

Policy and Procedures for Handling Allegations of Research Misconduct	
Department: Research Compliance	Domain: Research
Approver: Bob Damiano, VP of Compliance, Audit, & Business Integrity	Contact Person: MGB Chief Research Compliance Officer
Policy Type: <input checked="" type="checkbox"/> Mass General Brigham System-wide Policy <input type="checkbox"/> Mass General Brigham System-wide Policy Template <input type="checkbox"/> Mass General Brigham System-wide Guideline <input type="checkbox"/> Mass General Brigham System-wide Procedure <input type="checkbox"/> Mass General Brigham System-wide Standards	
Applies to: All Mass General Brigham, formerly Partners HealthCare, Entities Employees, and Agents who are involved in the performance, oversight, and administration of research	
Current Version Effective Date: 1/1/2026	Next Review Date: 1/1/2029
Applies To All Mass General Brigham Affiliates including:	
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KEYWORDS

Research misconduct, scientific misconduct, allegation, fabrication, falsification, plagiarism, research integrity officer, respondent, complainant

PURPOSE

This document sets forth the policy and procedures of Mass General Brigham, formerly Partners HealthCare, for responding to allegations of research misconduct. Mass General Brigham is committed to preserving the integrity of research, fostering a research environment that promotes research integrity and the responsible conduct of research and encourages appropriate behavior, ensuring compliance with regulatory requirements, and maintaining the confidence of our employees, patients, research subjects, and peer institutions.

Accordingly, this document sets forth Mass General Brigham’s policy for responding to allegations of misconduct in research and establishes the protocols for reporting, reviewing, and investigating such allegations.

Mass General Brigham will maintain this Policy, inform all Mass General Brigham personnel about this Policy, follow this Policy when responding to allegations of research misconduct, and make this Policy publicly available.

DEFINITIONS

Accepted practices of the relevant research community means commonly accepted professional codes or norms within the overarching community of researchers and institutions, and for research with PHS Support, includes those practices established by the PHS Regulations and by PHS funding components.

Allegation means a disclosure of possible research misconduct through any means of communication, and brought directly to the attention of an institutional or HHS official.

Assessment means a consideration of whether an allegation appears to fall within the definition of research misconduct, is sufficiently credible and specific so that potential evidence of research misconduct may be identified, and, where applicable, appears to involve PHS Support.

Complainant means a person or group of persons who in good faith makes an allegation of research misconduct.

Deciding Official means the president/CEO of Mass General Brigham or the relevant Mass General Brigham affiliate, or their designee, who shall make the final determination regarding allegations of research misconduct and any Mass General Brigham action to be taken in response thereto. The Deciding Official shall not be the same individual as the Research Integrity Officer.

Fabrication means making up data or results and recording or reporting them.

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.

Intentionally means to act with the aim of carrying out the act.

Knowingly means to act with awareness of the act.

PHS Support means Public Health Service (“PHS”) funding, or applications or proposals for PHS funding, for biomedical or behavioral research, biomedical or behavioral research training, or activities related to that research or training, that may be provided through: funding for PHS intramural research; PHS grants, cooperative agreements, or contracts; subawards, contracts, or subcontracts under those PHS funding instruments; or salary or other payments under PHS grants, cooperative agreements, or contracts.

PHS Regulations means the PHS Policies on Research Misconduct at 42 C.F.R. Part 93.

Preponderance of the evidence means proof by evidence that, compared with evidence opposing it, leads to the conclusion that the fact at issue is more likely true than not.

Plagiarism means the appropriation of another person’s ideas, processes, results, or words without giving appropriate credit.

- Plagiarism includes the unattributed verbatim copying of sentences and paragraphs from another’s work that materially misleads the reader regarding the contributions of the author. It does not include the limited use of identical or nearly identical phrases that describe a commonly used methodology.
- Plagiarism does not include self-plagiarism or authorship or credit disputes, including disputes among former collaborators who participated jointly in the development or conduct of a research project. Self-plagiarism and authorship disputes do not meet the definition of research misconduct.

Recklessly means to propose, perform, or review research, or report research results, with indifference to a known risk of fabrication, falsification, or plagiarism.

Research Integrity Officer means the official designated by the President/CEO of Mass General Brigham, or the relevant Mass General Brigham affiliate, responsible for assessing allegations of research misconduct, determining when such allegations warrant inquiries, conducting inquiries and investigations or staffing any committees constituted to undertake inquiries and investigations, and overseeing inquiries and investigations.

