancellor, UCHS) will constitute an appeals committee to deliberate on the misconduct and advise.
12. The appeals committee will review the investigation report and conduct interviews if required. It will then prepare a final report to be submitted to the Director ORIC (or designated person appointed by Vice Chancellor, UCHS).
13. The Director ORIC (or designated person appointed by Vice Chancellor, UCHS) will convey the final decision to the Dean of Faculty/Principal/Director Medical Education. The Dean of Faculty/Principal/Director Medical Education will then inform the respondent as well as Registrar/Medical Director (for relevant action) and Director Legal Affairs/Law Officer (for their records).
14. The timeline should allow for submission of the report to the concerned sponsor, if required, no later than the timelines provided in clause (9.3.7) above from the date the investigation began, in cases where misconduct is found.
15. Copies of the inquiry report, along with all supporting documents and decisions must be retained for seven (7) years in the office of Director ORIC (or designated person appointed by Vice Chancellor, UCHS). Alternatively, the electronic version can be stored in a safe location at UCHS.

10. Penalty for Research Misconduct

- 10.1. In the event that a researcher is found guilty of misconduct, the Disciplinary Committee may impose a penalty, taking into account the severity of the misconduct. The penalty may include one or more of the following actions:
 - a. A reprimand
 - b. Withdrawal of article/proposal or any other dissemination material
 - c. Public/private apology
 - d. A fine not exceeding two lac rupees
 - e. Disallowance of the work
 - f. Suspension of work/employment
 - g. Termination of ad-hoc/contract employment.
In case of regular employee, a letter (containing copies of inquiry) should be sent to Secretary Specialized Healthcare and Medical Education Department
 - h. Where a student commits plagiarism in his/her thesis, may be judged to have failed the thesis.



- 10.2. In all such cases, the University authorities shall also take appropriate actions to protect the position and reputation of those who, in good faith, made the allegations. However, if it is revealed that the complainant has brought charges with malicious intent, he/she should be reprimanded, disciplined and/or penalized as may be deemed fit.

11. Appendix-1

PROCEDURES FOR ADDRESSING ALLEGATIONS OF MISCONDUCT IN RESEARCH

Part of the Policy on Research Misconduct

The Director ORIC (or designated person appointed by Vice Chancellor, UCHS) is responsible for evaluating and investigating all allegations of research misconduct at UCHS. Individuals should not undertake investigations of suspected research misconduct on their own; scientific and research misconduct does not include honest errors or differences of opinion.

1. When to report?

Any individual who believes an act of research misconduct has occurred (or is occurring) should notify the Dean of Faculty/Principal/Director Medical Education. Reporting such incidents in good faith is a service to the University and to the larger academic community. UCHS prohibits retaliation of any kind, against a person who acts in good faith, reports or provides information about suspected or alleged misconduct in research.

2. Who can report?

Any person who is aware of ongoing research misconduct in their research project or is made aware of misconduct occurring in research happening within UCHS or where allegations of misconduct are related to research at UCHS. This includes all research that involves UCHS faculty, employees, students, patients, participants, premises, and stakeholders.

2.1. Reporting to Dean of Faculty/Principal/Director Medical Education

Subject to the provisions in Sections 5 & 6 of the Policy on Research Misconduct, the Dean of Faculty/Principal/Director Medical Education will provide a confidential consultation to assess complaints, determine whether they fall under this policy, and outline options for resolution. After consultation, one of following action may be considered:

- a. To ask the Dean of Faculty/Principal/Director Medical Education to facilitate are solution or resolve the matter informally.
- b. To request a hearing under this Policy; or,



- c. To refer the complaint to the Director ORIC (or designated person appointed by Vice Chancellor, UCHS) to determine an appropriate course of action.

2.2. Reporting to the Director ORIC (or designated person appointed by Vice Chancellor, UCHS)

Incidents of research misconduct may also be reported in writing to the Director ORIC (or designated person appointed by Vice Chancellor, UCHS).

