

The University of New Mexico Faculty Senate

Meeting Agenda September 22, 2015 3:00 P.M. Scholes Hall Roberts Room

AGENDA TOPICS

3:00	1. Approval of Agenda	Action: Stefan Posse
	2. Acceptance of the August 25, 2015 Summarized Minutes	Action: Stefan Posse
3:05	3. Memorial Minute for Professor Edward Desantis	Action: Troy Lovata
3:10	4. Posthumous Degree Corlan Keller	Action: Jennifer Thacher
3:15	5. Faculty Senate President's Report	Information: Stefan Posse
3:25	6. Provost's Report	Information: Chaouki Abdallah
3:45	7. Executive Vice President's Report	Information: David Harris

CONSENT AGENDA TOPICS

3:55	8. 2015-2016 Faculty Senate Committee Appointments	Action: Pamela Pyle
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AGENDA TOPICS

4:00	9. College of Population Health Bachelor of Science of Population Health	Information: Deborah Helitzer
4:10	10. Budget Task Force	Information: Stefan Posse
4:30	11. Health Science Center Compliance	Information: Stuart Freedman
4:40	12. Board of Regents Audit and Compliance Committee	Information: Manu Patel
4:50	13. Main Campus Compliance	Information: Helen Gonzales
5:00	14. Adjournment	

NOTES:

1. All faculty are invited to attend Faculty Senate meetings.
2. Full agenda packets are available at <http://www.unm.edu/~facsen/>
3. All information pertaining to the Faculty Senate can be found at <http://www.unm.edu/~facsen/>
4. Questions should be directed to the Office of the Secretary, Scholes 103, 277-4664
5. Information found in agenda packets is in draft form only and may not be used for quotes or dissemination of information until approved by the Faculty Senate.

FACULTY SENATE SUMMARIZED MINUTES

2015-2016 FACULTY SENATE August 25, 2015

(Draft – Awaiting Approval at the September 22, 2015 Faculty Senate meeting)

The Faculty Senate meeting for August 25 was called to order at 3:00 p.m. in the Roberts Room of Scholes Hall. Faculty Senate President Stefan Posse presided.

ATTENDANCE

Guests Present: Sara Kostelecky-University Libraries

APPROVAL OF THE AGENDA

The agenda was approved as written.

1. Approval of summarized minutes for April 28, 2015 meeting

The minutes were approved as written with one abstention.

2. President's Report

President Frank reported at the April 28, 2015 Faculty Senate meeting, issues of the University using money out of the insurance fund. In that dialogue President Frank mentioned to the faculty that he was aware of the faculty's concerns. One of the outcomes of this discussion was the University giving insurance holders a holiday month off insurance in December.

The University has been working with a group to help appreciate and learn the importance of the University's name and what it stands for. There was a survey that was sent out by the Alumni Office. Most of the responses were about Athletics and the Health Science Center but the majority did not know anything about the rest of the University. TV Anchor Dick Knipfing will be volunteering his time to work with the University so that the many good things that the University does is better understood in the community. The way to address this is a branding campaign where everyone is brought together in the Community and talk to them about the University. University Communication and Marketing Director Cinnamon Blair

sent out a Request for Proposal where she brought together a diverse group of people throughout the University to meet with companies that presented their proposals. Two of the best proposals out of that group of companies were chosen last week who presented to the group, the group reviewed them and now an offer will be made to one of the companies in the next week or so. In the next phase, the company will begin a dialogue with different parts of the University such as the Faculty Senate, Board of Regents, Staff Council, Alumni, and Students to try and get examples of what makes the University of New Mexico great.

Innovate ABQ was the First Baptist Church on the corner of Central and Broadway, that is a 7 acre plot that the University has purchased. A corporation has been formed called Innovate ABQ that has a Board of Directors. The Board of Directors have been working on getting proposals for developing Innovate ABQ. There is a developer that they are working with and those plans should be finished by the end of September. That developer will then make a proposal on how the site will be developed. The developer will be coming with its own capital for investing in Innovate ABQ.

Enrollment is promising to be up on first time freshman by 200. The final numbers of enrollment will be out on the 15th of September.

There are two budget processes happening. Regent Koch, who chairs the Finance and Facilities Committee of the Board of Regents, has asked the administration to look at their budget process as well as the faculty. The outcome will be a preliminary budget being offered earlier in the year then come back in March and do a final budget. The second budget process is from Provost Abdallah, Executive Vice President David Harris and President Frank requesting for a group to work on creating, within the way the University budgets a process that incentivizes those units that are growing and make sure that when a unit grows they receive incentives. This is an evolution of the Responsibility Center Management (RCM).

3. Faculty Senate President's Report

Faculty Senate President Stefan Posse introduced himself to the Faculty Senate and discussed the following information.



Address to the Faculty Senate

Stefan Posse, Dr.phil.nat.
Depts. Neurology, Physics and
Astronomy, and Electrical and
Computer Engineering

Mission

- My primary role is to be an advocate of Faculty interests.
- Secondary role: Interface and mediator of competing interests of the stakeholders
- I am committed to promoting academic freedom and tenure in a dynamically changing academic environment
- Support faculty development through mentoring at all levels of academic achievement.
- My guiding principles: responsibility, equitability and transparency

Engagement in Faculty Senate

- I served on the UNM faculty senate from 2007-2012 and again since 2013.
- Government Relations Committee from 2007-2008
- Policy Committee from 2008 to 2009
- Academic Freedom and Tenure Committee from 2010 to 2012
- Health Science Center Council from 2010 to 2012 and from 2013-2015
- Operations committee from 2014 to 2015

Academic Career

- 1986 Dipl. Phys. University of Cologne (Germany)
- 1990 PhD University of Berne (Switzerland)
- 1991-1993 Fogarty Fellowship at the National Institutes of Health
- 1994-1999 Head of MR research at the Forschungszentrum Jülich GmbH (Germany)
- 1999 Habilitation
- 2000-2003 Wayne State University School of Medicine (Detroit, MI)
- Since 2003 University of New Mexico School of Medicine
- Faculty affiliations with U. Washington (Seattle), U. Copenhagen (Denmark) and U. Duesseldorf (Germany)

Past Year: Dialogue

- Dialogue with the Regents and the Administration to increase awareness and appreciation for the work of the Faculty Senate
- The Senate Leadership, led by our HSC Council, made a historic trip to Santa Fe
- Meeting with Mayor Berry to discuss future collaborative initiatives.

Past Year: Benefits, ROM, etc.

- Benefits, in particular, health care options
- Participation in Health Task Force Committee.
- Reincorporation of the pre-65 retirees into the benefits pool.
- Introduction of performance metrics (ROM) to determine the allocation of resources
- New faculty titles, e.g. expansion of the professors of practice.
- New overseas engagements (e.g. China) and local initiatives (e.g. Innovation Academy)
- Electronic contracts, code of ethics, free speech...

Agenda (1)

- Meet the challenges of a highly dynamic academic environment
- Engage and empower every Faculty member to strengthen Shared Governance and to actively contribute to developing the New Mexico flagship university for the 21st century.
- An premier institution that:
 - is open to change without sacrificing the academic status of the Faculty.
 - meets the demanding expectations of the next generations of students.
 - protects tenure while responding to the increasing financial pressures.
 - every Faculty member can have a stake in.

Agenda (2)

- Primary responsibility: serve the people of New Mexico and provide a high value education to every student. Key metric of our success: increase graduation rates.
- Attract a larger proportion of top-level students who are currently selecting out-of-state institutions. Enhance mentorship and programs to ensure success of our current students and graduates.
- Promote academic excellence to increase ranking (5 year goal).

Agenda (3)

- Challenges:
 - Federal funding sources dry up or change,
 - Our retirement becomes the topic of a public debate
 - Health insurance increasingly relies on costly co-insurance.
 - We will continue to experience challenges to our benefits.
- A vision for a responsible and comprehensive benefits package.
- Increase awareness of shared governance:
 - Faculty orientation.
 - Engage junior faculty

Agenda (4)

- Bring all constituencies together at a much earlier stage of the decision process. Every faculty member should have an opportunity to contribute to our common cause.
- Faculty engagement on the main campus has traditionally been higher on main campus compared to the north campus. Engage Faculty on north campus more strongly to become partners in managing Faculty affairs.
- Continue the dialogue and outreach that started under Pamela Pyle's presidency.

Thank you

- Feel free to send me comments and suggestions
 - What are we doing well that we should expand?
 - Where can we improve and strengthen our contribution to shared governance?
 - How can we, in partnership with the administration, continue to transform this institution to meet the challenges of the 21st century?
- Faculty engagement is required!
- Questions?



The Faculty Senate presidency is an advocate for the Faculty Senate but more so in a capacity as a mediator between constituents. As the Faculty Senate President, Stefan Posse is heavily engaged with the Board of Regents, President Frank, Provost Abdallah, HSC Chancellor Paul Roth and Executive Vice President David Harris.

Faculty Senate President Stefan Posse reported that he had meetings with the accounting team to review the budget figures that are publicly available on the budget website. He was working with them to identify positions in the budget that reflect static components vs. flexible components that change from one budget tier to the next. There was significant discussions with staff in reaching out to the student body.

The past year was the Faculty Senate connecting, and getting engaged with, the Administration thanks to Past Faculty Senate President Pamela Pyle. Faculty Senate President Stefan Posse plans to build on her legacy.

A Faculty Senator requested that schedule of the Faculty Senate meetings be reviewed and possibly rescheduled for faculty who have conflicting schedules. Faculty Senate President Stefan Posse stated that he would look into this possible change. It was made clear by Faculty Senate President-Elect Pamela Pyle that this change would need to be called by the Committee on Governance and voted on by all faculty.

4. Provost's Report

Provost Abdallah reported that the freshman enrollment is up by 7%. This percentage could represent a large group of freshman who will finish out their degrees as better prepared students. 20% of students are registered in non-degree courses.

One of the University's focus is on graduation rates for multiple reasons. The more students the University graduates the better it is for the state and the students. Provost Abdallah encourages faculty to review their curriculum to make sure it is up to date and weed out those that are not needed or need to be updated.

The Board of Regents and the Administration has asked Human Resources, who will be meeting with AON, the consulting agency, and who will assist in comparing benefits at other universities to the University of New Mexico (UNM). Once the data is received, the

Provost's suggestion is to protect the benefits that we already have. Across the nation, all benefits, at every University show that the benefits are not as good as they used to be. What needs to be compared to, are universities that are equal to UNM. Provost Abdallah also reviews data from The Education Advisory Board. They do these types of reports and he encourages faculty to visit this website.

Provost Abdallah reported on the future of Public Higher Education. The University is at a point where funding for public Higher Education is being questioned and now needs faculty involvement to make big decisions independently about how to become more nimble. Not duplicate efforts, what is the Universities primary role etc.

Provost Abdallah's plan for next year are the benefits. He will make a big effort on making a community engaged scholarship count and how to measure it.

There are two Interim Deans. The School of Engineering and Anderson School of Management. Provost Abdallah will be meeting with the faculty of the School of Engineering and Anderson School of Management and asking if they want a search to be done this year or to be postponed one more year.

The Dean of the College of Arts and Science will be reviewed this year by the Office of the University Secretary.

5. CONSENT AGENDA TOPICS

Summer 2015 Degree Candidates

The Summer 2015 Degree Candidates were approved by unanimous voice vote of the Faculty Senate.

2015-2016 Faculty Senate Committee Appointments

The 2015-2016 Faculty Senate Committee appointments were approved by unanimous voice vote of the Faculty Senate.

Faculty Senate Committee Appointments Needing Senate Approval

Academic Council			
First	Last	Title	Department
Charlie	Steen	Associate Professor	History

Admissions and Registration			
First	Last	Title	Department
Marjori M.	Krebs	Assistant Professor	Department of Teacher Education
Amy	Neel	Associate Professor	Speech and Hearing Sciences
Charlie R	Steen	Professor	History Department

Budget			
First	Last	Title	Department
Fran	Wilkinson	Senior Associate Dean	College of University Libraries & Learning Sciences

Business Council			
First	Last	Title	Department
Fran	Wilkinson	Deputy Dean	College of University Libraries & Learning Sciences

Campus Development Advisory Committee			
First	Last	Title	Department
Gabriella F	Gutierrez	Associate Professor	School of Architecture and Planning

Curricula			
First	Last	Title	Department

Mary Margaret	Rogers	Associate Professor	ASM Mrketing Info Decision Sci MIDS
Alfred	Simon	Associate Dean	School of Architecture and Planning
Sherri	Thomas	Associate Professor	School of Law Administration
Lindsay	Eakes	Assistant Director	Emerg Med EMS Academy

Faculty & Staff Benefits Committee

First	Last	Title	Department
Doleswar	Bhandari	Senior Research Scientist 1	Bureau of Business Economic Rsrch
Marc	Maddaleni	Financial Officer Operator	Arts Sciences Admn Support
Karen L	Mann	Manager	Associate VP Aux Enterprise Staff
Marcia	Sletten	Manager	HSC Library Informatics Ctr.