Research misconduct means fabrication, falsification, or plagiarism in proposing, performing, or reviewing research, or in reporting research results. It does not include honest error or difference of opinion.

Respondent means a person or group of persons against whom an allegation of research misconduct is directed or who is the subject of a research misconduct proceeding.

Retaliation means an adverse action taken against a Complainant, witness, or committee member by an institution or one of its members in response to (a) a good faith allegation of research misconduct or (b) good faith cooperation with a research misconduct proceeding.

PROCEDURE

1. Scope

This Policy applies to all individuals who are engaged in research at Mass General Brigham, or who are otherwise, in their Mass General Brigham capacity, involved in [or perceived to be involved] in research. This Policy does not apply to authorship or collaboration disputes except to the extent such disputes involve an allegation of fabrication, falsification, and/or plagiarism.

2. Obligation to Report an Allegation of Research Misconduct

All members of the Mass General Brigham community have an obligation to report allegations of research misconduct to the appropriate hospital Research Integrity Officer (RIO) unless the allegation is clearly frivolous. Allegations should be as specific as possible. Ideally, they should be substantiated with documented observations, documents of facts, and/or any other form of proof from which the RIO can begin a formal review. The Complainant should not discuss the allegation with other members of the hospital or Mass General Brigham research community prior to discussion with the RIO. The RIO is available to discuss any circumstances that may raise issues regarding the integrity of a research project.

3. Review of Allegations

The RIO shall review all allegations brought directly to their attention to determine the veracity of the allegation. Allegations may be submitted to the RIO by any means of communication. The RIO shall oversee the internal review process and on occasion may delegate review tasks to a member of their staff including but not limited to the Offices of Research Compliance and Research Operations.

If an allegation pertains to an individual who is affiliated with multiple Mass General Brigham entities, the RIO of the entity at which the research in question was conducted shall be primarily responsible for overseeing the internal review process. They may consult with the RIO of other Mass General Brigham affiliates as appropriate.

Allegations of research misconduct can vary significantly due to the nature of the misconduct alleged, the severity of the allegations, disputes over facts related to the allegation, and other factors. Due to these potential variations, this policy allows for flexibility, where possible, so that each allegation of research misconduct can be resolved equitably.

4. Time Limitations

The RIO may dismiss an allegation brought more than six (6) years after the alleged misconduct occurred. The six-year limitation does not apply when the research in question involves funding from the Public Health Service and either:

(a) the Respondent continues or renews any incident of alleged research misconduct that occurred before the six-year limitation through the use of, republication of, or citation to the portion(s) of the research record alleged to have been fabricated, falsified, or plagiarized, for the potential benefit of the Respondent (“subsequent use exception”); or (b) the Office for Research Integrity (ORI) or a Mass General Brigham institution, following consultation with ORI, determines that the alleged misconduct, if it occurred, would possibly have a substantial adverse effect on the health or safety of the public.

In the case of (a), the six-year limitation period would begin at the time of the last citation, republication, or other use for the potential benefit of the Respondent. For alleged research misconduct that appears subject to the subsequent use exception, but the RIO determines is not subject to the exception, the RIO will document their determination that the subsequent use exception does not apply.

5. Finding of Research Misconduct; Standard of Proof

A finding of research misconduct under this policy requires that (a) there be a significant departure from accepted practices of the relevant research community; (b) the misconduct be committed intentionally, knowingly, or recklessly; and (c) the allegation be proven by a preponderance of the evidence. The Respondent has the burden of proving, by a preponderance of the evidence, any and all affirmative defenses raised (such as honest error or differences of scientific opinion).

The Respondent’s destruction of research records documenting the questioned research is evidence of research misconduct where Mass General Brigham establishes by a preponderance of the evidence that the Respondent intentionally or knowingly destroyed the records after being informed of the research misconduct allegations. The Respondent’s failure to provide research records documenting the questioned research is evidence of research misconduct where the Respondent claims to possess the records but refuses to provide them upon request.