3. Preliminary Assessment

3.1. The preliminary assessment consists of information-gathering and initial fact-finding to determine whether an allegation or an apparent instance of misconduct has sufficient evidence/substance to proceed. Upon receipt of an allegation, Dean of Faculty/Principal/Director Medical Education would determine:

- a. Whether the allegations constitute research misconduct as defined by this policy
- b. Whether the allegations are sufficiently credible and specific so that potential evidence of research misconduct may be identified

If both criteria are met, the Dean of Faculty/Principal/Director Medical Education shall inform the Director ORIC (or designated person appointed by Vice Chancellor, UCHS), identifying the subject of the allegation and share information on internal/external funding source(s) for the research, if any.

4. Inquiry into Research Misconduct

The Director ORIC (or designated person appointed by Vice Chancellor, UCHS) shall;

- 4.1. Identify any outside funding source(s) for the research that is the subject of the inquiry.
- 4.2. Constitute an Investigation Committee to conduct the inquiry into the alleged misconduct.
- 4.3. Inform the Investigation Committee to promptly take all reasonable and practical steps to obtain custody of the research records and/or evidence needed to conduct the misconduct proceeding, inventory of the records and evidence, and sequester them in an appropriate manner.
- 4.4. At the time of, or before the beginning of an inquiry, the accused individual (hereafter "the respondent") shall be informed of the allegations and will be invited to comment on them. The respondent

shall also be provided with a copy of the draft report of the inquiry and be given an opportunity to comment on the findings/para wise comments for the consideration of those conducting the inquiry. In so doing, best efforts shall be made (where feasible) to protect the confidentiality of the individual(s) who brought forward the complaint (hereafter "the complainant(s)").

- 4.5. Other relevant individuals, including the complainant(s), if known, should be interviewed.
- 4.6. The final report is to be submitted by the investigation committee panel to the Director ORIC (or designated person appointed by Vice Chancellor, UCHS) within 120 days of receipt of the allegation. (If this time frame is not possible in a particular case, the reasons are to be documented and the Director ORIC (or designated person appointed by Vice Chancellor, UCHS) so informed, who may extend the duration).
- 4.7. The final report shall include any comments provided by the respondent in response to the draft report.
- 4.8. The documentation should include sufficient detail to permit a later assessment of the determination of whether a full investigation is warranted. It should describe the information reviewed, include a summary of the interviews conducted, state conclusions reached, and indicate whether the Dean of Faculty/Principal/Director Medical Education believes an investigation is warranted.
- 4.9. The final report of the inquiry and a copy of the documentation are to be transmitted to the Director ORIC (or designated person appointed by Vice Chancellor, UCHS) and maintained in the record for 7 (seven) years.
- 4.10. Unless the Director ORIC (or designated person appointed by Vice Chancellor, UCHS) has further concerns, the Dean/Principal/Director Medical Education recommendation that an investigation is not warranted will be final.

5. Investigation

- 5.1. The investigation will be a formal examination and evaluation of relevant facts to determine whether misconduct has taken place.
- 5.2. The processes described below should be carried out in a manner that is fair, just, transparent, unbiased and appropriately protective of the confidentiality and reputations of all participants. Such assessments, enquiries and investigations should be coordinated with the Office of the Director ORIC (or designated person appointed by Vice Chancellor,



UCHS) to ensure that they are carried out in conformance with applicable regulations (if any) in cases where the research is funded by an external agency.

6. Procedures for Investigation

6.1. If the preliminary assessment concludes that an investigation is warranted, then it will be guided by the following processes:

6.1.1. The formal investigation should begin within 15 days of the completion of the preliminary assessment and after written notice to the respondent. The investigation is to be completed and the final report sent to the Director ORIC (or designated person appointed by Vice Chancellor, UCHS) within 120 days (from the start of the investigation). If an investigation cannot be completed within this time frame, the Director ORIC (or designated person appointed by Vice Chancellor, UCHS) should be notified as soon as possible, who may extend the duration.

6.1.2. An investigation should normally include an examination of the relevant documentation, including but not limited to relevant research data, proposals, publications, correspondence, and any available memoranda, where necessary.

