Translated from the Norwegian:

GUIDELINES FOR THE PROCESSING OF REPORTED ALLEGATIONS OF BREACHES OF RECOGNIZED RESEARCH ETHICAL STANDARDS AT THE UNIVERSITY OF SOUTH-EASTERN NORWAY

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PART I

INTERNAL GUIDELINES FOR THE PROCESSING OF REPORTED ALLEGATIONS OF BREACHES OF RECOGNIZED RESEARCH ETHICAL STANDARDS AT THE UNIVERSITY OF SOUTH-EASTERN NORWAY

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PART I

INTERNAL GUIDELINES FOR THE PROCESSING OF REPORTED ALLEGATIONS OF BREACHES OF RECOGNIZED RESEARCH ETHICAL STANDARDS AT THE UNIVERSITY OF SOUTH-EASTERN NORWAY

These guidelines were adopted by USN's Board on 16.06.2017 and updated on 13.06.2022. They indicate the procedures for how to process reports of alleged breaches of recognised research ethical standards and are divided into two parts, where:

• Part I of the guidelines describes USN's internal procedures for the processing of alleged breaches of research ethical standards - including when such cases should be forwarded to the Integrity Committee - and the division of responsibilities between USN and the Integrity Committee. Part I of the guidelines was revised by USN in spring 2024.

• Part II of the guidelines applies to the processing of alleged breaches of research ethical norms when an allegation has been formally submitted to the Integrity Committee. Part II applies to both the University of South-Eastern Norway and the University of Inland Norway. It was not a part of USN's internal revision carried out in spring 2024.

1. Background

These guidelines are based on:
• ACT-2017-04-28-23, The Act on ethics and integrity in research (Research Ethics Act)
• ACT-2024-03-08-9, the Act relating to universities and colleges (Universities and University Colleges Act)
• ACT-1967-02-10, Act relating to procedure in cases concerning the public administration (Public Administration Act)
• The National Research Ethics Committees, https://www.forskningsetikk.no/retningslinjer/
• The European Code of Conduct for Research Integrity (ALLEA), https://allea.org/code-of-conduct/

The requirement for good research conduct and research practice is detailed in both the Universities and University Colleges Act and the Research Ethics Act. All researchers have a duty of diligence and a duty to follow recognised research ethical standards, as noted in the Research Ethics Act § 4. The Act requires the University of South-Eastern Norway (USN) to ensure that research carried out at the institution is conducted following recognised research ethical standards, cf. Research Ethics Act § 5. Research ethical standards have been developed by, and for, the research community itself, and are embedded in national, international and disciplinary guidelines.

USN is legally obligated to have internal procedures for processing suspected breaches of ethically responsible research conduct or research practice. According to the Research Ethics Act § 6, USN is further obligated to have an independent committee on research integrity. USN and the University of Inland Norway share an integrity committee.

The same principles and rules largely apply to the processing of alleged breaches of recognised research ethical norms as to the processing of other allegations of censurable conditions at USN. The guidelines, therefore, have some similarities with whistleblowing routines for other censurable conditions at USN. The differences between them relate to who can make an allegation, the roles and responsibilities of individuals processing the misconduct, and the circumstances to which the routine is to be applied.

2. Purpose

Trust in researchers and how research is conducted must be protected and upheld if research is to function as a key contributor in a democracy. Research depends on legitimacy and being of sound reputation. When research institutions or individual researchers exhibit ethically irresponsible conduct or research practice, it often has consequences far beyond themselves.

The purpose of these guidelines is to:
• define roles and responsibilities in the processing of alleged breaches,
• describe administrative procedures and principles for the processing of cases,
• describe the rights and responsibilities for those involved,
• ensure that the organisation's management fulfils its responsibilities,
• ensure that the organisation's management knows about alleged breaches and the opportunity to implement any necessary measures.

3. Roles and responsibilities

Principal: Responsible for all research activity at USN.
- is to be informed of all reported allegations of research ethical misconduct.
- determines how the Institution will follow up on recommendations from the Integrity Committee.

Vice-Principal
Research, Sustainability and Innovation:

Responsible for assisting the Principal in strategising related to research, sustainability and Innovation, including work on institutional strategies and initiatives. This includes responsibility for processing reported allegations of breaches of research ethical standards that the Principal has delegated.