6. Protections for Individuals Involved with the Allegation: Retaliation

Consistent with the Mass General Brigham Non-Retaliation Policy, Mass General Brigham protects those who in good faith report concerns or allegations under this Policy. It is against the Mass General Brigham Policy for Mass General Brigham individuals to retaliate against any other individual who in good faith reports concerns under this Policy and cooperates in research misconduct proceedings. Reporting an issue or concern in good faith under this Policy and cooperating in research misconduct proceedings will not reflect negatively on the employee or affect their employment. The RIO shall make reasonable and practical efforts to protect the positions and reputations of Complainants, witnesses, and members of Inquiry and/or Investigation Committees and to protect these individuals from retaliation by Respondents and/or other Mass General Brigham personnel. The RIO shall also make reasonable and practical efforts, if requested and as appropriate, to protect or restore the reputation of persons alleged to have engaged in research misconduct but against whom no finding of research misconduct is made. Any concerns about retaliation should be directed to the RIO who will review all instances of alleged retaliation for appropriate action.

7. Cooperation with Research Misconduct Proceedings

Institutional members will cooperate with the RIO and other institutional officials in the review of allegations and the conduct of inquiries and investigations. Institutional members, including Respondents, have an obligation to provide evidence to research misconduct allegations to the RIO or other institutional officials.

8. Confidentiality; Anonymity

All individuals involved in research misconduct proceedings, including the Respondent, Complainant, witnesses, and panel members, are responsible for maintaining confidentiality.

Disclosure of the identity of Respondents, Complainants, and witnesses while conducting the research misconduct proceedings is limited, to the extent possible, to those who need to know, as determined by Mass General Brigham, consistent with a thorough, competent, objective, and fair research misconduct proceeding, and as allowed by law. This limitation no longer applies once Mass General Brigham has made a final determination of research misconduct findings. Those who “need to know” may include, but are not limited to: institutional review boards, journals, editors, publishers, co-authors, collaborating institutions, the Office of Research Integrity (“ORI”) where the research involves PHS Support.

Except as may otherwise be prescribed by applicable law, confidentiality must also be maintained for any records or evidence from which research subjects might be identified and disclosure of such information is similarly limited to those who need to know to carry out a research misconduct proceeding.

Mass General Brigham may manage published data (for example, correcting the published research record) or otherwise acknowledge that data may be unreliable without violating the confidentiality requirement for research misconduct proceedings.

Any concerns about breaches of confidentiality should be directed to the RIO who will review all concerns for appropriate action.

If a Complainant requests anonymity, the RIO will make reasonable and practical efforts to honor that request, where appropriate. Anonymity may not be possible.

9. Conflicts of Interest

Individuals involved in a research misconduct proceeding shall have an opportunity to raise concerns regarding personal, professional, or financial conflict of interest that they may have with the Complainant, the Respondent, any witness, or any individual responsible for carrying out any part of a research misconduct proceeding. Any concerns regarding such conflicts should be addressed by the RIO. If the concern relates to a conflict with the RIO, such concern will be addressed by the Deciding Official.

10. Safety Concerns

Any relevant institutional, state or federal agency (as appropriate) should be notified if, during the course of a research misconduct proceeding, any concerns are raised pertaining to the health or safety of the public (including an immediate need to protect human or animal research subjects), there is reason to believe that research activities should be suspended, there is reasonable indication of violation of any law, or any other concern that warrants such notification. If the research implicated in the research misconduct proceeding involves funding from the Public Health Service, there are special notification requirements when exigent circumstances arise (see Procedures, Section 5.a.ii.)

Overview of the Procedures for Addressing Allegations

1. Assessment

Upon receiving an allegation of research misconduct, the RIO together with their designee, at the RIO’s discretion, shall promptly conduct an assessment to determine whether an inquiry is warranted. An inquiry is warranted if an allegation: (1) falls within the definition of research misconduct; and (2) is sufficiently credible and specific so that potential evidence of research misconduct may be identified.

The RIO is not required to conduct an exhaustive review of the evidence or conduct any interviews.

[If the RIO determines there is a need to consult with the Respondent in order to conduct the assessment, the relevant research records should be preserved in accordance with Section 2 and the Respondent should be notified of the allegations in accordance with Section 3. If the RIO can conduct the preliminary assessment without consulting with the Respondent, the RIO does not necessarily need to preserve the research record or notify the Respondent of the allegation.]

The review by the RIO will include an analysis to determine whether the implicated research involves PHS Support and whether each allegation received would require review given the six (6) year time limitation and applicable exceptions.