Faculty Ethics & Advisory Committee

First	Last	Title	Department
Luis	Campos	Assistant Professor	RWJF Center for Health Policy
David	Cavazos	Assistant Professor	ASM Organizational Studies
Martha	Faulkner	Lecturer III	Psych Child Adolescent Div C A
Ann	Murphy	Assistant Professor	Philosophy Department
David	Witherington	Associate Professor	Psychology Department
Nicholas	Schlereth	Student, GPSA	ASM Finance Intl Tech Mngt FIT

Governmental Relations Committee

First	Last	Title	Department
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Nick Vincent	Flor	Associate Professor	ASM Mrkting Info Decision Sci MIDS
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Graduate & Professional Committee

First	Last	Title	Department
Hsuan-Chi	Chen	Associate Professor	Anderson School of Management
Nikki	Jernigan	Assistant Professor	Cell Biology
Wei	Wang	Professor	Chemistry Department
Mark J	Peceny	Professor	Political Science Department
John	Quale	Professor	School of Architecture and Planning
Cassiano	De Oliveira	Professor	Chemical Nuclear Engineering
Marsha	Baum	Professor	School of Law Administration
Texanna	Martin	Graduate Student	Graduate and Professional Student Association

Information Technology Use Committee

First	Last	Title	Department
Deborah	Fort	Associate Professor	Cinematic Arts
Frederick	Gibbs	Assistant Professor	History Department
Bruce Joel	Perlman	Professor	School of Public Administration
Barbara	Shaffer	Associate Professor	Linguistics
Melissa	Thompson	Assistant Professor	Anthropology Department

Library Committee

First	Last	Title	Department
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Richard	Brody	Professor	Anderson School of Management
Beverly	Singer	Associate Professor	Anthropology Department
Matthew	Rangel	Assistant Professor	Art and Art History
Katherine	Morris	Assistant Professor	CRTC Surgical Oncology
Vanessa	Svihla	Assistant Professor	Organizational Learning and Instructional Technology Program (OLIT)

Policy Committee			
First	Last	Title	Department
Barbara	Hannan	Professor	Philosophy Department
Leslie	Oakes	Associate Professor	ASM Department of Accounting
Marsha	Baum	Professor	School of Law Administration

Research Allocations Committee			
First	Last	Title	Department
Robert	Montgomery	Associate Professor	Art and Art History

Teaching Enhancement			
First	Last	Title	Department
Karen	Champine	Lecturer II	Mathematics Statistics
Brian	Goldstein	Assistant Professor	Sch of Architecture Planning SAAP

Undergraduate Committee			
First	Last	Title	Department
Jenny	Ross	Lecturer II	Mathematics Statistics

Micheaele	Pride	Professor	School of Architecture and Planning
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University Press Committee			
First	Last	Title	Department
Mark	Childs	Associate Dean	School of Architecture and Planning
Sara	Niedzwiecki	Assistant Professor	Political Science

AGENDA TOPICS

6. Policy E90: Human Beings as Subjects in Research

Institutional Review Board (IRB) Director Linda Petree reported on Policy E90: Human Beings as Subjects in Research. This policy has not been revised since 1966. Linda worked with her counterpart on at the Health Science Center James MacFarlane to make it consistent with the current regulations in subject research. It was written to respect the knowledge that there are two separate IRB on campus. This policy is ready to be reviewed by the Research Policy Committee for approval.

E90: Human ~~Beings as~~ Subjects in Research

Policy

The following operating policy governs the participation of human ~~beings as~~ subjects in research:

POLICY AND PROCEDURES CONCERNING RESEARCH INVOLVING HUMAN SUBJECTS

(Revised ~~November 15, 1966~~ July 1, 2015)

The University of New Mexico recognizes research as one of its chartered enterprises and shares with its individual faculty ~~members~~ member's responsibility for promoting and defending this activity when conducted under its auspices. The following policy is not intended to relieve the individual scientist of his/her ultimate responsibility for moral and ethical conduct nor to deny ~~her~~ him/her the right to reasonable freedom of inquiry. The policy does make explicit the criteria ~~, largely self-evident,~~ by which the propriety of an action should be judged. ~~the~~ The procedure is designed to protect human subjects who participate in research and the University (including faculty, students, and the administration) against alleged violation of these criteria.

Policy

1. In considering the participation of humans as research subjects, the guiding principle is that no one should be exposed to risk to health or well-being without being given all reasonable protection and without being adequately informed. The rights and welfare of the study subjects are of paramount importance.

2. In general, ~~the purpose of the study, the procedures to be followed, and the possible risks involved must be explained to the~~ informed consent must be obtained from all human subjects prior to their participation in research. The investigator must be satisfied that the explanation of participation has been understood, and consent must be obtained without duress, coercion, or ~~undue influence, or deception.~~

~~Such an explanation may be postponed or even omitted where there are no risks to the subject, and a full account of the purposes and procedure in advance might bias the results.~~

3. It is the responsibility of the individual investigator to have adequate knowledge of the possible consequences of his/her research, or of research done under his/her direction.

4. Whenever possible, any hazards to health or well-being of each procedure must first be investigated with animals.

5. Whenever medication or physical intervention is used, or whenever the subject is exposed to unusual environmental conditions, proper protection and supervision must be provided.

6. The ~~individual's~~ subject's personal privacy and the confidentiality of information received from ~~her~~ him/_her must be protected.
7. ~~An individual~~ The subject's time should not be invaded to the extent that the participation creates conflict with other obligations.
8. Remuneration may be offered for the time involved in a study, provided the remuneration is not so large as to constitute an improper inducement to participate.
9. Any individual may request termination of his/her participation at any time and this request will be honored promptly and without prejudice.
10. The review procedures as described below are intended to help maintain a positive attitude toward scientific research. ~~Unless there are reliable indications to the contrary, a~~ All University of New Mexico faculty members are presumed to behave responsibly ~~and in accordance to applicable local, state, and federal regulations, laws, and statutes, and all experimental research subjects should be willing to contribute to the advancement of knowledge, provided their personal rights are respected.~~

Procedures

The policy described above shall be implemented as follows.

1. ~~Several Human Research Review Committees~~ All Institutional Review Boards (IRBs) shall be established ~~in the manner described below~~ in accordance with relevant federal regulations (45 CFR 46.107, 21 CFR 56.107). ÷ In addition:
 - (a) The ~~dean~~ Dean of each school or college, or the ~~chief administrative officer of each UNM division or agency~~ Chair of each department involved in human research ~~of this type, is directly responsible that a Human Research Review Committee exist~~ for establishing procedures to evaluate the scientific merit of proposals which may come from her/his faculty or professional staff.

~~In carrying out this responsibility, the administrative officer may establish a Human Research Review Committee to serve his/her particular school, college or agency. Or, if deemed desirable and feasible, she/he may cooperate with another dean or administrative officer in setting up a joint committee to serve more than one group. (In any case, any proposed research involving human beings as subjects would have to be reviewed in advance by some Human Research Review Committee.)~~
 - (b) The number of persons to serve on ~~a Human Research Review Committee~~ an IRB, the term of ~~office~~ membership, and the type of faculty representation ~~and expertise~~ on such a committee would be ~~at the discretion of those responsible for establishing these committees~~ consistent with the policies and procedures developed by the respective IRB Office. However, each ~~Human Research Review Committee~~ IRB must include in its membership one or more non-scientists and at least one persons ~~outside-unaffiliated with~~

the college, school, or agency it specifically serves. FDA-regulated pProjects involving investigational new drugs (INDS) must be reviewed by a committee quorum that includes not less than two members who are licensed to administer drugs, and one who is not so licensed at least one licensed physician.

2. The Human Research Review CommitteesIRBs shall evaluate procedures-proposals against the Policy described above and the specific standards described in item 4 below of the federal regulations and/or IRB policies, as well as such additional standards as may be appropriate to the research area. All federally funded research shall be reviewed according to relevant federal regulations (45 CFR 46.111, 21 CFR 56.111). In so doing, they-the IRB shall can call upon specialists; including, where appropriate, consultants not on the University faculty, and may interview the investigator and his/her staff. Decisions shall be reached in executive session by the MANN rule (majority aye, no nay).

3. Each Human Research CommitteeIRB shall maintain formal records of its decisions for at least five-three years. It shall receive and, where deemed appropriate, verify reaffirmations by the researcher that her/his methods are essentially unchanged and that no adverse consequences have occurred. Such reaffirmation must be made atconduct continuing review of federally funded non-exempt research at six-month intervalsleast annually and according to IRB policies, although the committee-IRB may require more frequent reporting on some research and may make inspections or take other such other-actions as found necessary to insure compliance with the policyies and procedures herein stated.

4. The investigator shall be responsible for obtaining approval from a Human Research Review Committeean IRB prior to conducting any research involving human subjects. Application for approval is submitted according to the IRB's policies and procedures, in the form of a memorandum approved by the department chairperson or other appropriate person and must contain complete and explicit information concerning each of the following:

(a) Name of the responsible faculty member.

(b) Name(s) of any others who will make contact with human subjects. In the case of continuing research programs with standard procedures, it may be sufficient to indicate the type of assistants to be used (e.g., graduate research assistant) and the method used to insure that they are properly trained.

(c) Title of the research. Also indicate its status (e.g., grant supported dissertation, independent study, etc.).

(d) Objectives of the research. Indicate the type of conclusions anticipated. Especially when any risks are involved, the description of the objectives should be sufficiently detailed so that the potential benefits of the research can be weighed against those risks.

(e) Methods of procedure. Interest here is in those procedures that make actual contact with the human subject. Specifically, if any medications are to be used, list their names and dose ranges. If "deception" is involved, describe the extent of deception and why it is deemed necessary. If

remuneration is involved, state how the level was arrived at. In general, describe the nature of the experiences that the subjects will encounter. Include also the methods for selecting and screening subjects, and the amount of time expected of them.

(f) Protection measures. Give the techniques used to protect the subject against unnecessary risk in relation to the procedures just described. For example, if medication is used, for how long will observation be maintained to insure that no residual effects are present? If electric stimulation is involved, how will the subject be protected from the chance of a serious shock? If deception or stress is involved, how will the subject be relieved of these after the experiment? If personal or private information is to be revealed, how will security of such information be guaranteed? In general, describe the precautions that will be taken to preclude physical, social, or psychological harm. Where possible, include reference to similar procedures previously used either by the investigator or in other laboratories.

(g) Consent. The matter of consent involves three issues: 1) is consent necessary? 2) if so, who is the appropriate consenting agent? and 3) what information is necessary to insure that consent is adequately "informed"? In her/his application, the investigator must deal with these issues so as to justify the procedure according to the following guidelines:

(1) Where no risks or harmful disclosures are involved, where the research is a by-product of ordinary training or treatment, and where no permanent effect upon the subject is anticipated, consent is not required. Where some degree of deception, stress, or discomfort is involved, where the research requires specific participation, or where significant changes in health or well-being are intended by the use of procedures that are controversial, or not proved, consent may or may not be required depending upon the particular study proposed. Where risk or invasion of privacy is involved, where abnormal conditions will be encountered, or where treatment is proposed by new methods, consent is required.

(2) The consenting agent shall normally be the parent or guardian of minors, except that the consent of college students may in some cases be acceptable. Consent by an adult is acceptable provided there is no question about the soundness of her/his understanding of the information given in obtaining consent; where such question exists, the next of kin or legal guardian is appropriate.

(3) The amount of information necessary for consent to be adequately "informed" varies with the nature of the research and the amount of risk involved. The investigator must submit in writing an account in lay language of what he/she intends to tell the subjects in soliciting their participation, in instructing them as to procedures, and in insuring them their right to withdraw without prejudice. The experimenter may, but is not required to, obtain consent in writing from the subjects. In any event, she/ he is required to maintain a record identifying the subjects, to note therein that each subject was informed in the manner described in the written account, and to sign his/her name indicating that the subject understood the research to the extent indicated and agreed to participate.

~~(h) Changes.~~ Any changes in methods or procedure from those described above in risk or any unexpected ~~consequences-problems~~ adversely affecting the subjects or others will be brought reported promptly to the attention of the Human Research Review Committee involved IRB.

5. The investigator shall obtain ~~c~~Continuing IRB approval may be granted when the essentials of methods of procedure remain unchanged over an extended series of studies; in this case, reassurance must be provided at six-month intervals. Minor modifications of procedure may be approved as a supplement to prior general approval for all non-exempt studies.

6. Where relatively standardized methods and procedures have been developed (e.g., ethnographic field studies, learning of paired associates, etc.), the appropriate department chairperson or other persons responsible for the agency or division in which the research is being conducted may, on application, be granted blanket authorization to approve such studies without further review. The semi-annual report must include a listing of specific approvals granted in sufficient detail to permit the Human Research Review Committee to review this standing authorization.

7. A student's advisory committee may authorize preliminary pilot research.

86. A faculty member must retain adequate records concerning the procedures described above. Specifically, Research records, including those indicating documenting informed consent, should be held for at least three years after a subject has participated, and especially where invasion of privacy might be at issue, after the results have been published and the final disposition of the original protocols has been made the study is closed with the IRB. Sponsors and federal agencies may have other retention requirements beyond three years that must be adhered to.

97. Whenever a procedure study has been disapproved by either a department chairperson or a Human Research Review Committee the IRB, the investigator may appeal to the department chairperson, or the college dean the decision to the IRB, as appropriate. The mechanism for reconsideration, if warranted, is discretionary. The committee may be asked to reconsider; an ad hoc committee of the faculty may be appointed to act as an appeal group; experts not on the faculty may be consulted. The IRB has the final decision should rest with whatever appeal mechanism is established in the individual case. If the appeal should result in approval, the records of the disapproval shall be retained but, in the case of an application for grant support, only the record of approval shall be forwarded to the granting agency regarding disapproval and this cannot be appealed to or overturned by any Institutional Official.

108. All faculty members share the responsibility for compliance with the policy as herein stated, but first-line responsibility resides with the individual faculty member for all work done under his/her direction (including student research) and second-line responsibility resides with the department chairperson who should remain cognizant of the research activities within her/his/her department.

7. Policy E40: Research Misconduct

Health Science Center Executive Vice Chancellor and Vice Chancellor for Research Richard Larson reported on Policy E40: Research Misconduct. There was an incident about two years ago at the Health Science Center involving a faculty who had left several years before and went on to the University of Kansas. At the University of Kansas there was a research integrity accusation. Policy E40 involves falsification of data and plagiarism. The University of Kansas invited the Health Science Center to participate in the investigation and over the course of the investigation it was found that this individual was no longer at the University of Kansas. As a result of that exercises all of their rights at the University of Kansas including contacting the Office of Research and Integrity, which is the federal agency that oversees these processes at Universities. Any University that receives funds from the Department of Health and Human services has to have Research integrity Policy's that comply with guidelines, rules and statutes that are approved by the Office of Research and Integrity. As a result of this the Office of Research and Integrity conducted an audit of the Health Science Center policies as well as at the University of Kansas. The Office of Research and Integrity sent a letter to Dr. Larson with a detailed set of findings that needs to be fixed in Policy E40 and the point by point supplemental statements.

E40: Research Misconduct



Policy

(Research Fraud Policy approved by UNM Faculty Senate, September 10, 1996; approved by the UNM Board of Regents, October 10, 1996; revised as "Research Misconduct Policy" approved by the UNM Faculty Senate, April 23, 2002; approved by the UNM Board of Regents, May 10, 2002; approved by the Faculty Senate, April 22, 2003 and February 24, 2004; approved by UNM Board of Regents, April 13, 2004.)

