15.99.03.W1

Research Misconduct

Approved May 9, 2014
Revised December 12, 2025
Next Scheduled Review December 12, 2030
Supplements System Regulation 15.99.03



Rule Summary

The credibility of academic research depends on the integrity with which it is designed, conducted, documented, and communicated. All members of the institutional community at West Texas A&M University (WTAMU), including students, staff, faculty, and administrators share the responsibility for developing and maintaining ethical standards of research and detecting abuse of these standards.

Rule

1. General

- 1.1. This rule applies to all WTAMU faculty, staff, students, and visiting scholars.
- 1.2. WTAMU will utilize the review procedures for allegations of research misconduct described in The Texas A&M University System (System) Regulation 15.99.03.
 - 1.2.1. This includes review processes, applicable timelines, proceedings, and notifications.
- 1.3. All WTAMU faculty, staff, students, and visiting scholars, ators are required to cooperate with research misconduct reviews and proceedings, as appropriate.

2. Roles and Responsibilities

- 2.1. Deciding Official (DO)
 - 2.1.1. The DO is appointed by the University President/CEO. The WTAMU President/CEO designates the Vice President of Ethics, Risk, Research and Compliance as the DO.
 - 2.1.2. The duties of the DO are outlined in System Regulation 15.99.03.
 - 2.1.3. The WTAMU DO is the person responsible for ensuring confidentiality of research misconduct allegations and/or proceedings.
 - 2.1.3.1. Implementation and management of confidentiality processes can be delegated to the Research Integrity Officer (RIO).

- 2.1.4. Only the DO may authorize the sharing of information regarding research misconduct allegations and/or proceedings to individuals who have a need to know.
 - 2.1.4.1. Information shared is limited to only necessary information.
 - 2.1.4.2. Information must only be shared with individuals specifically identified by the DO as having a need to know.
 - 2.1.4.3. Anticipated individuals or committees with a need to know include:
 - The President/CEO
 - The Provost
 - Affected college dean(s)
 - Sponsored research
 - University compliance committees
 - Journals, editors, publishers, and co-authors
 - Other collaborating institutions
- 2.2. Research Integrity Officer (RIO)
 - 2.2.1. The RIO is appointed by the DO. The Assistant Vice President for Ethics, Risk, Research and Compliance is assigned the role of RIO.
 - 2.2.2. The duties of the RIO are outlined in System Regulation 15.99.03.
- 2.3. Institutional Certifying Official (ICO)
 - 2.3.1. The Assistant Vice President for Ethics, Risk, Research and Compliance is assigned the role of ICO.
 - 2.3.2. The duties of the ICO are outlined in System Regulation 15.99.03.
- 3. Allegations of Misconduct
 - 3.1. Allegations of research misconduct can be reported to an Institutional Official.
 - 3.2. Allegations should be submitted in writing, but can be reported via any form of communication.
 - 3.3. Upon receipt of an allegation, the RIO will brief the DO and initiate this rule and the governing System Regulation 15.99.03.
- 4. Assessments, Inquiries, and Investigations
 - 4.1. All assessments, inquiries, and investigations are conducted as prescribed in System Regulation 15.99.03.
 - 4.2. An assessment, based upon a sufficiently credible and specific allegation, will be initiated by the RIO, and is conducted by the RIO.
 - 4.2.1. The assessment must determine if the allegation falls within the definition of research misconduct; if the allegation is sufficiently credible and specific so that potential evidence may be identified; and identify any and all associated sources of funding.
 - 4.2.2. Assessments must document one of two possible outcomes:
 - 4.2.2.1. An inquiry must be conducted.
 - 4.2.2.2. An inquiry is unwarranted.