6.1.3. Complainants, respondents, and witnesses who may have information related to the matter, should be interviewed. Complete written summaries of each interview should be provided to the individual being questioned, and any comments should be appended to the summary or reflected in a revised summary if the interviewer agrees. The summaries must be retained by the Director ORIC (or designated person appointed by Vice Chancellor, UCHS) office records for 7 (seven) years.

Note: If there is more than one respondent, and their involvements are found not to be identical, separate draft reports should be prepared if practical, to preserve confidentiality.

6.2. All significant issues should be pursued until the Investigation Committee is reasonably certain that they have amassed all necessary and appropriate information.

6.3. In cases where allegations of misconduct are confirmed, a written report of the findings of the inquiry committee shall be prepared for submission to the Director ORIC (or designated person appointed by Vice Chancellor, UCHS). The report should be sufficient for the Director ORIC (or designated person appointed by Vice Chancellor, UCHS) to determine whether disciplinary action is called for.



- 6.4. If the Director ORIC (or designated person appointed by Vice Chancellor, UCHS) considers that sanctions/ penalty may be warranted, the Director ORIC (or designated person appointed by Vice Chancellor, UCHS) shall constitute a disciplinary committee (if not constituted earlier) to assess the significance of the findings and recommend a relevant course of action in accordance with Section 10 of the Policy on Research Misconduct
- 6.5. If any sanctions/ penalty result, the Director ORIC (or designated person appointed by Vice Chancellor, UCHS) shall be informed, and he or she should append that information to the final report.

7. The Investigation Report

- 7.1. The final written report should include:
 - a. A description of the policies and procedures that were followed.
 - b. How and from whom relevant information was obtained?
 - c. The report should also include interview summaries and comments by the respondent and complainant(s) (if applicable).
 - d. Findings and the basis for these findings.
- 7.2. The report or the relevant extract of the final report should be made available to the respondent with the opportunity to provide comments for consideration for conducting the investigation.
- 7.3. As part of transparency, the relevant extract of the final report will be shared with the complainants. Complainants in this case may include individuals, institutions, or funding agencies as applicable.
- 7.4. Any comments on the draft from the respondents and/or complainants, if applicable, shall be appended to the final report.

8. Responsibility of Institutional Members during Investigations related to Research Misconduct

8.1. Cooperation with the investigation process

Institutional members shall cooperate in the review of allegations and the conduct of inquiries and investigations. Institutional members, including respondents, have an obligation to provide evidence of misconduct allegations to the investigation officer(s) assigned by the Director ORIC (or designated person appointed by Vice Chancellor, UCHS).

8.2. Protecting Complainants, Witnesses and Committee Members

Institutional members may not retaliate in any way against complainants, witnesses, or committee members. Institutional members



are obligated to immediately report any alleged or apparent retaliation against complainants, witnesses or committee members to the Director ORIC (or designated person appointed by Vice Chancellor, UCHS), who shall review the matter and, as necessary, make all reasonable and practical efforts to counter any potential or actual retaliation and protect and restore the position and reputation of the person against whom the retaliation is directed.

9. Appeals Process

- 9.1. Where the respondent rejects the findings of the report, they have a right to appeal in writing. In case of an appeal, the Director ORIC (or designated person appointed by Vice Chancellor, UCHS) will appoint an Ad hoc Appeals Committee to review the case.
- 9.2. On completion of the review, the Adhoc Appeals Committee will prepare a report to be shared with the Director ORIC (or designated person appointed by Vice Chancellor, UCHS) for appropriate actions.

10. Appeals under the UCHS Research Misconduct Policy

- 10.1. Either of the complainant or the respondent may appeal the decision of the Investigation Committee and/or the penalty imposed, by delivering to the Director ORIC (or designated person appointed by Vice Chancellor, UCHS) a written notice of appeal within seven (7) working days of receipt of a copy of the investigation report. The notice should include a written statement of appeal that indicates the grounds on which the appellant intends to rely, any evidence the appellant wishes to present to support those grounds, and (where relevant) what remedy or remedies the appellant believes to be appropriate.
- 10.2. An appeal will be considered by the Director ORIC (or designated person appointed by Vice Chancellor, UCHS) only on one or more of the following grounds:
 - a. That the original Investigation Committee had no authority or jurisdiction to reach the decision it did.
 - b. That there was a reasonable apprehension of bias on the part of a member or members of the Original Investigation Committee.
 - c. That the Investigation Committee made a fundamental procedural error that seriously affected the outcome of the investigation.
 - d. That new evidence has arisen that could not reasonably have been presented at the initial hearing and that would likely have affected the decision/final outcome of the original hearing board.
 - e. That the penalty imposed was not justified.