The RIO will document the assessment, whether or not a determination is made that an inquiry is warranted. If a determination is made that an inquiry is warranted, Mass General Brigham will sequester all research records and other evidence in accordance Section 2, notify the Respondent in accordance with Section 3 and promptly conduct further institutional review pursuant to Section 5.

2. Sequestration and Preservation of Relevant Research Records and Other Evidence

Before or at the time of notifying the Respondent of the allegation and whenever additional items become known or relevant to the proceeding, the RIO, or their designee, shall take all reasonable and practical steps to obtain all relevant research records and other evidence needed to conduct the research misconduct proceeding, sequester them securely, and inventory the sequestered materials. As noted in Section 1, the RIO is not required to preserve the relevant research records during an assessment if they can conduct the preliminary assessment without consulting with the Respondent.

The sequestered materials may include copies of the data or other evidence if they are substantially equivalent in evidentiary value. Where records or evidence are located on or encompass scientific instruments shared by multiple users, sequestration may be limited to copies of the data or evidence on the instruments, if copies are substantially equivalent to the evidentiary value of the instrument itself.

Where appropriate, Mass General Brigham shall give the Respondent copies of, or reasonable supervised access to, the sequestered research records.

3. Notice of Allegation to Respondent

At the time of or before beginning an inquiry (and during the assessment, if appropriate), the RIO shall make a good faith effort to inform the Respondent in writing of the allegations that will be subject to inquiry. As noted in Section 1, the RIO is not required to notify the Respondent of the allegations during a preliminary assessment if the RIO can conduct the preliminary assessment without consulting with the Respondent.

4. Coordination with Other Academic Institutions

If the allegation warrants further institutional review (as outlined in Section 1), and if the Respondent had an appointment at Harvard Medical School (HMS) at the time of the alleged research misconduct, the RIO, or their designee, shall coordinate further institutional review with HMS. The RIO may wish to delegate significant oversight or other administrative responsibilities to HMS. In such cases, the review shall be conducted as a joint review on behalf of Mass General Brigham, or the Mass General Brigham affiliate, and HMS. The final adjudication of the matter rests jointly with the Deciding Officials of HMS and the Mass General Brigham affiliate. If the Respondent has an appointment at an academic institution other than HMS or another Harvard faculty, the review may proceed in a comparable manner.

5. Further Institutional Review

As determined by the RIO, the nature of the further institutional review depends on the funding source of the research in question. Certain additional regulatory procedural requirements are required if the research involves PHS Support (see Subsection (a)), and there may be additional procedural requirements imposed by a federal sponsor other than the PHS. Where appropriate, changes to these procedures may be implemented to ensure compliance with any requirements imposed by the federal funding entity.

The RIO shall conduct further review to determine whether the Respondent committed research misconduct. The requirements for making such a determination are set forth above in Policy, Section 5. As further described below, the RIO may create a panel of one or more individuals to review the allegation and evidence, and to report its findings and recommendations to the RIO. Throughout the review, the RIO, or their designee, is responsible for ensuring that the Respondent has an opportunity to present their case, including being interviewed if desired, and an opportunity to review and comment on any reports generated by the RIO or any panel before they are finalized.

The RIO shall relay the findings to the Deciding Official, who will make a final determination as to whether research misconduct did or did not occur, and what sanctions or other actions are appropriate. In the event the investigation results in a finding that research misconduct occurred, but that there was not a preponderance of the evidence that an identifiable Respondent committed the research misconduct, the Deciding Official may still determine that sanctions (e.g., notification to the applicable journal) are appropriate. Sanctions will be addressed and adjudicated within applicable disciplinary policies and procedures of Mass General Brigham and/ or the relevant Mass General Brigham affiliate.

a. Research involving Public Health Service funding

i. **Additional Definitions Applicable to Research Involving PHS Support**

Institutional record comprises: (i) the records that Mass General Brigham compiled or generated during the research misconduct proceeding, except records the institution did not consider or rely on, including, but not limited to, (1) documentation of the assessment, (2) if an inquiry is conducted, the inquiry report and all records (other than drafts of the report) considered or relied on during the inquiry, including, but not limited to, research records and the transcripts of any transcribed interviews conducted during the inquiry, information the Respondent provided to the institution, and the documentation of any decision not to investigate, (3) if an investigation is conducted, the investigation report and all records (other than drafts of the report) considered or relied on during the investigation, including, but not limited to, research records, the transcripts of each interview conducted, and information the Respondent provided to the institution, and (4) decision(s) by the Deciding Official, such as the written decision from the Deciding Official; (ii) a single index listing all the research records and evidence that Mass General Brigham compiled during the research misconduct proceeding, except records the institution did not consider or rely on; and (iii) a general description of the records that were sequestered but not considered or relied on.