1. INTRODUCTION AND SCOPE

Integrity, trust, and respect are important elements in an academic research environment. Investigators typically conduct research and explain findings and theories with painstaking diligence, precision, and responsibility. However, research misconduct threatens both to erode the public trust and to cast doubt on the credibility of all researchers.

Because the University of New Mexico as well as the general public and government are affected by this issue, the faculty and administration have created a process to deal with research misconduct if it arises and to ensure the credibility and objectivity of research activities. In broad terms this process is to:

- Ensure that ethical standards for research at UNM are clearly stated and applied.
- Promptly inquire into allegations of misconduct and, where appropriate, initiate formal investigations and advise sponsors of action taken.
- Ensure that each investigation is properly documented to support findings and carefully conducted to protect any person whose reputation may be placed at risk during the process.
- Respect the principles of academic freedom.

The policy and procedures regarding research misconduct are intended to protect the integrity of the University's research enterprise and not hinder the search for truth or interfere with the expansion of knowledge.

This policy applies to all individuals who may be involved with a research project, including, but not limited to, faculty, graduate/undergraduate students, staff, employees, contractors, visiting scholars, and any other member of the University's academic community.

2. DEFINITIONS

2.1 "Complainant" means a person who makes an allegation of research misconduct. There can be more than one complainant in any inquiry or investigation.

2.2 "Fabrication" is making up data or results and recording or reporting them.

2.3 "Falsification" is 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.

2.4 "NSF" means the National Science Foundation. The NSF has adopted rules establishing standards for institutional responses to allegations of research misconduct.

2.5 "ORI" means the Office of Research Integrity, an office within the U.S. Department of Health and Human Services that is responsible for overseeing the implementation of PHS policies and procedures on research misconduct.

2.6 "PHS" means the Public Health Service, a component of the U.S. Department of Health and Human Services. The PHS has adopted rules establishing standards for institutional responses to allegations of research misconduct.

2.7 "Plagiarism" is the appropriation of another person's ideas, processes, results or words without giving appropriate credit.

2.8 "Recklessly" means that a person acts in such a manner that the individual consciously disregards a substantial and unjustifiable risk or grossly deviates from the standard of conduct that a reasonable individual would observe.

2.9 "Research misconduct" is defined as fabrication, falsification or plagiarism in proposing, conducting, reporting or reviewing sponsored or unsponsored research. The misconduct must have been committed intentionally, knowingly or recklessly. Research misconduct is further defined to include gross carelessness in conducting research amounting to wanton disregard of truth or objectivity, or failure to comply or at least attempt to comply with material and relevant aspects of valid statutory or regulatory requirements governing the research in question. Research misconduct is more than a simple instance of an error in judgment, a misinterpretation of experimental results, an oversight in attribution, a disagreement with recognized authorities, a failure in either inductive or deductive reasoning, an error in planning or carrying out experiments, or a calculation mistake.

2.10 "Respondent" means the person against whom an allegation of research misconduct is directed or the person who is the subject of the inquiry or investigation. There can be more than one respondent in any inquiry or investigation.

3. GENERAL PRINCIPLES

3.1 Research misconduct cannot be tolerated and will be firmly dealt with when found to exist.

3.2 For purposes of resolving allegations of research misconduct, the process established by this policy shall apply to allegations of fabrication, falsification or plagiarism. All other allegations of research misconduct shall be resolved utilizing other applicable University policies and procedures.

3.3 Charges of research misconduct shall be promptly reviewed and a copy of this policy shall be made available to the complainant. Allegations must be made in writing, and signed and dated by the complainant. If health or safety is involved, prompt remedial action shall be taken.

3.4 Every effort shall be made to protect the rights and the reputations of everyone involved, including the individual who in good faith alleges perceived misconduct as well as the alleged violator(s). A good faith allegation is made with the honest belief that research misconduct may have occurred. Persons making a good faith allegation shall be protected against retaliation. However, persons making allegations in bad faith will be subject to disciplinary action, up to and including termination or expulsion. An allegation is made in bad faith if the complainant knows that it is false or makes the allegation with reckless disregard for or willful ignorance of facts that would disprove it.

3.5 All members of the University community are expected to cooperate with committees conducting inquiries or investigations.

3.6 Confidentiality

Care will be exercised at all times to ensure confidentiality to the maximum extent possible and to protect the privacy of persons involved in the research under inquiry or investigation. The privacy of those who report misconduct in good faith will also be protected to the maximum extent possible. Files involved in an inquiry or investigation shall be kept secure and applicable state and federal law shall be followed regarding confidentiality of personnel records.

3.7 Conflict of Interest

If the Provost, the Vice Provost for Research, or Vice President for Health Sciences, as appropriate, has any actual or potential conflict of interest, the persons shall recuse themselves from the case. The President of the University shall appoint designates to act instead.

When a case continues to the Inquiry and Investigation stages (Sections 5.3 and 6.3), if the President of the Faculty Senate has any actual or potential conflict of interest, the person shall recuse him/herself from the case and the Senate President-Elect shall appoint a designate to act instead.

If any member of the Faculty Senate Operations Committee or the Chair of the Research Policy Committee has any actual or potential conflict of interest, the persons shall recuse themselves

from the case. The Faculty Senate President, or designate as appropriate, shall appoint faculty members to act instead.

4. PRELIMINARY ASSESSMENT OF ALLEGATIONS

4.1 An initial report of alleged research misconduct shall be treated and brought in a confidential manner to the attention of the faculty member or other person (e.g., chairperson, supervisor, director, principal investigator) responsible for the researcher(s) whose actions are in question, or to the dean of the researcher's college, or to the Vice Provost for Research (for allegations concerning a main campus researcher) or Vice President for Health Sciences (for allegations concerning a HSC researcher). The person receiving the initial report shall, in turn, make an immediate confidential report of the allegations to the Vice Provost for Research or Vice President for Health Sciences, as appropriate.

4.2 An initial report of research misconduct might arise as part of an administrative review. Such a report will be acted upon in accordance with this policy. The report should be brought confidentially to the Vice Provost for Research or Vice President for Health Sciences, as appropriate.

4.3 Upon receipt of an initial report of alleged research misconduct, the Vice Provost for Research or Vice President for Health Sciences, or designee, shall conduct a preliminary assessment within seven (7) working days. The purpose of the preliminary assessment is to determine whether the allegation falls within the definition of research misconduct and whether there is sufficient evidence to warrant an inquiry. If both conditions are met the inquiry process shall be initiated. If the allegation is vague, an effort should be made to obtain more information before deciding whether there is sufficient evidence to warrant an inquiry. If the preliminary assessment finds insufficient information to allow specific follow-up or the allegation falls outside the definition of research misconduct, the matter will not proceed to an inquiry, and the Vice Provost for Research or Vice President for Health Sciences shall so inform the respondent and complainant in writing. The allegation may be referred for review under another University policy, as appropriate.

5. INQUIRY

5.1 Purpose and Initiation

If the preliminary assessment reveals that the allegation falls within the definition of research misconduct and there is sufficient information to allow specific follow-up, the inquiry process shall be initiated by the Vice Provost for Research or Vice President for Health Sciences, as appropriate. The initiating official will clearly identify the original allegation and any related issues that should be evaluated in the inquiry. The purpose of the inquiry is to make a preliminary evaluation of the available evidence to determine whether there is sufficient credible evidence of possible research misconduct to warrant conducting an investigation. The purpose of the inquiry is not to reach a final conclusion about whether misconduct occurred. The findings of the inquiry shall be set forth in an inquiry report.

Securing Research Records

After determining that an inquiry will occur, the Vice Provost for Research or Vice President for Health Sciences, as appropriate, will direct the process whereby all original research records (or copies if originals cannot be located) and materials which may be relevant to the allegation are immediately secured. Prompt securing of records is in the best interests of both the respondent and UNM. Immediately upon ensuring that the research records are secure, the respondent shall be notified that an inquiry is being initiated and an inventory of the secured records shall be provided him/her. As soon as practicable, a copy of each sequestered record will be provided to the respondent, or to the individual from whom the record is taken if not the respondent, if requested. The respondent shall be notified of the charges and the procedures to be followed.

Inquiry Committee

The inquiry shall be carried out by a committee of three persons appointed by the Vice Provost for Research or Vice President for Health Sciences, as appropriate, in consultation with the President of the Faculty Senate, or his/her designate. At least two Inquiry Committee members shall be tenured faculty. One of the tenured faculty members shall chair the committee. Committee members should be selected on the basis of relevant research background and experience. Faculty members from other universities may be named to the Inquiry Committee if a sufficient number of qualified UNM faculty members are not available. Members of the committee shall have no actual or potential conflicts of interest in the case, shall be unbiased, and shall, together, possess sufficient expertise to enable the committee to conduct the inquiry.

The respondent and the complainant shall be notified of the proposed committee membership and may object in writing to any of the proposed appointees on the grounds that the person, or the committee as a whole, does not meet the criteria stated above. The Vice Provost for Research or Vice President for Health Sciences, as appropriate, in consultation with the President of the Faculty Senate, or his/her designate, will consider the objection and if it has merit, shall make appropriate substitution(s). In the case of disagreement regarding appointments, the Vice Provost for Research or Vice President for Health Sciences, as appropriate, shall decide the challenge. That decision shall be final.

If the committee so requests, the Vice Provost for Research or Vice President for Health Sciences, as appropriate, shall designate an official to assist the committee in conducting the inquiry. The committee shall receive a written charge from the Vice Provost for Research or Vice President for Health Sciences, as appropriate, defining the subject matter of its inquiry prior to beginning its work.

Inquiry Process

The respondent and complainant shall be given an opportunity to interview with the Inquiry Committee. The committee may interview others and examine relevant research records, as necessary, to determine whether there is sufficient credible evidence of possible research misconduct to warrant conducting an investigation. University legal counsel shall be available to the committee for consultation.

The length of the inquiry shall not exceed sixty (60) days unless prior written approval for a longer period is obtained from the Vice Provost for Research or Vice President for Health Sciences as appropriate. If the period is extended, the record of the inquiry shall include documentation of the reasons for exceeding the sixty-day period.

Inquiry Report

The Inquiry Committee shall prepare a report that includes:

- (1) the names and titles of the committee members, and experts consulted, if any;
- (2) the allegations;
- (3) the PHS support, if any;
- (4) a summary of the inquiry process;
- (5) a summary of the evidence reviewed;
- (6) a summary of any interviews;
- (7) the conclusions of the inquiry as to whether an investigation is recommended; and
- (8) whether any other action should be taken if an investigation is not recommended.

The respondent shall be given fourteen (14) days to review the report and to add his or her comments, which will become part of the final inquiry report and record. Based upon the respondent's comments, the Inquiry Committee may revise its report.

Inquiry Determination

The Inquiry Committee final report will be sent to the Vice Provost for Research or Vice President for Health Sciences, as appropriate, who will determine whether the results of the inquiry provide sufficient evidence of possible research misconduct to warrant conducting an investigation or whether the matter will not be pursued further. The respondent and complainant shall be notified in writing of the decision.

6. INVESTIGATION

6.1 Purpose and Initiation

The purpose of the investigation is to explore the allegations in detail, examine the evidence in depth, and determine specifically whether research misconduct has been committed, by whom, and to what extent. If instances of possible misconduct involving a different respondent are uncovered, the matter should be sent to the Vice Provost for Research or Vice President for Health Sciences, as appropriate, to initiate a preliminary assessment.

The Investigation Committee will be appointed and the process initiated within thirty (30) days after the conclusion of the inquiry. If required by sponsoring agency regulations, the office of the Vice Provost for Research or Vice President for Health Sciences, as appropriate, shall notify the agency of its decision to commence an investigation on or before the date the investigation begins.

Securing Research Records

Any additional pertinent research records that were not previously sequestered during the inquiry will be immediately sequestered when the decision is made to conduct an investigation. The Vice Provost for Research or Vice President for Health Sciences, as appropriate, will direct this process. This sequestration should occur before or at the time the respondent is notified that an investigation will begin. The need for additional sequestration of records may occur for any number of reasons, including a decision to investigate additional allegations not considered during the inquiry stage or the identification of records during the inquiry process that had not been previously secured. As soon as practicable, a copy of each sequestered record will be provided to the respondent, or to the individual from whom the record is taken if not the respondent, if requested.

6.3 Investigation Committee

The investigation shall be conducted by a committee of five persons appointed by the Faculty Senate Operations Committee, in consultation with the Chair of the Research Policy Committee or his/her designate. Committee members should be selected on the basis of relevant research background and experience. All persons appointed from UNM shall be tenured faculty. Tenured faculty members from other universities or senior researchers from research institutions may be named to the Investigation Committee if a sufficient number of qualified UNM faculty members are not available. Members of the committee shall have no actual or potential conflicts of interest in the case, shall be unbiased, and shall, together, possess sufficient expertise to enable the committee to conduct the investigation. No more than two members of the Inquiry Committee may be appointed to serve on the Investigation Committee.

The respondent and the complainant shall be notified of the proposed committee membership and may object in writing to any of the proposed appointees on the grounds that the person, or the committee as a whole, does not meet the criteria stated above. The Faculty Senate Operations Committee will consider the objection and if it has merit, shall make appropriate substitution(s), in consultation with the Chair of the Research Policy Committee or his/her designate. In the case of disagreement regarding appointments made by the Faculty Senate Operations Committee, the Vice Provost for Research or Vice President for Health Sciences, as appropriate, shall decide the challenge. That decision shall be final.

If the committee so requests, the Vice Provost for Research or Vice President for Health Sciences shall designate an official to assist the committee in conducting the investigation. The committee shall receive a written charge from the Vice Provost for Research or Vice President for Health Sciences, as appropriate, defining the subject matter of its investigation prior to beginning its work.

6.4 Investigation Process

The investigation will normally involve examination of all relevant documentation. The committee shall make diligent efforts to interview the complainant, the respondent, and other individuals who might have information regarding aspects of the allegations. The interviews will

be recorded on a recording device provided by the office of the Vice Provost for Research or Vice President for Health Sciences as appropriate. A verbatim written record shall be made of all interviews. A transcript of his/her interview shall be provided to each witness for review and correction of errors, which shall be returned and become part of the investigatory file. University legal counsel shall be available to the committee for consultation.