- 4.3. An inquiry is conducted as an initial review of the evidence to determine if a full investigation is necessary.
 - 4.3.1. Inquiries must be completed within 90 days of initiation unless the RIO identifies specific circumstances requiring additional time.
 - 4.3.2. The RIO, under the direction of the DO, must make a good faith effort to provide written notification of the inquiry to the respondent(s) prior to initiation of the inquiry.
 - 4.3.2.1. That communication must include a copy of the current WTAMU Rule 15.99.03.W1 and a copy of the current System Regulation 15.99.03.
 - 4.3.2.2. If additional allegations are raised, or if changes to the allegations are made, the RIO must notify the respondent(s) of the additions or changes.
 - 4.3.3. Inquiries are conducted by a committee appointed by the DO.
 - 4.3.3.1. The committee must consist of at least three individuals.
 - 4.3.3.2. Inquiry committees must include at least one member with appropriate scientific knowledge relevant to the allegation.
 - 4.3.4. If the inquiry committee determines, through the preponderance of evidence, that the allegation falls within the definition of research misconduct and the allegation may have substance, then the committee must move the allegation to a formal investigation.
 - 4.3.5. The RIO must provide the DO a written inquiry report.
 - 4.3.6. The RIO must notify the respondent of the findings of the inquiry, the written inquiry report, and any applicable citations to federal regulations.
- 4.4. Investigations must begin within 30 days after determining an investigation is warranted.
 - 4.4.1. Investigations are conducted in accordance with System Regulation 15.99.03 and in a manner that ensures fairness and protects the rights of all parties to the greatest extent possible.
 - 4.4.2. Investigations are conducted by a committee appointed by the DO.
 - 4.4.2.1. The committee must consist of at least three individuals.
 - 4.4.2.2. The committee must include multiple people with appropriate scientific expertise relevant to the allegation.
 - 4.4.2.3. The RIO serves as the committee chair unless the RIO is unavailable or has an unresolved conflict.
 - 4.4.2.4. Committee membership may include individuals who serve on the inquiry committee.
 - 4.4.3. System Office of General Counsel (OGC) and System Chief Research Compliance Office (CRCO) must be notified of the investigation prior to initiation of the investigation.

- 4.4.4. The respondent must be notified, in writing, of the allegations, and additional allegations that have arisen since the conclusion of the inquiry.
- 4.4.5. Investigations must conclude within 180 days unless the RIO identifies a specific circumstance requiring additional time and the DO agrees with the need for additional time.
- 4.4.6. The RIO must provide a written report per Section 5.7 of System Regulation 15.99.03.
- 4.4.7. The DO then provides a final determination on whether or not finding of research misconduct was substantiated.
 - 4.4.7.1. The decision must be made in writing and in accordance with Section 6 of System Regulation 15.99.03.

5. Final Actions

- 5.1. The DO will work with applicable university departments to address appropriate institutional actions as identified during the investigation process.
 - 5.1.1. This may include personnel actions, health and safety restrictions, notifications to appropriate regulatory bodies, referrals for additional compliance committee review, etc. In all cases, such actions will follow established university rules and procedures.

6. Vacancies

- 6.1. If an individual holding key roles identified in this rule leaves the university or identifies an unresolvable conflict, the university must take immediate action to replace that individual with another person capable of fulfilling the role.
- 6.2. Key roles include:
 - DO
 - RIO
 - ICO
 - Committee members
- 6.3. If the vacancy takes place during an active assessment, inquiry, or investigation, the review must be paused until a replacement is identified and the replacement member is provided an opportunity to review the applicable material.
- 6.4. Any vacancies should be resolved within 10 business days.
- 6.5. If the university does not identify individuals with sufficient scientific expertise relevant to the allegation to meet the required committee obligations, then WTAMU may contact CRCO to assist by identifying potential committee members throughout the university system. Doing so does not alter any of the responsibilities identified in this rule.

| Related Statutes, Policies, or Requirements | | |
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| 42 CFR, Part 50 42 CFR, Part 93 System Regulation 15.99.03, Research Misconduct | | |
| Definitions | | |
| See "Definitions" in <u>System Regulation 15.99.03</u> , Resea | rch Misconduct | |
| Revision History | | |
| Approved May 9, 2014 Revised May 9, 2018 Revised December 12, 2025 | | |
| Contact Office | | |
| WTAMU Ethics, Risk, Research and Compliance (806) 651-2740 | | |
| Approval Office | | |
| Office of the President (806) 651-2100 | | |
| Approval Signature | | |
| President/CEO | 11.11.25 Date | |

Page 5 of 6

15.99.03.W1 Research Misconduct

| System Approvals* | |
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| Approved for Legal Sufficiency: R. Brooks Moore General Counsel | 12/04/2025 Date |
| Approved: Head Hogan Glenn Hegar Chancellor | 12/12/25 Date |

^{*}System approvals are contingent upon incorporation of any and all System-required changes in the rule's final posting.