Research involving PHS Support means research involving: (i) applications or proposals for PHS Support for biomedical or behavioral research, biomedical or behavioral research training, or activities related to that research or research training; (ii) PHS-Supported biomedical or behavioral research; (iii) PHS-supported biomedical or behavioral research training programs; (iv) PHS-Supported activities that are related to biomedical or behavioral research or research training, such as, but not limited to, the operation of tissue and data banks or the dissemination of research information; (v) research

records produced during PHS-Supported research, research training, or activities related to that research or research training; and (vi) research proposed, performed, reviewed, or reported, as well as any research record generated from that research, regardless of whether an application or proposal for PHS funds resulted in an awarded grant, contract, cooperative agreement, subaward, or other form of PHS Support.

Research record means the record of data or results that embody the facts resulting from scientific inquiry. Data or results may be in physical or electronic form. Examples of items, materials, or information that may be considered part of the research record include, but are not limited to, research proposals, raw data, processed data, clinical research records, laboratory records, study records, laboratory notebooks, progress reports, manuscripts, abstracts, theses, records of oral presentations, online content, lab meeting reports, and journal articles.

ii. Process

If the research involves funding from the Public Health Service (PHS), specifically falling in the categories of research outlined in 42 C.F.R. §93.102(b), the internal review must comply with the PHS Regulations. The following provides a general outline of the procedures; the PHS Regulations should be consulted for further specificity. If the inquiry or investigation is conducted with a non-Mass General Brigham institution(s), any discrepancy or conflict between this policy and such institution's policy will be resolved by consultation with the PHS Regulations.

A. Inquiry

If the RIO determines that the allegation constitutes research misconduct and there is sufficient credible and specific evidence so that potential evidence of research misconduct may be identified, the RIO shall conduct an inquiry consistent with the requirements of the PHS Regulations. The purpose of the inquiry is to determine if an allegation warrants an investigation. An investigation is warranted if there is (a) a reasonable basis for concluding that the allegation falls within the definition of research misconduct; and (b) preliminary information-gathering and preliminary fact-finding from the inquiry indicates that the allegation may have substance. The RIO, another designated institutional official, or individuals with the appropriate scientific expertise appointed by the RIO in consultation with other institutional officials as appropriate ("Inquiry Committee") may be tasked with conducting the inquiry. If the RIO or another designated institutional official is tasked with conducting the inquiry, this person may, if needed, utilize subject matter experts to assist them in the inquiry.

The RIO, other designated institutional official, or Inquiry Committee, as applicable, will:

- Review the allegation and conduct a preliminary review of the available evidence. A full review of the evidence related to the allegation is not required.
- Determine whether to interview the Complainant, the Respondent, and key witnesses during the inquiry.
- Examine relevant research records and materials and statements of interviewees, if any.
- If additional Respondents are identified in the course of the inquiry, notify those individuals upon identification of only those allegations specific to them.
- Determine whether an investigation is warranted as to each allegation.
 - The determination at inquiry may not include a finding of research misconduct, including whether the alleged misconduct was intentional, knowing or reckless. Such findings and determinations must be made following the investigation. However, if a legally sufficient

- admission of research misconduct is made by the Respondent, misconduct may be determined at the inquiry stage, if the requirements of Section 7 are met.
- The determination at inquiry will take into account evidence of honest error or difference of opinion.
- Prepare a written inquiry report, regardless of whether an investigation is warranted. The contents of the inquiry report for each Respondent are outlined in Attachment A.

If during the inquiry, the allegation changes or new allegations are identified, the RIO will notify the Respondent in writing of the change and/or expansion of scope. If any additional Respondents are identified during the inquiry, the RIO will notify the additional Respondents in writing; however, only allegations specific to a particular Respondent are to be included in the notification to that Respondent.