6.5 Investigation Report

The Investigation Committee shall prepare a draft of the final report that includes:

- (1) the names and titles of the committee members, and experts consulted, if any;
- (2) the allegations;
- (3) the PHS support, if any;
- (4) a summary of the inquiry process;
- (5) a summary of the evidence reviewed;
- (6) a summary of any interviews;
- (7) findings and basis for each finding;
- (8) conclusion(s) as to whether research misconduct occurred; and
- (9) recommendations for institutional action.

Copies of all significant documentary evidence that is referenced in the report should be appended to the report.

A finding of research misconduct requires that four conditions be met:

- (1) the conduct at issue falls within this policy's definition of research misconduct;
- (2) the misconduct be committed intentionally, or knowingly, or recklessly;
- (3) there be a significant departure from accepted practices of the relevant research community; and
- (4) the allegation be proven by a preponderance of the evidence. This means that the evidence shows that it is more likely than not that the respondent committed research misconduct.

The respondent will be provided with a copy of the draft investigation report for review and comment. The respondent will be allowed fourteen (14) days for review and any comments will be attached to the final report. The findings of the final report should take into account the respondent's comments in addition to all of the other evidence. The complainant may be provided with those portions of the draft investigation report that address the complainant's role and opinions in the investigation, and the complainant will have fourteen (14) days to review and submit any comments to the Investigation Committee. The report may be modified, as appropriate, based on the complainant's comments.

If the Investigation Committee puts forward a final report with a finding of research misconduct, the respondent has 14 days to elect a hearing before the Provost or Vice President for Health Sciences, as appropriate. The hearing will allow for argument, rebuttal, cross-examinations and a written record of the proceedings.

6.6 Institutional Review and Determination

The Investigation Committee final report will be forwarded to the Vice Provost for Research or Vice President for Health Sciences, as appropriate. The Vice Provost for Research will transmit the report to the Provost who is the University deciding official for cases where the respondent is not a Health Sciences Center employee. The Vice President for Health Sciences is the deciding official for cases where the respondent is a Health Sciences Center employee. The deciding official will make the final determination whether to accept the investigation report, its findings, and the recommended institutional actions.

If the respondent has elected a hearing, the deciding official will conduct the hearing following the University model hearing procedure, available from the University Counsel's office. The Investigation Committee presents the case consistent with its report. The respondent presents the rebuttal. The respondent may have an advisor present.

The deciding official's decision should be consistent with the definition of research misconduct, the University's policies, and the evidence reviewed and analyzed by the Investigation Committee. The deciding official may also return the report to the Investigation Committee with a request for further fact-finding or analysis. The deciding official's final determination will be sent to the respondent and complainant. If the deciding official's decision varies from that of the Investigation Committee, the basis for rendering a different decision will be explained in the report to ORI and other agencies as appropriate.

Respondent may appeal the final determination to the University President. An appeal is limited to: (1) a claim of procedural error; and/or (2) a claim that the sanction imposed as a result of a finding of research misconduct is inappropriate.

The investigation shall be completed within 180 days of the first meeting of the Investigation Committee. However, if PHS sponsored the research, the investigation shall be completed, with the final investigation report and final determination submitted to ORI, within 120 days of the first meeting of the Investigation Committee, unless ORI grants an extension.

7. ACTIONS FOLLOWING INVESTIGATION

7.1 Finding of Research Misconduct

If the final determination is that research misconduct occurred, UNM shall take appropriate action, which may include but is not limited to:

- (1) notifying the sponsoring agency;
- (2) withdrawal or correction of all pending or published abstracts and papers emanating from the research;
- (3) removal of the responsible person from the particular project, letter of reprimand, special monitoring of future work, probation, suspension, salary reduction, rank reduction or termination of employment in accordance with UNM policies and procedures. In cases involving faculty, implementation must be consistent with the Policy on Academic Freedom and Tenure;

- (4) determining whether law enforcement agencies, professional societies, professional licensing boards, collaborators of the respondent, or other relevant parties should be notified; and
- (5) any other steps deemed appropriate to accomplish justice and preserve the integrity of UNM and the credibility of the sponsor's program.

7.2 Restoration of Respondent's Reputation

If the final determination is that no research misconduct occurred, efforts shall be undertaken to the extent possible and appropriate to fully protect, restore, or maintain the credibility of the research project, research results, and the reputation of the respondent, the sponsor and others who were involved in the investigation or deleteriously affected thereby. Depending on the circumstances, consideration should be given to notifying those individuals aware of or involved in the investigation of the final outcome, publicizing the final outcome in forums in which the allegation of research misconduct was previously publicized, expunging all reference to the research misconduct allegation from the respondent's personnel files, or reviewing negative decisions related to tenure or advancement to candidacy that occurred during the investigation. Any institutional actions to restore the respondent's reputation must first be approved by the Vice Provost for Research or Vice President for Health Sciences, as appropriate.

7.3 Protection of the Complainant and Others

Regardless of whether UNM determines that research misconduct occurred, reasonable efforts will be undertaken to protect complainants who made allegations of scientific misconduct in good faith and others who cooperate in good faith with inquiries and investigations of such allegations. The Vice Provost for Research and Vice President for Health Sciences, or designee, will also take appropriate steps during the inquiry and investigation to prevent retaliation against the complainant. If a complainant believes that retaliation was threatened, attempted or occurred, he or she may file a complaint with the UNM Audit Department.

7.4 Allegations Made in Bad Faith

If relevant, the Vice Provost for Research or Vice President for Health Sciences will determine whether the complainant's allegation of research misconduct was made in good faith. If an allegation was made in bad faith, appropriate disciplinary action will be taken in accordance with UNM policies and procedures. If the complainant is not associated with UNM, appropriate organizations or authorities may be notified and administrative or legal action considered.

8. OTHER CONSIDERATIONS

8.1 Requirements for Reporting to ORI When Funding from PHS Is Involved

8.1.1 The decision to initiate an investigation must be reported in writing to the Director, ORI, on or before the date the investigation begins. The notification must include at a minimum the name of the person(s) against whom the allegations have been made, the general nature of the allegation, and the PHS application or grant number(s) involved.

8.1.2 If UNM plans to terminate an inquiry or investigation without completing all relevant requirements of the PHS regulation, a report of such planned termination shall be made to ORI, including a description of the reasons for the proposed termination.

8.1.3 If UNM determines that it will not be able to complete the investigation within 120 days, a written request for an extension shall be submitted to ORI that explains the delay, reports on the progress to date, estimates the date of completion and describes other necessary steps to be taken. If the request is granted, UNM must file periodic progress reports as requested by ORI.

8.1.4 UNM will keep ORI apprised of any developments during the course of an investigation that may affect current or potential Department of Health and Human Services funding for the individual(s) under investigation or that the PHS needs to know to ensure appropriate use of federal funds and otherwise protect the public interest.

8.1.5 ORI shall be notified at any stage of the inquiry or investigation if any of the following conditions exist:

- (1) there is an immediate health hazard involved;
- (2) there is an immediate need to protect federal funds or equipment;
- (3) there is an immediate need to protect the interests of the person(s) making the allegations or of the individual(s) who is the subject of the allegations as well as his/her co-investigators and associates, if any;
- (4) it is probable that the alleged incident is going to be reported publicly;
- (5) the allegation involves a public health sensitive issue (e.g. a clinical trial); or
- (6) there is reasonable indication of possible criminal violation in which case UNM must inform ORI within 24 hours of obtaining that information.

8.2 Requirements for Reporting When NSF Funding Is Involved

8.2.1 The decision to initiate an investigation must be reported immediately in writing to NSF.

8.2.2 NSF shall be notified at any stage of the inquiry or investigation if any of the following conditions exist:

- (1) public health or safety is at risk;
- (2) NSF's resources, reputation, or other interests need protecting;
- (3) there is reasonable indication of possible violations of civil or criminal law;
- (4) research activities should be suspended;
- (5) federal action may be needed to protect the interests of a subject of the investigation or of others potentially affected; or
- (6) the scientific community or the public should be informed.

8.2.3 NSF shall be provided with a copy of the final investigation report.

8.2.4 The inquiry shall be completed within 90 days and the investigation completed within 180 days of its initiation. If completion of an inquiry or investigation will be delayed, NSF shall be notified and may require submission of periodic status reports.

8.3 Interim Administrative Action

UNM officials will take interim administrative actions, as appropriate, to protect federal funds and insure that the purposes of the federal financial assistance are carried out.

8.4 Termination of UNM Employment

The termination of the respondent's UNM employment, by resignation or otherwise, before or after an allegation of possible research misconduct has been reported, will not preclude or terminate the misconduct procedures. If the respondent refuses to participate in the process after termination of employment, the committee will use its best efforts to reach a conclusion concerning the allegations, noting in its report the respondent's failure to cooperate and its effect on the committee's review of all the evidence.

8.5 Record Retention

All documentation of an inquiry that does not lead to an investigation shall be maintained in University Counsel Office files for at least three (3) years after the conclusion of the inquiry. All documentation of an investigation shall be maintained in University Counsel Office files for five (5) years after the end of the investigation. Documentation shall be provided to the sponsoring agency and ORI upon request or if required by the agency's regulations. Documentation shall be treated as confidential personnel information to the extent provided for by law.

8.6 Reimbursement

If requested, the Board of Regents in the pursuit of justice and fairness may, in its sole discretion, fully or partially reimburse the respondent and/or the complainant for legal fees in cases of unusual hardship.

8.7 Federal Regulatory Changes

If PHS, ORI, NSF or any other federal agency amends its requirements on research misconduct, those amendments shall govern where applicable and shall be incorporated into this policy by reference herein. Such changes in federal requirements shall supersede all relevant portions of this policy.

8.8 Revision

The Faculty Senate is authorized to make minor technical and implementing modifications to the detailed Research Misconduct Policy subject to approval of the President of the University.

**Point by Point Supplemental Policy Statements in response to
ORI review of FHB Policy E40 dated December 2, 2014**

This document addresses areas of the current *FHB Policy E40*, by section, that ORI identified as either partially addressed, not properly addressed, not addressed or needing clarification in order to meet the current PHS regulations at 42 CFR Part 93. UNM HSC's Supplement to UNM Faculty Handbook Policy E40: Research Misconduct, dated February 9, 2015, is derived from these statements and has been implemented to ensure UNM HSC compliance with the current PHS regulations.

APPLICABILITY

Comment 1:

FHB Policy E40 notes certain requirements for reporting to ORI when U.S. Public Health Service (PHS) funding is involved but does not reference the citation (42 CFR Part 93). (§93.302(a))

Comment 2:

The introduction section of *FHB Policy E40* notes that the policy applies to most, if not all, members of the University's academic community, but there are only general references to PHS funding, as required. (§93.214 and §93.102)

Comment 3:

FHB Policy E40 does not include or incorporate by reference the limitation to research misconduct occurring within six years of the date that HHS or the institution receives an allegation of research misconduct. (§93.105)

HSC E40 Supplement Policy Statement:

1. INTRODUCTION AND SCOPE

- Change title of section 1. From "INTRODUCTION AND SCOPE" to "INTRODUCTION"
- Eliminate last paragraph of section 1. INTRODUCTION AND SCOPE
- Address "scope" in new section titled APPLICABILITY (see below)

2. APPLICABILITY (new section)

FHB Policy E40, along with this supplement, are intended to carry out UNM HSC's responsibilities under the PHS regulations on Research Misconduct, 42 CFR Part 93. *FHB Policy E40* and this supplement apply to allegations of research misconduct (as defined in *FHB Policy E40*), or in reporting research results involving:

- any individual who, at the time of the alleged research misconduct, was employed by, was an agent of, or was affiliated by contract or agreement with this institution; including, but not limited to, faculty, graduate/undergraduate students, staff, employees, contractors, visiting scholars, and any other member of the University's academic community and
- one or more of the following:
 - (1) PHS supported or non-PHS supported biomedical or behavioral research, research training or activities related to that research or research training, such as the operation of tissue and data banks and the dissemination of research

information, (2) applications or proposals for PHS support or non-PHS support for biomedical or behavioral research, research training or activities related to that research or research training, or (3) plagiarism of research records produced in the course of research, research training or activities related to that research or research training. This includes any research proposed, performed, reviewed, or reported, or any research record generated from that research, regardless of whether an application or proposal resulted in a grant, contract, cooperative agreement, or other form of support.

These policies and procedures do not apply to authorship or collaboration disputes and apply only to allegations of research misconduct that occurred within six (6) years of the date the institution or HHS received the allegation, subject to the subsequent use, health or safety of the public, and grandfather exceptions in 42 CFR § 93.105(b).

GENERAL PRINCIPLES

Comment 4:

Responding to each allegation of research misconduct in a thorough, competent, objective, and fair manner. (§93.300(b)) The E40 policy “generally meets” these criteria, but it is inferred rather than stated.

HSC E40 Supplement Policy Statement:

3. GENERAL PRINCIPLES

- Add the following language:

3.8. The institution will respond to each research misconduct allegation in a thorough, competent, objective and fair manner.

Comment 5:

FHB Policy E40 does not currently include information on how the institution informs its faculty and staff, beyond publication of the *FHB Policy E40*, of the policies and procedures related to allegations of research misconduct and the importance of compliance with those procedures. (§93.302(a)(2)(i))

HSC E40 Supplement Policy Statement:

3. GENERAL PRINCIPLES

- Add the following language:

3.9. UNM HSC will ensure its deans, directors, chairs, and graduate advisors are reminded annually of the institution’s policies and procedures on Research Misconduct including *FHB Policy E40* and the UNM HSC Supplement to *FHB Policy E40*. The HSC will also inform all faculty, students, and staff of (1) the need and importance of research integrity and (2) the importance of compliance with these policies and procedures.

Comment 6:

Section 3.3 states that “allegations must be made in writing, and signed and dated by the complainant”. The PHS regulation requires institutions initiate an inquiry into allegations of research misconduct if the allegations are “sufficiently credible and specific” without qualification. Anonymous and/or oral allegations that are credible and specific must be addressed. (§93.201)

HSC E40 Supplement Policy Statement:

3. GENERAL PRINCIPLES

- Replace section 3.3 with the following revised language:

3.3 All faculty and staff will report observed, suspected, or apparent research misconduct in accordance with section 4.1 of this policy. Allegations may be made in writing, orally or anonymously and in all cases, must be sufficiently credible and specific. If an individual is unsure whether a suspected incident falls within the definition of research misconduct, he or she may meet with or contact the Vice Chancellor for Research or HSC Research Integrity Officer (RIO) to discuss the suspected research misconduct informally, which may include discussing it anonymously and/or hypothetically. A copy of this policy shall be made available to the complainant.