The Vice-Principal

- Is to be informed of all reports received of alleged breaches of research ethical standards.
- will inform the relevant Dean about reports received concerning alleged breaches, unless there is a conflict of interest or other special reasons which may prevent this.
- Has overall responsibility for ensuring that reports of alleged breaches are dealt with promptly.
- Can determine that cases should be attempted to be resolved by consulting those involved and their managers, and union representatives.
- Is able, if needed, to seek assistance by enlisting:
    - -A Research Ethics Advisor
    - -The Head of Department
    - - The Dean or Vice-Dean of Research
    - -One or two academic staff
- Can dismiss an allegation of research ethical misconduct when found to be unsubstantiated.
- In cases where the potential breach of recognised research ethical standards is particularly serious, they will determine a further course of action, including whether the allegation is to be forwarded to the Integrity Committee for further assessment or if the allegation can be dealt with at the institutional level.
- Will propose to the Principal how any recommendations from the Integrity Committee are to be followed up at the institution.

Dean: Responsible for a Faculty's academic and administrative activities.

In the event of a reported allegation of a breach of research ethical standards:

- Will inform the Vice-Principal of such.
- Will forward reported allegations of serious breaches of research ethical norms (scientific misconduct) to the Vice-Principal.
- Assists the Vice-Principal in the investigation as needed.
- Has line responsibilities for the investigation of alleged breaches.
- Can determine whether a breach of research ethical standards is less serious.

- Can dismiss a report of alleged research ethical misconduct when found to be unsubstantiated.
- Is able, if needed, to seek assistance from:
    - A Research Ethics Advisor
    - The Head of Department
    - The Vice-Dean of Research
    - One or two academic staff

Head of Department*: has academic and personnel responsibilities for a unit

- Will inform the Vice-Principal when notified of reported allegations of breaches of research ethical standards.
- Is responsible for initiating the investigation of reported allegations of breaches of research ethical standards by reporting these to the Dean.
- Has managerial responsibility and is responsible for ensuring that whistleblowers and those alleged to have engaged in research ethical misconduct get the support needed and are not subjected to retaliatory action.
- Assists as required in the investigation of alleged breaches.
- Assists the personnel and organisational director(s) as well as the Vice-Principal in following up on statements concerning research misconduct.

*Some of the research at USN takes place in research centres or units, for example, the Centre for Sustainable Development or eDU (Unit for Digitisation and Educational Quality). In such cases, it is the centre's or unit's manager who will follow up. If the case involves several managers, it must first be determined which manager will be responsible before the case can proceed.

The Director of Administrative Support Services is responsible for managing administrative support units. The Director will ensure the correct and efficient administration/processing of cases, among other things, by:

- Ensuring that information is exchanged as required between the Department of Research, Innovation and Library Services and the Department of Personnel and Organisation.

- Assisting as required in the fielding of questions related to the institution's overall administrative responsibilities.

Research Director: Head of the Department of Research, Innovation and Library Services (AFIB), which assists in advising and following up on the institution's policies and guidelines on research ethics. The Director will ensure that the institution has the necessary resources

to achieve its goals. Concerning reported allegations of breaches of research ethical standards, this means the Director has:

- Managerial responsibility for the secretary of the Integrity Committee.

- Managerial responsibility for AFIB's Case Manager.

The secretary and the case manager will inform the research director about overall case developments, the amount of time a case will require for its processing and resource needs.

Secretary, Integrity Committee:

Upon receiving a reported allegation of a breach of research ethical standards, the Secretary will:

- Assist the Vice-Principal in the investigation of the allegation(s) as required.

- Assist the Integrity Committee's investigation of the allegation(s) as required.

- Carry out tasks related to the Integrity Committee's processing of the allegation: Ensure that the processing of the reported allegation is conducted according to relevant legislation and guidelines.

Follow the instructions of the Integrity Committee when carrying out its work.

AFIB Case Manager:

Upon receiving a report of an alleged breach, AFIB's Case Manager will:

- Assist with internal investigations of the alleged breach.
- Ensure that processing of the allegation is performed according to legal as well as USN's internal guidelines, including correct filing.
- Make general recommendations on research ethical issues.

Union Representative:

The task of the union representative is to assist its members. The role of the representative in allegations of ethical misconduct is to:

- Be available to guide and advise the member.
- Accompany the member to meetings related to the processing of the alleged breach.
- Employees can, if they desire, report on alleged breaches by way of the representative. The role of the representative is as a messenger, who conveys the reported allegation to the appropriate body, per reporting procedures. The representative is not responsible for, or obliged to, assess or accept the content of the report about the alleged breach. The representative has the same protections against retaliatory action as do other employees. The representative is not responsible for following up on the allegation itself; this is the sole responsibility of the employer.

