Icon for Child and Adult Nurturing (I-CAN) Enterprise

POLICY ON RESEARCH MISCONDUCT

ICAN
Icon for Child and Adult Nurturing

At ICAN every member is expected to conduct research in accordance with the highest acceptable ethical standards practiced all over the world. ICAN sanctions zero tolerance for research misconduct in any aspect of research, and demands prompt investigation, resolution, and penalization for all such allegations under HEC Pakistan Policy on Research

Ethics and International Research Ethical Guidelines

DEFINITIONS:

Research misconduct is defined as fabrication, falsification, plagiarism in proposing,

performing, or reviewing research, or in reporting research results. It does not include honest error or honest differences of opinion. Research Misconduct is said to have occurred if:

1. there is a significant deviation from the existing ethical practices of research

2. the misconduct be committed intentionally, knowingly, or by negligence

3. the allegation be verified and proven by preponderance of the evidence provided.

4. Fabrications making up data or results and recording or reporting them.

5. Falsifications manipulating research materials, equipment, or processes, or changing or omitting data or results such that the credit of authorship or impact of research is not accurately represented in the research record.

6. Plagiarisms the appropriation of another person's ideas, processes, results, or words without giving appropriate credit.

7. Allegation means a disclosure of possible Research Misconduct through any means of communication. The disclosure may be by written, electronic, or oral statement or any other modes of communication made in confidentiality or publically.

8. Breach of Confidentiality means any deviation from non-disclosure / confidentiality agreement between the Journal and the person (Author/Reviewer/Editorial member, Publisher, IT manager etc.) in relation to the research record submitted.

9. Research Record means the record of data or results that embody the facts resulting from a research, including, but not limited to, research proposals, laboratory records, both physical and electronic, progress reports, abstracts, theses, oral presentations, internal reports, journal articles, and any documents and materials provided in the course of submission of manuscript or during an enquiry.

10. Impact of the Research Misconduct involves (but not limited to):

• The degree to which the misconduct was knowing, intentional, or because of negligence

• Whether the misconduct was an isolated event or part of an arrangement

• If the misconduct had a significant impact on the research record7, research subjects, researchers, institution(s), or the public welfare.

• If there is an immediate public safety or health risk involved, including an immediate need to protect human or animal subjects.

• If there is a need to suspend research activities by the delinquent person or a group

• If there is a need for reporting to and asking for an action by the other stakeholder organizations e.g. funding agencies, scientific councils/associations/commissions, employers, and/or research monitoring agencies etc.

SOPS FOR HANDLING RESEARCH MISCONDUCT

1. Any application relating to disclosure of Research Misconduct shall be submitted to the Chief Executive Officer (CEO). Mode of complaint submission must be written or a statement through electronic media.

2. If desired, the name of the complainant may remain confidential, in good faith, to the extent possible and allowed by law.

3. CEO after receipt of application and deliberation with the complainant determines whether or not this allegations falls absolutely under Research Misconduct and warrants further enquiry.

4. CEO shall be responsible for pursuit of such allegation while probing the matter for identification of the delinquent subject(s) through research record(s)7 or any other evidence provided.

5. Each allegation shall be handled according to organisations policy.

6. During Enquiry, maintenance of custody and appropriate compilation of the research record(for further presentation) shall be managed by a designated member of Board of trustees.

7. After thorough deliberation, board members team shall decide that:

• the allegation of misconduct cannot be substantiated and hence dismissed whereby no OR further action is required against the complainant for misleading the Board and submitting false allegation

8. OR

• the allegation is corroborated and requires a further course of action according to Guidelines while taking into account the seriousness/impact of the misconduct.

9. Final Investigatory Report with its recommendations shall be submitted by CEO to the board of trustees. The final Investigatory Report shall include the following information:

• The name(s) and position(s) of the Complainant(s), if not confidential

• A description of nature of each Allegation of Research Misconduct

• A summary of the steps taken during the Enquiry

• Identification and summary of the research records and evidence reviewed and taken into custody

• 7A summary of the results of the Enquiry considering the merits of any reasonable explanation by the respondent(s)

• A final recommendation as to whether the allegations were made in good faith and/or punishment is warranted based on the impact of research misconduct.

• Any significant written comments or statements made and signed by the Respondent(s)

or Complainant(s)

10. Upon receipt of the Investigatory Report, board Member shall propose to take punitive

action against the offender, if the offense is proved, that may include but not limited to:

- A reprimand in the name of the offender(s) –
- Official recommendation that a disciplinary action against the offender may be taken by the Institute and/or Organization as per its policy and its report may be shared with trustees.
- The offender will be asked to write a formal letter of apology breaching the copyright and/or non-disclosure agreement
- Prosecution by a Tribunal court if infringement of intellectual property rights has occurred.
- Any further action as suggested by HEC Plagiarism Policy may be adopted.
- Right to Appeal: The affected person(s) will have the right to appeal to the CEO and trustees for a review of the findings or may submit a mercy petition within 30 days from the date of final notification. Such appeals / petitions will be disposed-off within 60 days of receipt by the Disciplinary Committee of the institute as per the laid down regulations regarding such appeals.