10.3. Upon receipt of a notice of appeal, the Director ORIC (or designated person appointed by Vice Chancellor, UCHS) will review the record of the original hearing and the written statement of appeal and determine whether the grounds for appeal are valid.

10.3.1. If the Director ORIC (or designated person appointed by Vice Chancellor, UCHS) determines that there are no valid grounds under these procedures for an appeal, then the appeal will be dismissed without a hearing.

10.3.2. If the Director ORIC (or designated person appointed by Vice Chancellor, UCHS) determines that there may be valid grounds for an appeal, then the appeal hearing will proceed as provided below.

10.3.3. The decision of the Chair URC with respect to allowing an appeal to go forward is final, with no further appeal.

11. Ad-hoc Appeals Committee

11.1. The appeal (appeals committee) will be constituted by the Director ORIC (or designated person appointed by Vice Chancellor, UCHS) within fourteen (14) calendar days and will be composed of three senior members of the University or of The Constituent/ Affiliated Colleges. One member of the appeals committee shall be named chair (depending upon inter se seniority). Individuals appointed to serve on the appeals committee shall exclude anyone who was involved in the original hearing of the case.

11.2. The members of the appeals committee will have no actual, apparent, reasonable, perceived, or potential conflict of interests or bias, and will jointly have appropriate subject matter expertise and administrative background to evaluate the complaint and the response to it.

12. Appeal Procedure

12.1. The Appeals Committee shall convene to hear the appeal within seven (07) working days of being constituted. Under exceptional circumstances, the Director ORIC (or designated person appointed by Vice Chancellor, UCHS) may extend this period.

12.2. Written notice of the hearing, along with a copy of these Procedures and of the written statement of appeal, will be delivered by the Director ORIC (or designated person appointed by Vice Chancellor, UCHS) to:

- a. The appellant
- b. The other party in the original hearing as respondent
- c. The chair of the original Investigation Committee
- d. Members of the Appeals Committee

- 12.3. Where possible and reasonable, the schedules of all parties will be accommodated and at least seven (07) working days' notice of the time and location of the hearing will be provided. Where there are special circumstances (as determined by the Director ORIC (or designated person appointed by Vice Chancellor, UCHS), the matter may be heard in less than seven (07) working days.
- 12.4. If any party to these proceedings does not attend the hearing, the Appeals Committee has the right to proceed with the hearing and may accept the written record of the original investigation and the written statement of appeal and/or a written response in lieu of arguments made in person. An appellant is required to present his/her case at the hearing.
- 12.5. The Appeals Committee is not bound to observe strict legal procedures or rules of evidence but shall establish its own procedures subject to the following principles:
- 12.5.1. The Appeals Committee under these regulations will not hear the case again but are limited to determining whether:
- a. The original Investigation Committee had the authority and jurisdiction to hear the original case.
 - b. There was a reasonable apprehension of bias on the original Investigation Committee that heard the case.
 - c. The original Investigation Committee made fundamental procedural errors that seriously affected the outcome.
 - d. Any new evidence that is being presented would likely have affected the original outcome AND could not reasonably have been presented during the original investigation.
- 12.5.2. The parties to the hearing shall be the appellant (who may be either the original complainant or the original respondent). The Chair (or another member designated by the Chair) of the original Investigation Committee may be invited to attend the proceedings, and will be permitted to participate in the hearing and to answer questions of either party or of the appeals committee.
- 12.5.3. Following procedures would be adopted by the Appeal Committee:
- a. No new evidence will be considered at the hearing. The record of the original hearing, including a copy of all material filed by both sides at the original hearing, and the written statement of appeal, will form the basis of the appeal board's deliberations.