PRELIMINARY ASSESSMENT OF ALLEGATIONS

Comment 7:

The PHS regulations require that the policy provides for assessment of the allegation to determine if an inquiry is warranted because the allegation: (1) is within the definition of research misconduct in §93.103; (2) is an allegation to which the research misconduct regulation applies under §93.102; and (3) is sufficiently credible and specific so that potential evidence of research misconduct may be identified (§93.307(a))

HSC E40 Supplement Policy Statement:

4. PRELIMINARY ASSESSMENT OF ALLEGATIONS

- Replace section 4.3 with the following revised language:

4.3 Upon receiving an allegation of research misconduct, the Vice Chancellor for Research, or designee, shall conduct a preliminary assessment within seven (7) working days. The purpose of the preliminary assessment is to determine whether the allegation (1) is sufficiently credible and specific so that potential evidence of research misconduct may be identified, (2) whether the allegation falls within the definition of research misconduct and (3) whether it is within the jurisdictional criteria of this policy. An inquiry must be conducted if these criteria are met.

In conducting the preliminary assessment, the complainant, respondent, or other witnesses need not be interviewed and data need not be gathered beyond any that may have been submitted with the allegation, except as necessary to determine whether the allegation is sufficiently credible and specific so that potential evidence of research misconduct may be identified.

INQUIRY

Comment 8:

On or before the respondent is notified of the research misconduct allegations, take all practical steps to sequester, inventory, and secure the research record and other relevant evidence (§93.305(a), §93.307(b), (§93.310(d)(2)), and after sequestration, allowing the respondent copies of , or reasonable, supervised access to the research records (§93.305(b))

HSC E40 Supplement Policy Statement:

5. INQUIRY

- Replace section 5.2 with the following revised language:

5.2 Securing Research Records:

Prompt securing of the research records is in the best interest of both the respondent and UNM HSC. After determining that an inquiry will occur, the Vice Chancellor for Research will direct a process to obtain custody of all the research records and evidence needed to conduct the research misconduct proceeding, inventory the records and evidence and sequester them in a secure manner, except that where the research records or evidence encompass scientific instruments shared by a number of users, custody may be limited to copies of the data or evidence on such instruments, so long as those copies are substantially equivalent to the evidentiary value of the instruments. Sequestration of research records must occur on or before the date on which the respondent is notified of the allegation.

INVESTIGATION

Comment 9:

Pursue diligently all significant issues and leads discovered that are determined relevant to the investigation, including any evidence or additional instances of possible research misconduct, and continue the investigation to completion (§93.310(h))

HSC E40 Supplement Policy Statement:

6. INVESTIGATION

- Replace first sentence of section 6.4 Investigation Process with the following:

The Investigation Committee will pursue diligently all significant issues and leads discovered that are determined relevant to the investigation, including any evidence or additional instances of possible research misconduct, and continue the investigation to completion.

Comment 10:

Section 6.5 provides the respondent an opportunity to review and comment on the draft report, but there is no specific provision to provide access to the relevant evidence on which the report was based. (§93.312(a))

HSC E40 Supplement Policy Statement:

6. INVESTIGATION

- Replace section 6.5 Investigation Report, paragraph 4 (beginning "The respondent will...") with the following revised language:

The respondent shall be given a copy of the draft investigation report 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 the date he/she received the draft report to submit comments. The respondent's comments must be included and considered in the final report. The complainant may be provided with those portions of the draft investigation report that address the complainant's role and opinions in the investigation, and the complainant will have thirty (30) days to submit any comments to the investigation committee. The report may be modified, as appropriate, based on the complainant's comments.

Comment 11:

The appeal process identified in FHB Policy E40, section 6.6 is limited to claims of procedural error, or a claim that the sanctions imposed as a result of a finding of research misconduct were inappropriate. If an institution's procedures provide for an appeal by the respondent that could result in the reversal of the findings of research misconduct in the investigation report, the institution must complete any such appeal within 120 days of the appeal's filing. Appeals from personnel or similar actions that would not result in a reversal or modification of the findings of research misconduct are excluded from the 120-day limit.

HSC E40 Supplement Policy Statement:

6. INVESTIGATION

- Replace 6.6 Institutional Review and Determination, paragraph 4 with the following revised language:

Respondents may appeal the final determination to the University President. An appeal is limited to: (1) a claim of procedural error; and/or (2) a claim that the sanction imposed as a result of a finding of research misconduct is inappropriate.

Comment 12:

At the completion of the investigation process, provide ORI with the investigation report (including the report, all attachments, and any appeal), the final institutional actions (that is, was there research misconduct, and if so, who was responsible), the institutional findings (the institution's acceptance of the investigation's findings) and any administrative actions against the respondent (§93.315) while ORI considers this provision "generally met" there are omissions of details outlined in the PHS regulations.

HSC E40 Supplement Policy Statement:

6. INVESTIGATION

- Replace 6.6 Institutional Review and Determination, paragraph 5 with the following revised language:

Except as to PHS funded research, the investigation shall be completed within 180 days of the first meeting of the Investigation Committee. However, for PHS sponsored research, unless an extension has been granted, the institution must submit the following to ORI within 120 days of the first meeting of the Investigation Committee: (1) a copy of the final investigation report with all attachments; (2) a statement of whether the institution accepts the findings of the investigation report; (3) a statement of whether the institution found misconduct and, if so, who committed the misconduct; and (4) a description of any pending or completed administrative actions against the respondent.

OTHER CONSIDERATIONS

Comment 13:

Notify ORI immediately if the health and safety of the public is at risk, if HHS resources or interests are threatened, if research activities should be suspended, if federal action is required to protect the research misconduct proceedings, if the alleged incident might be publically reported, or if the research community or public should be informed (§93.318). If a reasonable indication of possible criminal violations is found, ORI must be notified immediately (§93.318(d))

HSC E40 Supplement Policy Statement:

8. OTHER CONSIDERATIONS

- Replace section 8.1.5 with the following language:

ORI shall be notified immediately, at any time during a research misconduct proceeding, if there is any reason to believe that any of the following conditions exist:

1. Health or safety of the public is at risk, including an immediate need to protect human or animal subjects;
2. HHS resources or interests are threatened;
3. Research activities should be suspended;
4. There is a reasonable indication of possible violations of civil or criminal law;
5. Federal action is required to protect the interests of those involved in the research misconduct proceeding;
6. The research misconduct proceeding may be made public prematurely and HHS action may be necessary to safeguard evidence and protect the rights of those involved; or
7. The research community or public should be informed

Comment 14:

Section 8.5 Record Retention, does not meet current PHS requirements for record retention) (§93.317(b) and §93.309(d))

Comment 15:

Provide for documentation in inquiries in sufficient detail to permit a later assessment by ORI of the reasons why the institution decided not to conduct an investigation (§93.309(c))

HSC E40 Supplement Policy Statement:

8. OTHER CONSIDERATIONS

- Replace section 8.5 Record Retention with the following language:

8.5 Record Retention:

Records of the research misconduct proceeding will be maintained in a secure manner for 7 years after completion of any proceeding by the institution involving research misconduct allegation, or the completion of any ORI proceeding involving the allegation of research misconduct, whichever is later, unless custody of the records has been transferred to ORI or ORI has advised that the records no longer need to be retained. When it is determined that an investigation is not warranted, detailed documentation of the inquiry must be retained for at least 7 years after termination of the inquiry, so that ORI may assess the reasons why the institution decided not to conduct an investigation.

Comment:

Assist in administering and enforcing any HHS administrative actions imposed on its institutional members; (§93.300(h))

HSC E40 Supplement Policy Statement:

8. OTHER CONSIDERATIONS

- Change sub-heading of section 8.3 from "Interim Administrative Action" to "Administrative Action"
- Add the following provision to section 8.3:

UNM HSC Officials shall ensure that administrative actions taken by the institution and ORI are enforced and shall take appropriate action to notify other involved parties such as sponsors, law enforcement agencies, professional societies, and licensing boards, of those actions.

Office of Research Integrity (ORI)

Review of Policies and Procedures for Addressing Research Misconduct Allegations

As Required by 42 CFR Part 93

Institution: University of New Mexico Health Sciences Center (UNM)

Date: December 2, 2014

A review of the UNM Faculty Handbook – E40: Research Misconduct policy for responding to research misconduct allegations indicates that the following requirements of the research misconduct regulation at 42 CFR Part 93¹ either are or are not appropriately reflected in the institution's policies and procedures, as noted in the comment sections below.² The comment section(s) indicate the needed modification(s).

Applicability

Establishes policies and procedures according to 42 CFR Part 93, keeps them in compliance with this part, and upon request, provides them to ORI, other U.S. Department of Health and Human Services (HHS) personnel, and members of the public (§93.302(a)).

Comment: Partially Addressed – The policy notes certain requirements for reporting to ORI when U.S. Public Health Service (PHS) funding is involved but does not reference the citation (42 CFR Part 93).

Relationship to PHS Support. Applies to allegations of research misconduct involving: "institutional members," as defined in § 93.214,³ and one or more of the following: (1) applications or proposals for PHS support for biomedical or behavioral research, research training or activities related to that research or research training, such as the operation of tissue and data banks and the dissemination of research information; (2) PHS supported research, research training, or activities related to that research or research training; or (3) plagiarism of research records produced in the course of PHS supported research, research training or activities related to that research or research training (§93.102).

¹This form does not encompass all of the obligations of institutions under 42 CFR Part 93.

²Under § 93.319 institutions may have internal standards of conduct different than those set forth in 42 CFR Part 93. An institution may find conduct to be actionable under its standards, even if the action does not meet the definition of research misconduct in the HHS regulation.

³Institutional member or members means a person who is employed by, is an agent of, or is affiliated by contract or agreement with an institution. Institutional members may include, but are not limited to, officials, tenured and untenured faculty, teaching and support staff, researchers, research coordinators, clinical technicians, postdoctoral and other fellows, students, volunteers, agents, and contractors, subcontractors, and subawardees, and their employees.

Comment: Partially addressed – The introduction section of the policy notes that the policy applies to most, if not all, members of the University's academic community, but there are only general references to PHS funding.

Time Limitations. Includes or incorporates by reference the limitation to research misconduct occurring within six years of the date that HHS or the institution receives an allegation of research misconduct.⁴

Comment: Not addressed.

General Policies and Principles

Informs its scientific and administrative staff of the policies and procedures and the importance of compliance with those policies and procedures (§93.302(a)(2)(I)).

Comment: Partially addressed – The policy is found in the faculty handbook, but there is no further information on how the requirements are further disbursed to faculty and staff.

Defines allegation as any disclosure of possible research misconduct through any means of communications, i.e., by written or oral statements or other communications to an institutional or HHS official (§93.201).

Comment: Not properly addressed – The policy, in Section 3.3, states that “allegations must be made in writing, and signed and dated by the complainant.” The PHS regulation requires institutions initiate an inquiry into allegations of research misconduct if the allegations are “sufficiently credible and specific” without qualification. Anonymous and/or oral allegations that are credible and specific must be addressed.

Defines research misconduct as fabrication, falsification, or plagiarism in proposing, performing, or reviewing research, or in reporting research results (§93.103).

Comments: OK, Section 2.9.

An ORI finding of research misconduct requires that there be a significant departure from accepted practices of the relevant research community, that the misconduct be committed intentionally, knowingly, or recklessly, and the allegation be proven by the preponderance of the evidence (§93.104, 106(a)).

⁴Time limit exceptions: (1) continuation or renewal of any incident of research misconduct that occurred before the 6-year limit through the citation, republication, or other use for the potential benefit of the respondent of the research record that is the subject of the allegation, (2) alleged research misconduct that, if it occurred, would have a substantial adverse effect on the health or safety of the public, as determined by ORI or by the institution in consultation with ORI, or (3) receipt of the allegation by HHS or the institution before June 16, 2005 (§93.105).

Page 3

Comment: OK, Section 6.5.

Affording the affected individual(s) confidential treatment to the maximum extent possible (§93.108, §93.300(e)).

Comment: OK, Section 3.6.

Responding to each allegation of research misconduct in a thorough, competent, objective, and fair manner (§93.300(b)).

Comment: Policy generally meets this criteria.

Notify ORI immediate if the health and safety of the public is at risk, if HHS resources or interests are threatened, if research activities should be suspended, if federal action is required to protect the research misconduct proceedings, if the alleged incident might be publically reported, or if the research community or public should be informed (§93.318). If a reasonable indication of possible criminal violations is found, ORI must be notified immediately (§93.318(d)).

Comment: Generally OK, Section 8.1.5.

Provides for appropriate interim institutional actions, such as additional monitoring of the research process or the handling of federal funds or equipment, reassignment of personnel, or additional review of research data and results, during a research misconduct proceeding to protect public health, federal funds and equipment, and the integrity of the PHS supported research process (§93.304(h)).

Comment: OK, Section 8.3.

Preparation and maintenance of the documentation of the research misconduct proceedings in a secure manner for at least seven (7) years after completion of any PHS proceedings involving the research misconduct allegations (§93.317(b)) and providing them to ORI or other HHS personnel upon request (§93.309(d)).

Comment: Retention terms for inquiry (3 years) and investigations (5 years) do not meet the current requirement of 7 years after the completion of the proceedings.

Provides for reasonable and practical steps to protect or restore the positions and reputations of good faith complainants, witnesses and committee members and protect them from actual or potential retaliation by respondents or other institutional members (§§93.300(d), 93.304(l)).

Comment: OK, Section 7.3.

Make all reasonable and practical efforts to protect or restore the reputations of persons alleged to have engaged in misconduct when allegations are not confirmed (§93.304(k)).

Page 4

Comment: OK, Section 7.2.

Notify ORI in advance if the investigation process is to close prematurely, based on the admission of guilt or settlement agreement with the respondent, or for any other reason (§93.316).

Comment: OK, Section 8.1.2.

Enforcing any HHS administrative actions imposed on institutional members (§93.300(h)).

Comment: Not addressed.

Assessment of Allegations to Determine if an Inquiry is Warranted

Provides for assessment of the allegation to determine if an inquiry is warranted because the allegation: (1) is within the definition of research misconduct in § 93.103; (2) is an allegation to which the research misconduct regulation applies under § 93.102; and (3) is sufficiently credible and specific so that potential evidence of research misconduct may be identified (§ 93.307(a)).