All the above-mentioned parties are subject to rules related to confidentiality, and they must continually assess potential conflicts of interest during the processing of the case. The Vice-

Principal should be informed upon receipt of a report of an alleged breach, regardless of who has received the report. The Principal will be informed of reported breaches if the Vice-Principal has a conflict of interest.

4. Conflicts of Interest

Impartiality in this context means being fit to make decisions or follow up on reported allegations, in that an individual (or a closely associated individual) involved in the processing of a case does not have a personal interest in the case. If the individual is not impartial, the individual may have a conflict of interest. The regulations related to impartiality and conflicts of interest are enshrined in the Administration Act and must be adhered to by all public servants and any others who serve or work for an administrative body. The regulations are in force at all phases of case processing. All parties are themselves responsible for monitoring their own biases during the processing of a reported allegation. If a manager is seen to be impartial, responsibility for case processing should be elevated to a higher level of management.

When an individual assesses their impartiality, it is important to be aware of the legislation provided in the Administration Act § 6. In § 6 (1) letters a-e, it is stipulated that an individual has a conflict of interest if, among other things, said individual is a party to the alleged breach or is somehow related to a party of the alleged breach. The Public Administration Act § 6 (2) also states:

> "Likewise, an individual is disqualified when other special circumstances exist that are likely to undermine confidence in the individual's impartiality; among other things, weight should be given to whether the decision in the case may involve special advantage, loss or disadvantage for the individual or someone to whom the individual has a close personal connection. Weight should also be given when one of the parties has questioned an individual's impartiality."

An individual must also, therefore, consider whether a case's circumstances are "likely" to create distrust among individuals not involved in the case. If an individual involved in the case believes that the circumstances are "likely" to create distrust, the individual must take this into account in assessing their impartiality. It is therefore important to both assess the individual's ability to remain impartial, as well as how the situation appears to outsiders.

In an academic context, factors that may undermine confidence in an individual's impartiality include close research collaboration, co-authorship, etc.

Every individual has a legal duty to evaluate their biases on an ongoing basis and to step aside if necessary. An individual is expected to recuse themselves if bias arises. In cases of a conflict of interest, a decision cannot be made by a public servant who is directly subordinate to and part of the same administrative unit.

5. Definitions

Whistleblowing means to report on censurable conditions at the university.

Censurable conditions are a broad term that encompasses several different topics. The censurable conditions discussed here relate to alleged breaches of recognised research ethical standards. For reporting other types of potentially censurable conditions, see the Internal Guidelines for reporting censurable conditions at the University of South-Eastern Norway.

Recognised research ethical standards are generally accepted standards for good research practice that are anchored in the research community. National and international research ethical guidelines are to be considered as expressions of recognised research ethical standards and may vary between subject areas. Recognised standards serve as frameworks for regulating research practice. These standards are, among others, laid down in:

- Guidelines from the National Research Ethical Committees.
- The European Code of Conduct for Research Integrity

Breaches of recognised research ethical standards can be divided into two categories.

Scientific misconduct:
Falsification, fabrication, plagiarism (FFP) and other serious breaches of recognised research ethical standards are made intentionally or through gross negligence in the planning, execution, or reporting of research. The definition of scientific misconduct is based on the Research Ethics Act § 8. The following three criteria must be met for the misconduct to be one of scientific misconduct:

- It must be evident that a serious breach of one or more research ethical standards has occurred.
- The breach must have been carried out in a research context.
- The breach must have been made intentionally or because of gross negligence.

- *Less serious breaches*:

This is a collective term and includes occurrences in grey areas and unacceptable research practices. Less serious breaches include various degrees of censurable conditions. For the breach to be considered less serious, the following conditions must be met:

- It must be highly probable that there exists a breach of one or more research ethical standards.
- The breach must be conducted in connection with research.
- The breach must, at a minimum, be performed negligently.

Allegations that do not constitute a breach of recognised research ethical standards are, for example, conflicts of a purely personal nature, disciplinary disagreement and other acts of negligible significance.