The RIO will notify the Respondent of the results of the inquiry and whether the inquiry found an investigation to be warranted. A copy of the draft inquiry report will also be shared with the Respondent, who will be given ten (10) business days to review and comment. The RIO may, but is not required to, notify the Complainant(s) as to whether the inquiry found an investigation to be warranted. Relevant portions of the draft inquiry report may also be shared with any Complainant(s) for comments within the same period. The RIO, other designated institutional official, or Inquiry Committee, as applicable, will consider any comments submitted by the Respondent, revise the draft report as appropriate, and attach the comments to the final draft of the inquiry report.

The final inquiry report will be provided to the Deciding Official to determine whether the findings and recommendations provide sufficient evidence of possible research misconduct to justify conducting an investigation. The inquiry is completed when the Deciding Official makes this determination.

Mass General Brigham will complete the inquiry within ninety (90) days of its initiation unless circumstances warrant a longer period, in which it will sufficiently document the reasons for exceeding the time limit in the inquiry report. If an investigation is warranted, the Office of Research Integrity (ORI) must be notified in writing within thirty (30) days of such finding. ORI need not be notified if an investigation is not warranted. However, ORI must be notified in advance if the institution seeks to close a case prior to investigation due to the Respondent admitting guilt or the Respondent reaching a settlement with the institution.

Regardless of whether ORI is notified, all records relating to the inquiry must be retained consistent with Section 6 (record retention).

B. Investigation

Within thirty (30) days of determining an investigation is warranted, the RIO or an individual or panel appointed by the RIO, shall conduct an investigation consistent with the requirements of the PHS Regulations. The purpose of the investigation is to determine, for each allegation, whether research misconduct did or did not occur, and if so, who was responsible. The requirements for making such a determination are set forth above in Policy, Section 5.

On or before the date on which the investigation begins, the RIO must notify the Respondent in writing of the allegations to be investigated. If any additional Respondents are identified during the investigation, the RIO or their designee will notify the additional Respondents in writing of the allegation and provide them with an opportunity to respond.

The RIO, in consultation with other institutional officials as appropriate, will appoint individuals with the appropriate scientific expertise and consistent with the requirements set forth above in Policy, Section 9 (“Investigation Committee”) to conduct the investigation. Individuals appointed to the Investigation Committee also may have served on the Inquiry Committee.

The Investigation Committee will pursue diligently all significant issues and leads discovered that are determined relevant to the investigation, including any evidence of additional instances of possible research misconduct, and continue the investigation to completion. If new allegations are identified, the RIO will give the Respondent written notification of such allegations within a reasonable amount of time of deciding to pursue allegations not addressed during the inquiry or in the initial notice of the investigation.

The Investigation Committee will:

- Pursue diligently all significant issues and leads discovered that are determined relevant to the investigation, including any evidence of additional instances of possible research misconduct, and continue the investigation to completion.
- Conduct interviews with the Respondent, the Complainant and other witnesses who have been reasonably identified as having information regarding any relevant aspects of the investigation, including witnesses reasonably identified by the Respondent. The interviews will be recorded and transcribed. A copy of the interview transcript will be made available to the person interviewed for correction upon request.
 - (i) Exhibits shown to the interviewee during an interview will be numbered and referred to by that number in the interview; (ii) interview transcripts (with any corrections and exhibits) must be included in the institutional record of the investigation; and (iii) the Respondent will not be permitted to attend the interviews of other witnesses; however, the Respondent will be provided with a transcript of such interviews with redaction as appropriate to maintain confidentiality.
- Use diligent efforts to ensure that the investigation is thorough and sufficiently documented and includes examination of all research records and evidence relevant to reaching a decision on the merits of each allegation.
- After completing the investigation, document the investigation, including their findings and recommendations in the form of a draft investigation report. The contents of the investigation report for each Respondent are outlined in Attachment A.

The RIO will give the Respondent a copy of the draft investigation report and exhibits for comment and, concurrently, a copy of, or supervised access to the evidence on which the report is based. The Respondent will be allowed thirty (30) days from receipt of the draft report to submit comments to the RIO. The RIO may, but is not required to provide the Complainant with a copy of the draft investigation, or relevant portions of that report for the Complainant’s comments, if any, within thirty (30) days of receipt. The comments must be included and considered in the final investigation report.

Mass General Brigham will complete the investigation within one hundred and eighty (180) days. If the investigation takes more than that complete, the institution will ask ORI in writing for an extension and document the reasons for exceeding the 180-day period in the investigation report.