Comment: Generally OK, Section 4.3.

Inquiries

The purpose of an inquiry is to perform an initial review of the evidence to determine whether to carry out an investigation; a full review of all of the evidence related to the allegation is not needed (§ 93.307(c)).

Comment: OK, Section 5.1.

On or before the respondent is notified of the research misconduct allegations, take all practical steps to sequester, inventory, and secure the research record and other relevant evidence (§93.305(a), §93.307(b), §93.310(d)(2)); and after sequestration, allowing the respondent copies of, or reasonable, supervised access to the research records (§93.305(b)).

Comment: Generally OK, Section on "Securing Research Record" (section number missing, but passage should be identified as Section 6.2.)

Completion of each inquiry within 60 calendar days from receipt of allegation (§93.307(g)), including the receipt and evaluation of comments by the respondent (§93.307(f)), and the preparation of a written report⁵ (§93.307(e)). If the inquiry is not completed within the 60-day

⁵Inquiry report should include the name and position of the respondent, a description of the allegations of research misconduct, the PHS support involved, the basis for recommending an investigation, and any comments on the report by the respondent or complainant.

Page 5

period, the reasons for exceeding that period will be included in the record of the inquiry (§93.307(g)).

Comment: OK.

Provide written notification to the respondent before an inquiry is initiated (§93.307(b)).

Comment: OK, Section "Securing Research Records."

Precautions against real or apparent conflicts of interest in inquiries (§93.300(b), §93.304(b)).

Comment: OK, Section "Inquiry Committee."

Provide the respondent an opportunity to review and comment on the inquiry report (§93.307(f)).

Comment: OK, Section "Inquiry Report."

Provide for documentation in inquiries in sufficient detail to permit a later assessment by ORI of the reasons why the institution decided not to conduct an investigation (§93.309(c)).

Comment: Generally OK, under Section 8.5.

Initiate an investigation if the preliminary information-gathering and preliminary fact-finding from the inquiry indicate that the allegations may have substance (§93.307(d)).

Comments: OK, under Inquiry determination.

Investigations

Initiation of an investigation within 30 calendar days after a determination that an investigation is warranted (§93.310(a)).

Comment: OK, Section 6.1.

Notification to the Office of Research Integrity (ORI), PHS, prior to the initiation of an investigation (§93.310(b)), including a copy of the inquiry report (§93.309(a)).

Comment: OK, Section 8.1.1.

Selection of impartial experts to conduct investigations (§93.310(f)).

Comment: OK, Section 6.3.

Precautions against real or apparent conflicts of interest in investigations (§93.310(f)).

Page 6

Comment: OK, Section 6.3.

Provide written notification to the respondent when a determination is made that an investigation is warranted (§93.308(a), §93.310(c)).⁶

Comment: OK, under “Inquiry Determination.”

Provide for interviewing each respondent, complainant, and any other available person having information regarding any relevant aspect of the investigation, and recording and transcribing each interview, and providing the recording or transcript to the interviewee for correction (§93.310(g)).

Comment: OK, Section 6.4.

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 (§93.310(h)).

Comment: Not specifically stated, but generally implied.

Completion of an investigation within 120 calendar days (§93.311(a)), including the preparation of the report of findings, providing the draft report for comment (§93.312), and sending to ORI the investigation report.

Comments: OK, Section 6.6 and 6.5.

If unable to complete the investigation in 120 days, the institution must ask ORI for an extension in writing (§93.311(b)).

Comment: OK, Section 8.1.3.

Provide the respondent an opportunity to review and comment on the draft investigation report and, concurrently, a copy of (or supervised access to) the evidence on which the report was based (§93.312(a)).

Comment: Partially met– Section 6.5 provides the respondent an opportunity to review and comment on the draft report, but there is no specific provision to provide access to the relevant evidence on which the report was based.

⁶The institution must give the respondent written notice of any new allegations of research misconduct within a reasonable amount of time of deciding to pursue allegations not addressed during the inquiry or in the initial notice of investigation.

At the completion of the investigation process, provide ORI with the investigation report⁷ (including the report, all attachments, and any appeal), the final institutional actions (that is, was there research misconduct, and if so, who was responsible), the institutional findings (the institution's acceptance of the investigation's findings) and any administrative actions against the respondent (§93.315).

Comment: The provision is generally met by procedures in Section 6.6, Institutional Review and Determination.

Institution Appeal Process

If an institution's procedures provide for an appeal by the respondent that could result in the reversal or modification of the findings of research misconduct in the investigation report, the institution must complete any such appeal within 120 days of its filing. Appeals from personnel or similar actions that would not result in a reversal or modification of the findings of research misconduct are excluded from the 120-day limit.

Comment: Not applicable – The appeal process in this policy is limited to claims of procedural error, or a claim that the sanctions imposed as a result of a finding of research misconduct were inappropriate.

⁷Body of report to include the allegations, the PHS support, the institutional charge, the policies and procedures, the research records and evidence, the statement of findings (§93.313(f)), and comments by the respondent and complainant (§93.313).

8. Change of the Board of Regents Policy 7.14

Vice President for Human Resources Dorothy Anderson reported on the change of the Board of Regents Policy 7.14. There were a few changes made to the Safety and Loss Prevention Program section of Policy 7.14. Nothing was changed in the content the order of the section was only changed. The significant change is the use of the reserve in section 2.1 this stemmed from Spring 2015 when the Board of Regents approved to use the reserves to offset the deficit for the operations budget. Following this approval, Human Resources consulted with external legal counsel to make sure there was nothing that would prevent the University in doing so. Legal counsel came back and stated that there is nothing being done illegal but that employees are entitled to a portion of the reserve that they contributed to. Legal counsel recommended that the University develop a policy that outlined to state that the University will preserve to ensure that the University meets the incurred but not recorded portions and that there will be a specific balance that could be used.

Regents' Policy Manual - Section 7.14: Risk Management and Insurance

Adopted Date: 09-12-1996

Amended: 12-14-2010

Amended: 08-14-2015



Applicability

This policy applies to all members of the University community and to all property owned or controlled by the University.

Policy

1. Safety and Loss Prevention Program

It is the policy of the University to take reasonable steps to avoid accidents or other incidents that could result in injury or death to students, faculty, staff, and visitors, and to protect the physical resources of the University against loss or damage. The University, therefore, will have an active safety and loss prevention program. Because of the unique and distinct manner in which the Health Sciences Center operates and the unique nature of the risks of loss with respect thereto, the governance and oversight of the safety and loss prevention program for the Health Sciences Center (and each of its component colleges, schools, centers, units, and subsidiary corporations as described in Section 1 of [RPM 3.4](#)) shall be as described in Section 3i of [RPM 3.5](#) for the Health Sciences Board of Directors and Exhibit A Section 12 of [RPM 3.6](#) for the UNM Hospital Board of Trustees. The program will also provide for the proper handling and disposition of hazardous materials, pursuant to applicable laws.

Liability insurance covering the University and its "public employees," as defined in the New Mexico Tort Claims Act, property and casualty insurance, workers' compensation insurance, and health care liability coverage for health care students are provided by the Risk Management Division, General Services Department, of the State of New Mexico.

Recognizing that the University's and its "public employees" tort liability to third parties is subject to the immunities and limitations set forth in the New Mexico Tort Claims Act and the Eleventh Amendment to the U.S. Constitution, in cooperation with the Risk Management Division of the New Mexico General Services Department under and pursuant to the New Mexico Tort Claims Act, the University will carry (a) fire and extended coverage insurance on its buildings, heating and cooling systems, and major equipment; (b) workers' compensation and unemployment compensation as required by applicable law, (c) medical malpractice, professional liability, and comprehensive general liability insurance under the Public Liability Fund administered by the Risk Management Division to protect itself and its "public employees," as defined in and consistent with the New Mexico Tort Claims Act; (d) such other and further insurance coverage as may be necessary and appropriate under the circumstances of a particular situation.

2. Insurance for Employees and Students

The University will provide opportunities for its students and employees to purchase medical insurance.

The Board must approve the establishment or elimination of any alternative insurance or self-insurance program. In 2009, the Board approved a self-funded employee health plan.

9. Faculty Senate Social

This social was put to the last agenda item.

10. New Business and Open Discussion

Faculty Senate Curricula Committee Membership

Faculty Senate Curricula Committee Chair Carolyn Montoya reported vacancies that are on the Committee encouraging faculty to volunteer.

Faculty Senate Undergraduate Committee Chair Vacancy

Faculty Senate Curricula Committee Chair Carolyn Montoya reported that a Chair needs to be elected for this Committee who has experience in Curricula. She encouraged faculty to participate in Faculty Senate Committees.

Meeting adjourned at 4:20 p.m.



SENATE GRADUATE &
PROFESSIONAL COMMITTEE

Jennifer Thacher, Chair
jthacher@unm.edu

DATE: September 3, 2015

TO: Operations Committee of the Faculty Senate

FROM: Jennifer Thacher, Ph.D., Chair
Senate Graduate & Professional Committee

RE: Posthumous Degree

At its September 3, 2015 meeting the Senate Graduate & Professional Committee voted to approve a request to grant a posthumous degree to Corlan Keller (100260933). Please see the attached memo from Rikk Murphy, Graduate Program Coordinator, Department of Psychology, detailing this request for Mr. Keller.

The Senate Graduate & Professional Committee's approval is based primarily on the two conditions specified in the faculty handbook relative to the granting of posthumous degrees. Mr. Keller had completed the coursework required for the degree and his academic record is in good standing. Therefore, we request that the Faculty Senate support the awarding of a posthumous Master of Science to Corlan Keller. We also request that this item be put on the Senate's agenda at the earliest convenience.

Thank you.

Attachment



Department of Psychology

To: Robben Baca, Academic Affairs Specialist
From: Rikk Murphy, Graduate Program Coordinator
Date: 23 July 2015
RE: Posthumous degree for Corlan Keller-100260933

Received

JUL 24 2015

Graduate Office
University of New Mexico

The Department of Psychology requests the University of New Mexico grant a posthumous Master of Science in Psychology degree to Corlan Keller, a graduate student who passed away earlier this summer. Mr. Keller had completed all of the required coursework for the degree, submitted his thesis proposal to the department, and had conducted and completed his research for his thesis at the time of his death. He was expecting to defend his thesis this fall and his mentor, Dr. Eric Ruthruff, fully expected Mr. Keller to defend it successfully.

Corlan was the first in his family who had achieved a four-year degree. His family, the department, and I would greatly appreciate the University granting him this one final milestone.

Faculty Senate President Report

September 2015 Faculty Senate Meeting

- Meetings with constituents (Regents, Administration)
- Branding Initiative
- Meeting with AON to discuss Benefits Plans
- Faculty orientation at HSC on Faculty Governance
- Policy development (Regents, Faculty Handbook)
 - Update on policy E90
 - Update on supplemental policy E40 (HSC)
- Presentations to the FS Operations Committee
 - UNM Health insurance and Healthcare task force (M. Richards)
 - Center for Academic Program Support (A. Haynie, M. Maez)
 - World Oil Market projections (S. Hughes)
 - Current Tools for Web Based Learning (M. Orozco, E. Allen)
 - Faculty Senate Information Technology Use Committee (J. Wheeler))
 - Student Interest in Career Tracks and Programs (T. Babbitt)
 - Human Research Protections Program - Main Campus (L. Petree)
- September 22, 2015 Faculty Senate Meeting (tentative)
 - UAEP 3210: Recruitment and Hiring
 - Initiative for possible tenure of clinical educators
- United Way Campaign
- Q&A

Committee	Fname	Lname	Title	Department
Admissions & Registration	Matthew	Barstow	Graduate & Professional Student	Graduate and Professional Student Association
Athletic Council	Michael	Rocca	Associate Professor	Political Science
	Finnie	Coleman	Associate Professor	Africana Studies
	Todd	Seidler	Professor	Health, Exercise & Sport Sciences
	Ryan	Swanson	Assistant Professor	UC University Honors College
	Finnie	Coleman	Associate Professor	Africana Studies
	Gig	Brummell	Alumnus	UNM Alumni Association
Budget	Douglas	Thomas	Professor	Anderson School of Management
	Ann K.	Brooks	Lecturer	Anderson School of Management
	Janie	Chermak	Professor	Economics
	William	Liotta	Chairperson	Theatre and Dance
Business Council	Jonathan	Wheeler	Lecturer	University Libraries
Campus Development Advisory	Mho (Aladdin) A	Arar	Graduate & Professional Student	Graduate and Professional Student Association
Curricula	Catherine	Harris	Assistant Professor	Art and Art History
	Kristina	Wittstrom	Research Lecturer III	College of Pharmacy
	Katrina	Edelmann	Graduate & Professional Student	Graduate and Professional Student Association
	Susanne	Clement	Director of Collections	College of University Libraries & Learning Sciences
	Matthew	Mingus	Assistant Professor	Gallup Branch

	Tom Randi	Beach Archuleta	Adjunct Professor Dean	Los Alamos Branch Taos Branch
Faculty Ethics & Advisory	Gail T Nicholas	Houston Schlereth	Professor Student, GPSA	English Department ASM Finance Intl Tech Mngt FIT
Graduate & Professional	Karen Ivet	Brown Rosev	Clinician Educator Assistant Professor Graduate & Professional Student	College of Nursing Graduate and Professional Student Association
Honorary Degree	Mary Texanna Ryan	Tsiongas Martin Berryman	Associate Professor Graduate Student Student Regent	Art and Art History Gen Admin Graduate and Professional Student Association Board of Regents Office
Information Technology Use	Jonathan Tudor	Wheeler Oprea	Lecturer Professor	University Libraries Internal Medicine IM Graduate and Professional Student Association
	Mustfa Brian	Al-Mashhadani Mackie-Mason	Graduate & Professional Student Graduate & Professional Student	Graduate and Professional Student Association
Library	Nathan	Lihte	Graduate & Professional Student	Graduate and Professional Student Association
Policy	Kimberly Martha Jamal	Gauderman Muller Martin	Associate Professor Associate Professor Lecturer III	History Department Pediatrics Infectious Disease Africana Studies
Research Allocations	Robert	Montgomery	Associate Professor	Art and Art History