- b. It shall be the responsibility of the appellant to demonstrate that the appeal has merit.
- c. The hearing shall be restricted to persons who have a direct role in the hearing.
- d. The appellant will have an opportunity to present their cases and to respond to questions from the other party and from members of the Appeals Committee.

13. Disposition by the Appeals Committee

13.1 After all questions have been answered and all points made, the Appeals Committee will meet to decide whether to uphold, overturn or modify the decision of the original Investigation Committee. The deliberations of the appeals committee will remain confidential.

13.2 The Appeals Committee may, by majority,

- a. Conclude that the appellant received a fair hearing from the original Investigation Committee, and uphold the original decision; or
- b. Conclude that the appellant did not receive a fair hearing, but that the outcome determined remains appropriate and the original decision is upheld; or
- c. Conclude that the appellant did not receive a fair hearing and dismiss or modify the original decision and/or sanctions using any of the remedies in accordance with Section 9 & 10 of the research misconduct policy, and order that a new hearing board be constituted to re-hear the case. This provision shall be used only in rare cases such as when new evidence has been introduced that could not reasonably have been available to the original Investigation Committee and is (according to the appeal board) significant enough to warrant a new hearing.

13.3 The Chair of the Appeals Committee shall prepare a report of the committee's deliberations that shall cite the evidence on which the committee based its conclusions and state any penalty imposed or withdrawn. The report shall be delivered to the Director ORIC (or designated person appointed by Vice Chancellor, UCHS).

13.4 If the decision is successfully appealed, the chair of the appeal board shall ask the Chair URC to take reasonable steps to repair any damage to reputation the appellant may have suffered may have suffered by virtue of the earlier finding of the Investigation Committee.

13.5 No Further Appeal

The findings and ruling of the appeals committee shall be final with no further appeal.



13.6 Appeals Committee Reports

1. Not later than 15 days after an Appeals Committee has completed its deliberations, the Chair shall deliver a copy of the Appeals Committee report to the relevant Dean/Principal/Director Medical Education, and the Director ORIC (or designated person appointed by Vice Chancellor, UCHS).
2. The Director ORIC (or designated person appointed by Vice Chancellor, UCHS) will share a copy of the Appeals Committee report or the relevant extract of the final report with the Appellant.
3. If there is more than one Appellant or Complainant, reasonable efforts will be made to provide each with parts of the report that are pertinent to him/her.

14. **Records**

- 14.1 Records pertaining to complaints that result in disciplinary action will be retained in the respondent's official file in accordance with existing University policies, and procedures.
- 14.2 No record of a complaint will be kept in the complainant's official file except the record of disciplinary action resulting from a complaint that is made in bad faith.
- 14.3 Subject to the provisions of the Research Misconduct Policy and the requirements of law, any and all records pertaining to charges and/or hearings and/or penalties under these Procedures are confidential and should be kept in a file accessible only to the Director ORIC (or designated person appointed by Vice Chancellor, UCHS) and their confidential assistants for a period of 07 years or while any legal or official proceedings are pending. After this time, the records may be destroyed. These records are strictly confidential and will be disclosed only when disclosure is required by law or by a legal or official proceeding. The Director ORIC (or designated person appointed by Vice Chancellor, UCHS) shall make them available to investigation and Appeals Committees as and when required.

15. **Institutional/Administrative Actions**

- 15.1 UCHS shall take appropriate administrative actions against research misconduct which has been substantiated.
- 15.2 If the Director ORIC (or designated person appointed by Vice Chancellor, UCHS) determines that research misconduct is substantiated by the findings of the Investigation Committee, he or she shall decide on the appropriate actions to be taken, after consultation with the Director Legal Affairs/Law Officer.