C. Decision by the Deciding Official

The RIO will transmit the final investigation report to the Deciding Official. The Deciding Official shall review the final investigation report and determine in writing whether Mass General Brigham accepts

the investigation report, its findings, and the recommended institutional actions, if any. If this determination varies from the findings of the Investigation Committee, the Deciding Official will explain in detail the basis for rendering a different decision. Alternatively, the Deciding Official may return the investigation report to the Investigation Committee with a request for further fact-finding or analysis.

After the Deciding Official has made a final determination of research misconduct findings, Mass General Brigham will transfer the institutional record to ORI.

ii. Exigent Circumstances

ORI or other relevant institutional, state or federal entities (as applicable) should be notified promptly if any of the following concerns are identified during the course of a research misconduct proceeding:

- The health or safety of the public is at risk, including an immediate need to protect human or animal research subjects
- HHS resources or interests are threatened
- Research activities should be suspended
- There is reasonable indication of possible violations of civil or criminal law
- Federal action is required to protect the interests of those involved in the research misconduct proceeding
- HHS may need to take appropriate steps to safeguard evidence and protect the rights of those involved.

6. Other Procedures

a. Additional Respondents

If Mass General Brigham identifies an additional Respondent during an inquiry or investigation, Mass General Brigham will notify the additional Respondent of the allegation(s) against them and provide the Respondent an opportunity to respond. The additional Respondent will be added to the on-going research misconduct proceeding. Mass General Brigham will not conduct a separate inquiry for the additional Respondent, even where a Respondent is added during the investigation phase. Only those allegations specific to a particular Respondent will be included in the notification to that Respondent.

To the extent a research misconduct proceeding involves multiple Respondents, the same Inquiry and Investigation Committees may be used to review the allegations against each Respondent; however, separate determinations documented in separate inquiry and investigation reports will occur for each Respondent.

b. Multiple Institutions

If allegations involve research conducted at Mass General Brigham and one or more other institutions, Mass General Brigham may agree to conduct a joint research misconduct proceeding with the other institution(s). In this event, one institution will be designated as the lead institution for the purposes of the proceedings. The lead institution is responsible for obtaining relevant research records and other evidence, including witness testimony, relevant to the research misconduct proceedings. Mass General Brigham may agree to the establishment of Inquiry and, if applicable, Investigation Committees that include representation from each of the collaborating institutions. Mass General Brigham and the collaborating institution(s) will mutually agree whether the determinations required by the Deciding Official in the course of the research misconduct proceedings will be done collaboratively or by the lead institution.

7. Respondent Admission

Mass General Brigham may, with the advice of the RIO and/or other institutional officials, terminate Mass General Brigham’s review of an allegation on the basis that the Respondent has admitted to committing the research misconduct; provided that, for federally funded research, the Respondent’s admission statement meets the applicable regulatory elements and the applicable federal agency is appropriately notified in advance.

- With respect to research involving PHS Support: The Respondent’s admission statement must meet the following elements: (i) it is made in writing and signed by the Respondent; (ii) it specifies the falsification, fabrication, and/or plagiarism that occurred and which research records were affected; and (iii) it meets all of the elements required for a finding of research misconduct. Mass General Brigham will provide ORI with a copy of the Respondent’s admission statement before it closes the applicable proceeding, and it will provide ORI with a statement describing how it determined that the scope of the misconduct was fully addressed by the admission and confirmed the Respondent’s culpability.

8. Record Retention

The RIO will keep all documents and other evidence relating to all research misconduct proceedings for seven (7) years after the completion of the proceeding at Mass General Brigham, or, if applicable, at the completion of any Public Health Service proceeding involving the research misconduct allegation.

*For an updated list of contact information for Research Integrity Officers and Deciding Officials, please see the Research Hub:

[Report Research Misconduct – Research Hub](#)

REGULATIONS / REFERENCES

42 C.F.R. § 93

RELATED POLICIES

[No Retaliation Policy](#)

RELATED DOCUMENTS

Attachment A: Additional Terms Applicable to Research Involving PHS Support

DEVELOPMENT & CONSULTATION

Reviewed by:	Review / Revision Approval Date
Research Integrity Workgroup	12/12/2025
Research Operations Management	12/19/2025