Research Policy	Tryphenia Joyce	Peele-Eady Szabo	Associate Professor Professor	Language Literacy Sociocultural LL Art and Art History Graduate and Professional Student Association
	Tara	Hackel	Graduate & Professional Student	
Teaching Enhancement	Oleh	Hnatiuk	Clinician Ed- Professor	IM Div of Pulmonary CC and Sleep Graduate and Professional Student Association
	Catherine	Hubka	Graduate & Professional Student	
Undergraduate	Marjori M.	Krebs	Assistant Professor	Department of Teacher Education
	Robin	Giebelhausen	Assistant Professor	Music
	Eva	Rivera-Lebron	Assistant Professor	Valencia County Branch

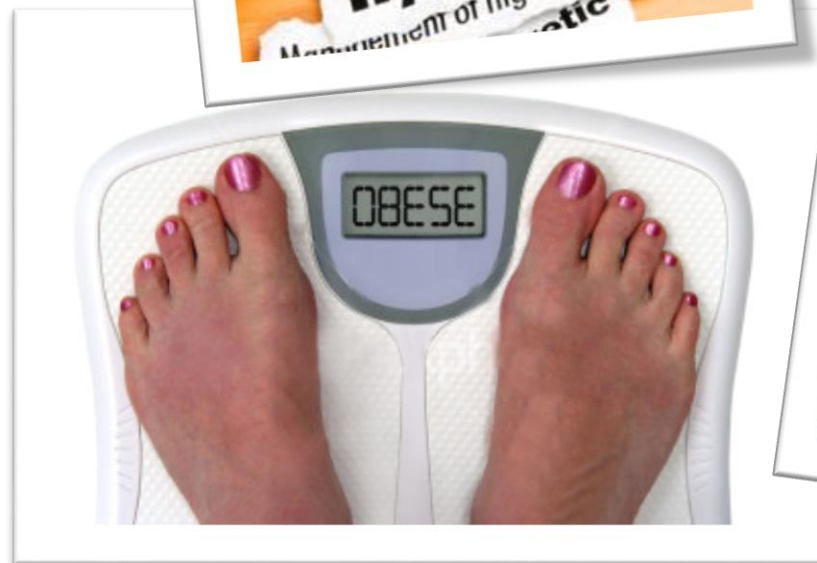
College of Population Health



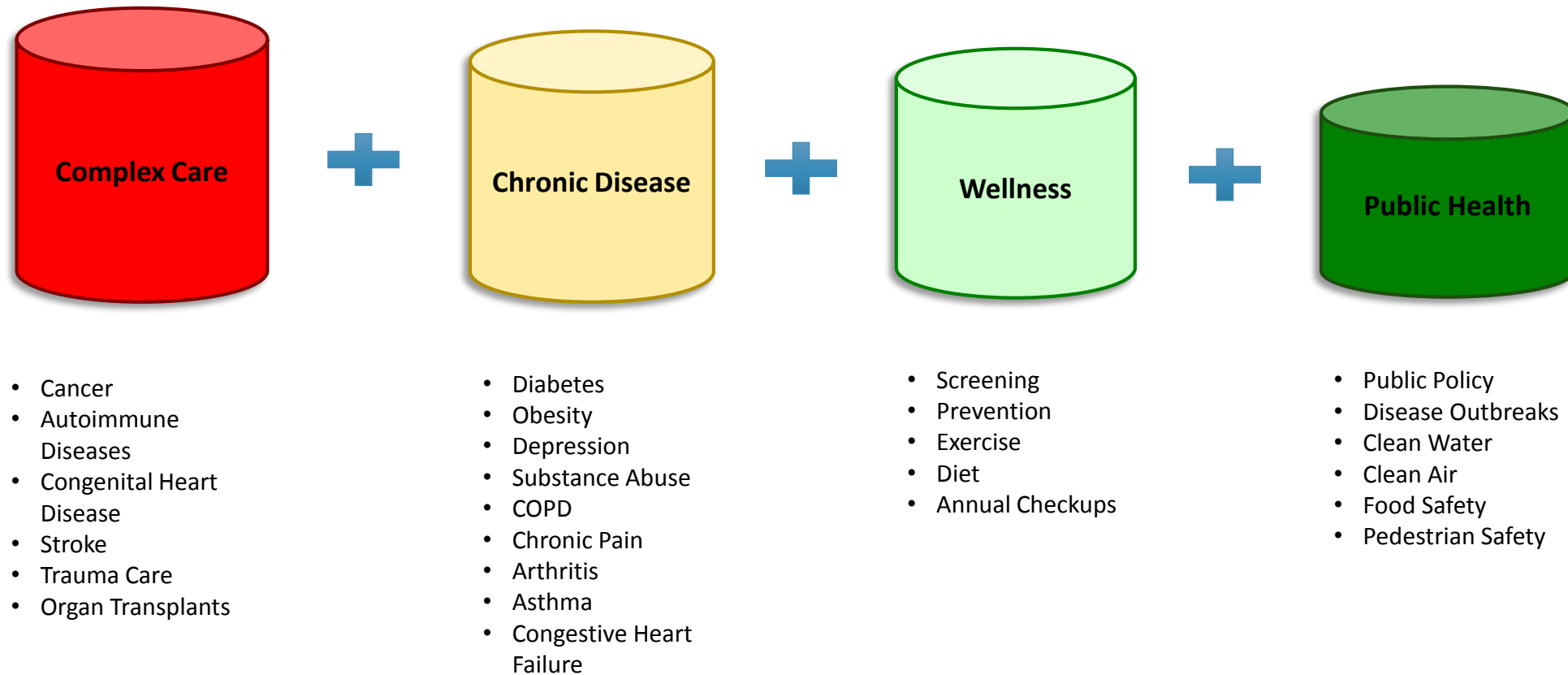
What is population health?

- A partnership between the health system and the community to prevent disease and increase wellness
- A focus on improving health outcomes





Population health is a connector

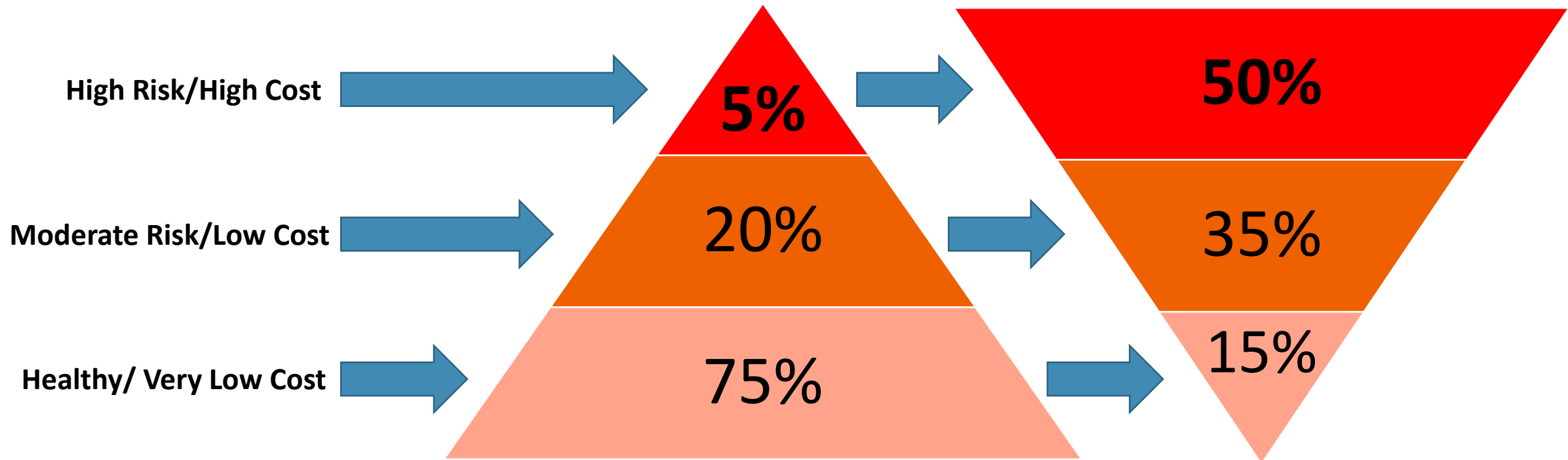


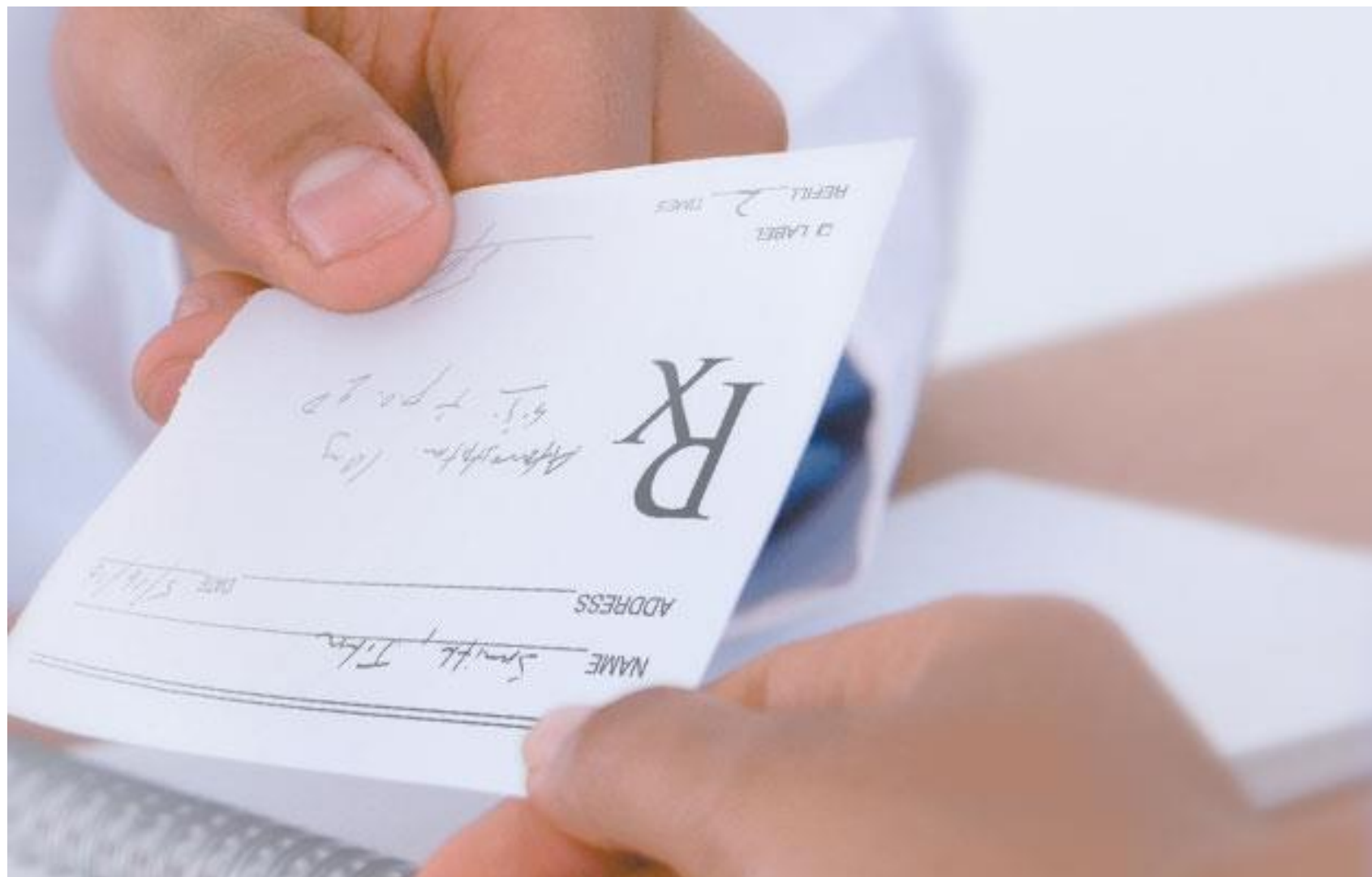
CPH and the Health System



- Vision 2020: a measure of the institution's success is to improve NM's population health and health equity
- Health System
 - Has a broader responsibility for the health of the population
 - Takes on risk for individuals with chronic diseases
 - Needs a trained workforce skilled in population health

The sickest **5%** of the US population spends **FIFTY** times as much per person as the healthy majority.





The College is essential to New Mexico

NM – enhancing the quality of life for New Mexicans by:

- Making wellness and prevention the primary focus
- Addressing social determinants
- Partnering with health systems and communities to improve health outcomes

UNM – attracting new students to prepare them for highly marketable careers

- Building multi-disciplinary and inter-professional programs
- Using existing resources
- Building on strengths found in each collaborating college

To benefit the health of all the populations of NM

VISION

To improve health outcomes and address social determinants through innovations in education, health care, research, and service.

MISSION

To provide the opportunity for New Mexicans to receive a highly inter-disciplinary and inter-professional education and enrich the workforce for the benefit of the health of our communities.