- 15.3 The Director ORIC (or designated person appointed by Vice Chancellor, UCHS) has the sole discretion and responsibility to determine, decide, and stipulate the final sanctions/penalties against any individual who has been found to have engaged in research misconduct under this policy. The administrative actions may include, but are not limited to, the following:
- a. Withdrawal or correction of all pending or published abstracts and papers emanating from the research, where research misconduct was found.
 - b. Where relevant, notification will be sent to Professional Societies, Regulatory Bodies (like PMDC, PNC etc.), University of Health Sciences, Punjab Health Care Commission, Higher Education Department, Specialized Healthcare and Medical Education department or other relevant entities.
 - c. Removal of the responsible person from the research project.
 - d. Provision of a letter of reprimand.
 - e. Special monitoring of future work.
 - f. Probation, suspension, salary deduction, or initiation of steps leading to possible rank reduction or termination of employment; or research.
 - g. Training in the responsible conduct of research.
 - h. Restitution of funds to the grant or agency as appropriate.
 - i. Notification of law enforcement agencies to prevent such incident in the future.
 - j. Other action appropriate to remedy the research misconduct.

16. Record of investigations:

Identified summaries of decisions based on investigations of research misconduct will be prepared periodically by the ORICS.



12. References/Resources consulted:

1. Policy on Research Misconduct by AKU (Approved on 19.10.2023)
2. The University of Western Ontario: Procedures for Addressing Breach Allegations (May 10, 2023).
https://uwo.ca/univsec//pdf/policies_procedures/section7/mapp70_procedures.pdf
3. The University of Saskatchewan. Responsible Conduct of Research Policy (accessed May 10, 2023).
<https://policies.usask.ca/policies/research-and-scholarly-activities/responsible-conduct-of-research-policy.php>
4. Stanford University - Research Misconduct: Policy on Allegations, Investigations, and Reporting (accessed May 10, 2023).
<https://doresearch.stanford.edu/policies/research-policy-handbook/conduct-research/research-misconduct-policy-allegations-investigations-and-reporting>
5. The University of Arizona: Procedures for Responding to Allegations of Research Misconduct.
<https://policy.arizona.edu/ethics-and-conduct/responding-allegations-research-misconduct>
6. Kenyatta University (2015). Intellectual Property Rights Policy (accessed November 08, 2023).
https://www.ku.ac.ke/ipru/wp-content/uploads/2015/05/IPR_Policy.pdf
7. Muhimbili University of Health and Allied Sciences (June2020). Intellectual Property Policy and Guidelines. Dar es Salaam, Tanzania (accessed November 08, 2023)
<https://www.muhas.ac.tz/wp-content/uploads/2024/03/1594734727-Institutionla-Property-Rights-Policy.pdf>
8. La Trobe University: The Research Misconduct Procedure (accessed November 8, 2023)
<https://policies.latrobe.edu.au/document/view.php?id=110>
9. Higher Education Commission of Pakistan. The Little Book of Plagiarism: what it is and how to avoid (accessed May 10, 2023).
<https://www.hec.gov.pk/english/services/faculty/Documents/Plagiarism/Little%20Book%20of%20Plagiarism.pdf>
10. NIH Office of Intramural Research. A Guide to the Handling of Research Misconduct Allegation (accessed July 17, 2023).
https://oir.nih.gov/system/files/media/file/2021-08/guide-handling_research_misconduct_allegations.pdf



11. NIH Office of Intramural Research. Investigation of Allegations of Research Misconduct (accessed October 10, 2023).
<https://oir.nih.gov/sourcebook/ethical-conduct/research-ethics/nih-policies/investigation-allegations-research-misconduct>
12. Department of Health and Human Services. Public Health Service Policies on Research Misconduct; Proposed Rule, 42 CFRP arts 50 and 93, Federal Register, 88:69583, October 6, 2023.
<https://www.govinfo.gov/content/pkg/FR-2023-10-06/pdf/2023-21746.pdf>
13. Loikith, L., Bauchwitz, R. The Essential Need for Research Misconduct Allegation Audits. SciEng Ethics 22, 1027-1049 (2016).
<https://doi.org/10.1007/s11948-016-9798-6>
14. Were, E., Kiplagat, J., Kaguiri, E., et al. Institutional capacity to prevent and manage research misconduct: perspectives from Kenyan research regulators. Res Integr Peer Rev 8, 8 (2023).
<https://doi.org/10.1186/s41073-023-00132-6>

13. Flowchart

Procedure for Addressing Allegations of Research Misconduct

