

Minutes of School of Dental Medicine Council on Research  
June 24, 2008

Present: Council Members Drs. Robert Cone, Marc Lalande, Mark Litt, William Upholt, and Ren-He Xu. Dr. Richard Zeff was present to represent the Steering Committee of the Dental Medicine Senate. Len Paplauskas was present to answer questions about the Policy on Alleged Misconduct in Research.

1. Consideration of revised "Policy: Review Of Alleged Misconduct Of Research". As a follow up to specific concerns of the Steering Committee about the misconduct policy, Bill Upholt met with Bruce Koeppen and Len Paplauskas. Subsequent to that meeting, Bruce Koeppen provided a further revision of the policy incorporating changes to address some of the concerns. The concerns of the Steering Committee are reiterated below with further explanations and actions taken. The changes in the revised policy compared to the policy currently in place are designed to make it consistent with the requirements and policies of the NIH Office of Research Integrity (ORI).

*The document frequently refers to the Executive Vice President yet this title no longer exists.*

The title Executive Vice President for Health Affairs has been changed to "Vice President for Health Affairs".

*Another issue of concern is the time frame for completing investigations which is set at 120 days to complete the investigation, assemble the report and provide notification to government agencies. Given that some investigations require multiple committees to review misconduct allegations, this timeframe seems to be unrealistic for some investigations.*

The 120 day time frame is the required of UCHC by the Office of Research Integrity of NIH. The document has been worded to be consistent with their policy. The policy allows for requests for extension of the deadline with proper justification.

*He also questioned the wording "person can be a corporation and partnership" and perhaps "person" should be changed to "entity".*

This was not changed as it was felt that the meaning was adequately clear. This wording was suggested by the Compliance Office.

*Dr. Peterson commented on the following:*

- a. Page 1, first paragraph: the definition of research misconduct as "fraudulent or markedly irregular practices, etc." He suggests taking out "markedly irregular practices", because research misconduct is defined on page 2 under Research Misconduct.

The 1<sup>st</sup> paragraph was removed from the documents since it was redundant with and not entirely consistent with the definition on page 2.

b. *Page 4, Stage I: Contact b: The term whistleblower should be defined.*

The definition of **Complainant** – “The Complainant is a person who in good faith makes an allegation of research misconduct, also referred to in this policy as a **Whistleblower.**” was felt to adequately define whistleblower in the context of the policy. There is a separate UCHC “Whistleblower Policy” which is referred to in the Research Misconduct Policy where whistleblower should be more clearly defined. Unfortunately this policy is currently being revised and is available in only a rudimentary form at present. Drs. Koeppen and Jacobs were informed of the need for an available updated policy.

c. *Page 5, Should we address the role, if any, of the new research dean for the university?*

This cannot be fully addressed until someone is appointed to the new position. Provost Peter Nichols has been advised on the importance of examining the consistency of research misconduct policies on the two campuses. The HCHC policy is based on the ORI policies. As a result it is focused on research in the biomedical context and a university wide policy may need to address needs of other disciplines.

d. *Page 5, Stage II: The criteria for the selection of the five senior faculty should be specifically defined or do we need to define these criteria in greater detail?*

The policy currently states: “*The Standing Committee consists of five senior faculty who are scientists, two from the School of Dental Medicine and three from the School of Medicine. They will be appointed by the Vice President for Health Affairs (VP) in consultation with the Dean of the School of Medicine and the Dean of the School of Dental Medicine. When a new appointee is required, the relevant Council (School of Medicine Dean’s Council or School of Dental Medicine Faculty Senate) will be asked to submit the names of three senior faculty members who are scientists, and the appointee will be chosen from amongst them. The term of membership will be three years and can be renewed.*” The Research Council felt this description was adequate and that the term senior faculty scientists was adequate given the additional roles of the Council, Senate, Deans and VP in suggesting candidates and making decisions regarding appointments.

e. *Page 5, C1: Consider changing sealed envelope to “confidential” envelope*

The wording has been changed to “a sealed envelope marked “confidential”. The policy requires that the envelope be “hand delivered by the DRC or CCIO to the Chairperson of the Standing committee”.

f. *Page 1, first paragraph: Is it implied that misconduct in research will NOT include commercial financial conflicts? If commercial support exists for research and a financial conflict of interest exist that is not reported, does this constitute misconduct? Steering feels that failing to declare a financial conflict would constitute misconducts. Perhaps we need to add to an (e) to the section of Research Misconduct.*

Financial conflicts are not covered by the NIH ORI policy. They are covered by various laws and by other State and University policies. Thus they should be addressed through other mechanisms.

2. Following discussion of the current modified version, the Council on Research recommends to the Dental Medicine Senate that the policy be approved as presently composed with the recognition that the policy is likely to evolve as a result of ongoing efforts to develop consistent University-wide policies to apply to all units of the University.
3. The Council reviewed the proposed UCHC Research Strategic Plan. Drs. Mina and Reisine told the committee about the process leading to the plan. The Council supports the basic idea to build interdisciplinary research groups of faculty aligned with NIH roadmap initiatives (including a focus on bringing discoveries from the bench to the bedside) based on existing strengths at UCHC. The selected areas seem appropriate. However **the Council had serious concerns about a) the lack of an implementation plan for the recruitment plan of the new faculty and b) the lack of any plans to insure that the physical locations of the present faculty and new faculty to be recruited would be conducive to the stimulation of the desired interdisciplinary research and to the reshaping of clinical research.** These concerns were in part based on limited knowledge regarding present plans to relocate some faculty from the main facility to the newly acquired building on Farmington Avenue and concerns that this relocation might create a barrier to effective collaboration between faculty at the two locations.
4. The Council reviewed the draft **“University of Connecticut ESCRO Oversight Policy for Research using Induced Pluripotent Human Cells (iPS cells)”** (attached). Dr. Lalande explained that this is a draft version and may undergo further changes before final approval is requested. The Council felt that this draft policy adequately addresses the concerns expressed by the Council at its last meeting regarding the lack of such a policy.