VALUES

- Collaborative and diverse partnerships
- A culture of shared expectations of excellence
- The trust of our communities to be a source of emerging knowledge and practice

GOAL

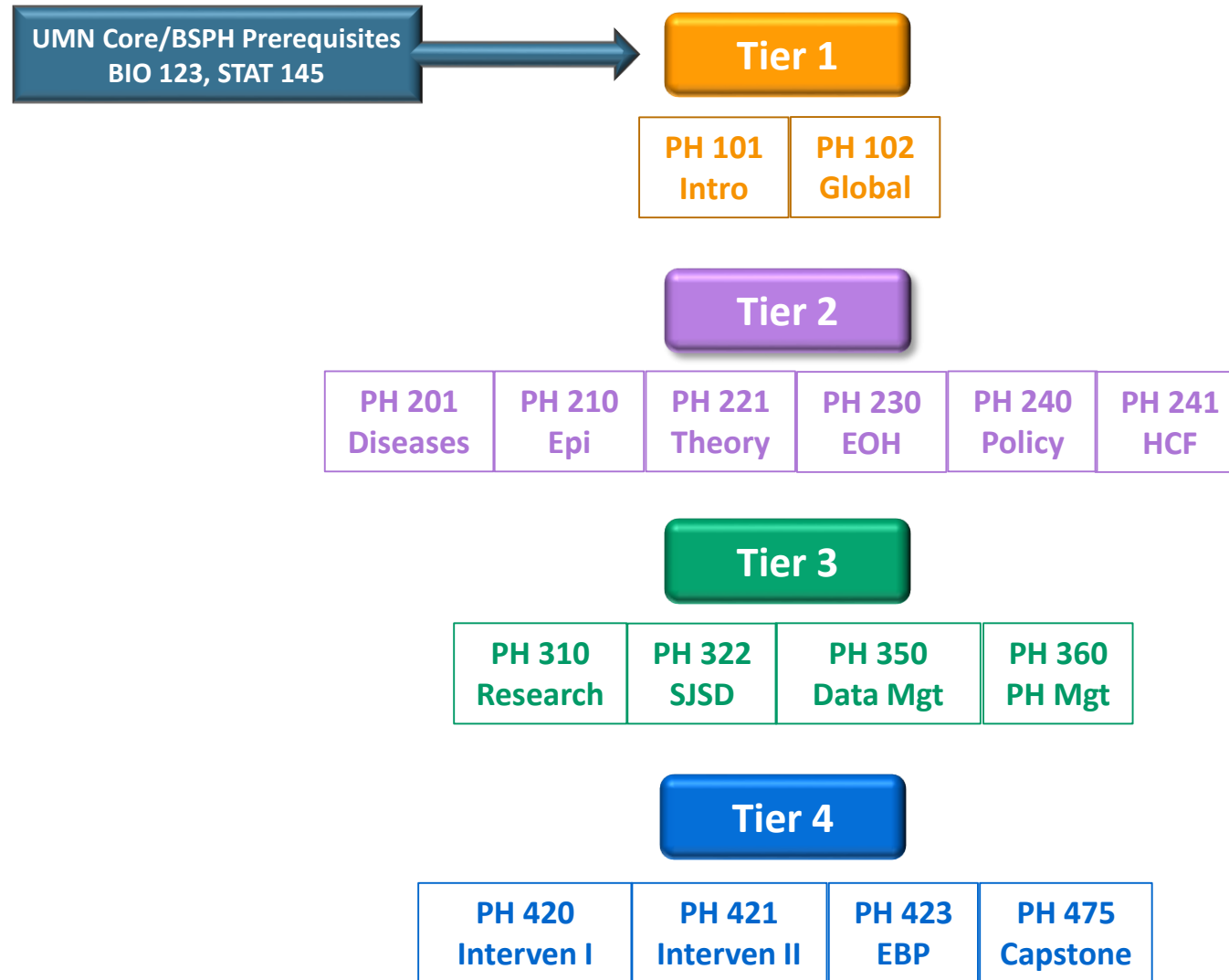
Do our part to assure that all New Mexicans live healthy lives.

Bachelor of Science in Population Health

- Competency-based curriculum
- 51 credits of core courses
- 12-15 credit “tracks”
- UNM Core courses that double count
- Working with UNM Branch campuses, CNM, Santa Fe CC and San Juan CC to articulate courses that will transfer



BSPH Core Courses



Tracks

Healthcare Finance
Healthcare Law
The Built Environment
Nutrition
Healthcare Analytics
Community Health Education

Experiential Elements to the Program

- Focus on improvements in population health
- County Health Councils will provide summer experiences
- Local programs in Albuquerque will participate

DOH staff

UNM Health System

Bernalillo County



Population Health Knowledge and Skills

- Population Health Core Values, Role and Challenges
- Human Health and Disease
- Determinants of Health
- Environmental Health
- Program Planning and Evaluation
- Health Systems Structure and Finance
- Population Health Management
- Data Analytics
- Health Policy, Law and Economics
- Health Communication
- Community, Diversity and Advocacy
- Professionalism and Ethics
- Leadership, Teamwork and Organizational Dynamics
- Critical Thinking, Creativity and a Systems Approach

INSIDE: STOCKS B2

BUSINESS

SECTION B | WEDNESDAY, JULY 22, 2015 | ALBUQUERQUE JOURNAL

Health care continues to drive NM job gains

June unemployment rate rises to 6.4%, signaling more looking for work

JOURNAL STAFF REPORT

Health care continued to be a job engine in New Mexico during June, adding more jobs over the year than in any month since January 1991, the Department of Workforce Solutions reported Tuesday.

Year-over-year gains in

what's officially called the education and health services employment sector, which is mostly health-care jobs, hasn't dropped below 4,000 jobs in the last 10 months.

At the same time, the state's unemployment rate increased from 6.2 percent in May to 6.4 percent in June, which translates to the addition of about 10,000 workers to the ranks of the unemployed. New Mexico's unemployment rate was running at just over 1 percentage

point higher than the average rate of 5.3 percent nationwide in June.

As defined by North American Industry Classification System, health-care employment runs the gamut of jobs found in all kind of medical clinics and offices to family-planning centers, home health care and medical labs.

"This month (June), the industry added 7,700 jobs, or 6.2 percent, the largest (percent) rate of growth since February

2003," the department says in a news release. "Growth in the industry made up about 45 percent of the sum of all over-the-year job gains in June."

The increase in health-care employment has generally been attributed to the dramatic expansion of Medicaid enrollment, which is authorized and funded by the Affordable Care Act, and its domino effect on health-care providers adding more staff.

Overall, New Mexico reg-

istered a job-growth rate of 1.6 percent in June, or 12,700 jobs, an improvement over a gain of 7,600 in May and roughly the same as in March and April.

Given the month-over-month job growth, the state's unemployment increase is likely a positive sign that people who had previously dropped out of the workforce because of poor job prospects were returning.

In addition to health care, the

professional and business services employment sector grew year over year by 4 percent or 4,000 jobs in June, the highest level since May 2007. Professional and business services is closely watched because it covers a broad range of white-collar jobs.

The government employment, which is the state's largest sector at almost 23 percent of all nonfarm jobs, grew by 0.8 percent or 1,400 jobs in June from a year earlier.

Workforce Opportunities

Apple would like to hire
graduates trained in
population health



Examples of Available Jobs in NM

- Health Data Analyst
- Emergency Management
- Emergency Response Specialist
- Operations Manager
- Emergency Planning & Preparation Specialist
- Environmental Data Steward
- Program Manager
- Environmental Management Professional
- Research Technologist
- Environmental Field Professional
- Scientist Level 1
- Scientist Level 2
- Environmental Outreach & Public Involvement Professional
- TRU Waste Sciences Manager
- Writer/Editor
- Project Coordinator
- Environmental Project Manager
- Project Manager
- Environmental Health & Safety Manager
- Health Information Mgmt. Specialist
- Environmental Health & Safety Professional
- Forensic Drug & Alcohol Technician
- Industrial Hygiene & Safety Professional
- Nuclear Materials Specialist
- Environmental Manager
- Access and Functional Needs Educator
- Benefit Advisor
- Case Analyst
- Clinical Support Services Director
- Community Inclusion Manager
- Health Educator
- Health Information Management Director
- HFLC Surveyor-Operational
- Community Coordinator
- Regional Health Educator
- Social and Community Service Coordinator



Partnerships.

Bachelor of Science in Population Health Faculty Senate Approval Process



University of New Mexico Health Science Center Compliance Office

Stuart Freedman, Chief Compliance Officer
August 2015

Compliance History: 25 Years

DATE	EVENT
Nov 1991	The US Senate Commission released sentencing guidelines for organizational defendants, establishing the Seven Elements of an Effective Compliance Program
June 1991	First meeting of the Ethics Officer Association
Feb 1997	DHHS Inspector General released an “Open Letter to Health Care Providers” in which she supported voluntary compliance programs in healthcare
Sept 1997	Health Care Compliance Association foundation
Fall 2001	Enron scandal
Nov 2002	First National Symposium on Corporate Responsibility: Compliance and Ethics held
Nov 2004	The US Sentencing commission makes major revisions to the sentencing guidelines for organizations, enhancing responsibility for governing boards
May 2012	Upon releasing the Freeh Report, higher education begins to re-examine the role of compliance



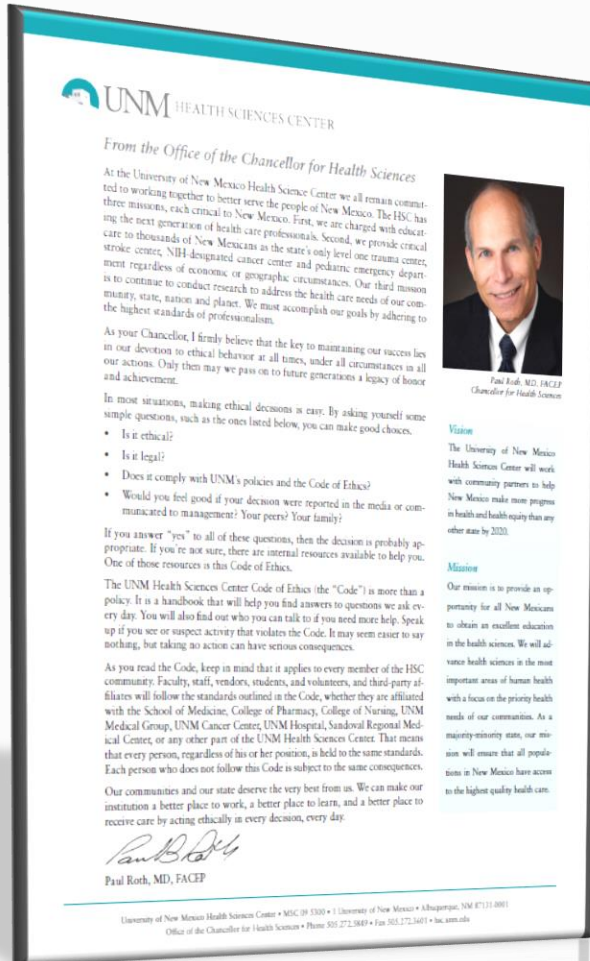
HSC Compliance Activities

Projects identified by the AAMC Compliance Peer Review as National Best Practice:

- HSC Code of Ethics
- Health System Provider Compliance Committee

Other Major Projects:

- Compliance Customer Satisfaction Survey
- Community Engagement
 - Presentations/Events
 - Hotline Poster
 - Online Training Focus Group



HSC Compliance Work Plan

- ✓ **Update the HSC Compliance Code of Ethics**
- ✓ **Standardize Compliance Training for New Employees**
- ✓ **Establish a Front Line Supervisor and Clinician Competency Training Program on Business Ethics – Tone at the Middle**
- ✓ **Provide in Person Compliance Training for Faculty and Staff Including the Use of the Hotline**
- ✓ **Review and Enhance the HSC Compliance Metric Report for Senior Executives and the HSC Board**



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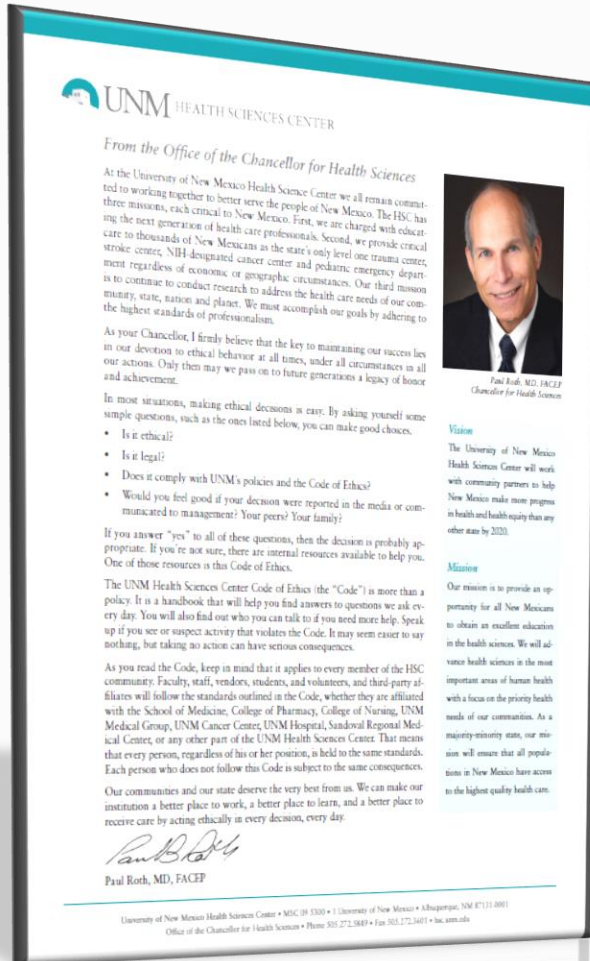
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University of New Mexico Compliance Office – main Campus

Helen Gonzales, Chief Compliance Officer

Creation of the UNM Compliance Office

- In light of the issues that emerged at Pennsylvania State University and the subsequent publication of the Louis Freeh report, in August 2012, President Frank commissioned a review of UNM's compliance functions.
- That review recommended centralized oversight through a Chief Compliance Officer with decentralized delegation of day-to-day compliance management to "Compliance Partners". The Chief Compliance Office was created in January 2013.
- The Main Campus Compliance Office was created to conform with U.S. Sentencing Guidelines generally accepted compliance principles.

Higher Education Regulatory Environment

- The U.S. Senate convened a Task Force on Federal Regulations of Higher Education. One finding: Vanderbilt spends 11% (\$150m) of its budget on compliance.
- Association of Governing Boards “Welcome to Compliance U” August 2013 Article, “Higher education has entered an era of rapidly increasing regulatory activity at both the federal and the state level.
- “The governing board should ask for regular reports, as well as updates as appropriate, on compliance issues at the institution. Yet boards should carefully avoid trying to directly manage operational compliance matters.”
- Building a compliance process and a culture that encourages working with regulators should be the principal goals for boards and other top administrations.

Compliance Office Goals

- ▶ The Main Campus Compliance Office works proactively to facilitate & assure that management is addressing key risk areas.
 - ▶ Develop and maintain a compliance directory as a regulatory inventory with the University's key requirements and present controls. Document required reporting deadlines and available training.
 - ▶ Provide advice and guidance on compliance projects that span multiple organizations (e.g. sexual assault and minors on campus) and campus committees dealing with risk and compliance.
 - ▶ Conduct risk assessments and Compliance Partner risk reporting and mitigation processes.
- ▶ The Main Campus Compliance Office works to ensure that there is a robust ethics and compliance program that focuses on preventing and uncovering misconduct.
 - ▶ Manage the University's compliance & ethics hotline.
 - ▶ Publish hotline trends as an "early warning system" for management.