International Agency for Research on Cancer

World Health Organization

IARC POLICY ON SCIENTIFIC MISCONDUCT

May 2017

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 the International Agency for Research on Cancer (IARC) is captured by IARC Code of Good Scientific Practice.

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". 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 May 2017, and by the IARC Postdoctoral Fellowship Charter on terms and conditions of students, postdocs/fellows and visiting scientists. Additional guidance on responsible research is provided in the WHO Procedures for dealing with allegations of misconduct in research and WHO Code of conduct for responsible research.

Applicability

The policy envisions potential allegations emanating from within and from outside the Agency. It applies to all persons who conduct research at the Agency regardless of funding source, including:

- any present or past IARC staff member;
- any researcher involved with IARC-sponsored research;
- paid and unpaid consultants and those benefiting from short-term contracts and other contractual arrangements (for instance, Agreements for Performance of Work) in respect of IARC-sponsored research; and
- Early Career and Visiting Scientists (ECVS), interns or volunteers, whether paid or non-paid, who participated in any aspect of IARC-sponsored research.

Definitions

Scientific misconduct comprises any practice that seriously deviates from those standards of good scientific conduct that are commonly accepted within the academic and scientific communities for proposing, conducting or reviewing research or for reporting research results. Scientific misconduct does not include honest error or honest differences in interpretations or judgements of data. It specifically encompasses the following, among others:

- Falsification: the manipulating of research, materials, equipment, or processes, or changing or omitting data or results such that the research is not accurately represented in the research record;
- Piracy: the deliberate exploitation of ideas from others without permission;
- Plagiarism: the appropriation of another person's ideas, processes, results, or words without giving permission or appropriate credit to individuals/organizations, including those obtained through confidential review of others' research proposals and manuscripts;
- Fraud: the making up of results and of recording or reporting them;
- Conducting research in a manner which contravenes the terms of approval granted by IARC or by other relevant bodies and accepted by IARC as governing the conduct of the research in question;
- Conducting research for which IARC requires there to be prior approvals (for instance from national authorities) whilst having failed to secure those approvals;
- Failure to adhere to accepted ethical principles for the conduct of research, in particular the WMA Declaration of Helsinki – Ethical Principles for Medical Research Involving Human Subjects;
- Failure to follow accepted procedures or exercise due care for avoiding unreasonable risk of harm to humans or the environment;
- Mismanagement or inadequate preservation of data and/or primary materials;
- Failure to declare conflicts of interest;
- Misrepresentation of interest, qualifications, and experience;
- Failure to protect or the inappropriate use or disclosure of confidential or proprietary information, or the misuse of intellectual property; and
- Improper dealing with allegations of misconduct.

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 IARC Director (DIR), Director of Administration and Finance (DAF) and the Senior Leadership Team (SLT) and are shared with any funding organization that requires reports on misconduct.

Any staff member who, in good faith, reports suspected misconduct by another staff member will be protected from retaliation in accordance with the WHO policy on whistleblowing and protection against retaliation. 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.

Confidentiality

Since an allegation of scientific misconduct is a serious and potentially defamatory action, all allegations shall be treated seriously and fairly, and their merit investigated with integrity and with sensitivity. The investigation shall be conducted on the basis of confidentiality to the strictest 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.

Investigating the scientific misconduct allegation

The Director will nominate a staff member with appropriate seniority and expertise and free from any real or apparent conflict of interest, to act as a Scientific Integrity Officer (SIO) for a period of 2 years. The SIO will be the focal point of any scientific misconduct investigation and will be in charge of reminding the importance of confidentiality to all involved.

Initiating the investigation

The SIO will follow up all allegations received in written form which contain supporting information or evidence about the alleged scientific misconduct. Within 15 days of receiving an allegation, s/he will notify the allegation of misconduct to the respondent as well as to DIR and DAF, and the investigation that will be initiated. The notification will include:

1. the specific allegation;
2. the rights and responsibilities of the respondent;
3. a description of the inquiry process; and
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 on further information requested of the respondent, a decision is taken on whether the allegation appears adequately supported by the evidence and whether a full investigation of possible scientific misconduct is warranted. In case the information is judged unfounded, 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, proposing one of the two following courses of action:

(i) If the decision is to close the investigation, the SIO will inform in writing the whistleblower and the respondent of the conclusion of the preliminary inquiry. The file, including the comments of the IEC Chair, will be 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.

(ii) If the decision is to proceed to a full investigation, a four member *ad hoc* Scientific Conduct Team (SCT) shall be convened and the procedure outlined below should be followed.

Investigating the allegation

Within a maximum of 60 days after the initial allegation, the SIO will convene a SCT consisting of:

- in-house IARC experts and at least two non-IARC external experts with appropriate expertise and seniority; and
- the SIO, who must ensure that the necessary scientific expertise is represented on the SCT and who will serve both as a facilitator of the meetings and a liaison officer.

Every member of the SCT including the SIO will be required to fill in an IARC/WHO Declaration of Interests before serving on the team. For the fair treatment of the allegation, it is essential that the SCT members are free of potential conflicts of interest affecting their objectivity and independence in investigating the allegation. 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 both 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 standard of proof required by IARC shall be that of the *in dubio pro reo*, demanding that the SCT starts its investigation with a presumption of innocence, and that a finding of misconduct be based on evidence beyond any reasonable doubt.

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 supporting the allegation, including laboratory notebooks, computer records, and relevant correspondence.

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 and name of the rapporteur;
2. identification of the respondent or respondents;
3. description of the allegation or allegations;
4. details of the procedure including minutes;
5. details of the evidence reviewed including the minutes of the interviews;

6. the final decision and the key evidence supporting it;
7. identification of any external stakeholder, such as funding agencies or scientific journals;
8. any recommendations for communication of the results and follow-up; and
9. in case of an intentional scientific misconduct, any recommendations for potential disciplinary measure such as retraction of papers (see Potential Disciplinary Measures below).

The respondent and the whistleblower will be given the opportunity to review the draft report for 15 days and to 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. 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 WHO eManual Section III.11, with due consultation with the WHO/HQ 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.

Appeals process/restoration of reputation

Within 30 days after the receipt of the final report, the respondent has the right to appeal the conclusion of the SCT. 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 defense 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 defense 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.