6. Who can report a breach of research ethical standards?

Anyone can report a suspected breach of research ethical standards. It is in everyone's interest that an employee, student, external partner/researcher, organisation, research

participant or others who have witnessed or discovered possible unethical or censurable research conditions, file a report.

7. Who can be reported for having breached research ethical standards?

The Research Ethics Act applies to researchers and research conducted in Norway, cf. § 2. This includes:

- Employees at USN,
- Fellows who are completing or have completed a doctorate at USN and are not employed by USN
- Researchers who have a significant financial relationship with USN.

The Research Ethics Act does not apply to students; the University and College Act is applies to students.

8. When should you report a breach of research ethical standards?

USN encourages employees to report censurable conditions. When there is a risk to health and safety, there is a general duty to report and prevent harm; this also applies in the event of a suspected breach of research ethics.

For more information on how to report breaches of research ethical standards, see USN's Internal Guidelines for reporting censurable conditions.

9. Protection from retaliatory action

In the event of a reported breach of research ethical standards, the institution must ensure that the whistleblower is not subject to retaliatory action. Union representatives have the same protection against retaliatory action as do other employees.

Retaliatory action against an employee who reports a breach of research ethical standards per current procedures is a breach of the Working Environment Act.

Retaliatory action refers to any adverse acts, practices or omissions that are a consequence of or a reaction to an individual being reported for ethical misconduct. Examples of such actions include:

- Threats, harassment, unjustified discrimination, social exclusion or other unwanted conduct.
- Warnings, changes to work tasks, reassignment or degradation, or
- Suspension, dismissal or disciplinary action.

Relevant counterarguments and rebuttals will not generally be considered as retaliatory action.

The employer has a responsibility for ensuring that the whistleblower is not subject to retaliatory action and must assess the risk for retaliatory action in each case. The individual

suspected of having breached research ethical standards should be advised against engaging in retaliatory action; the individual should also not be in direct contact with the whistleblower about the incident. If the employer suspects or has evidence that an employee or employees are engaging in retaliatory action, the employer is responsible for implementing measures to prevent the continuation of such action.

If there is disagreement over whether retaliatory action has occurred, it is the employer's responsibility to refute that this is the case (reversed burden of proof).

It is particularly important to be aware of the protection against retaliation in cases of asymmetric power relations, for example, if one of the parties is a student or a temporary employee and the other is a supervisor or manager. In such relationships, there can be large differences in power and authority, and follow-up may be necessary to ensure that the parties are treated with collegiality and respect regardless of the outcome of the case. As stated in The National Research Ethical Guidelines for Social Sciences and Humanities:

> *The research community must promote a collegial environment promoting high-quality research in line with recognised scientific and ethical principles. Researchers must develop an open and non-discriminatory culture where there is room for academic disagreement, constructive critique, and ethical deliberation. Researchers should not withhold substantial critique or avoid addressing research questions from various angles, and they should be transparent about the legitimate use and limitations of different methods and modes of analysis. Lecturers, supervisors, and project leaders have a particular responsibility for including students and PhD candidates in the scientific community and for introducing them to research ethics.*
>
> (NESH 2023, guidelines point A 2) Obligations of the research community)

If a suspected breach of recognised research ethical norms has been submitted in error, the institution will accept that misunderstandings and interpretative errors can have occurred in good faith.

10. When and how to report

As a rule, instances of suspected breaches of research ethical standards should be resolved at as early a stage as possible and on the lowest feasible organisational level. An example of this would be to discuss the matter directly with the individual believed to have committed a breach or by raising it within the research community. It is also possible to seek advice from AFIB's research ethics advisor via forskningsetikk@usn.no. It is, however, not always possible or appropriate to resolve cases in this manner, and the case can then be reported.

USN's portal, "Speak Up" should be used to report censurable conditions, so that the information required to investigate the claim can be gathered. Reports submitted via the "Speak Up" portal normally go to the Dean, but if this is not considered appropriate, for example, for reasons of impartiality, it is also possible to submit the report to the Vice-Rector, the secretary of the Integrity Committee or to the head of the Integrity Committee.

Written reports can also be submitted to forskningsetikk@usn.no. Furthermore, it is possible to contact the Head of Department, the Dean, the Vice-Principal or the secretary of the Integrity Committee directly. In any event, whoever receives the report is obliged to follow up on it and to ensure that the requirement for written documentation is met. It is also possible to report via the union representative.

Whistleblowers should be aware that the individual who has been reported, their supervisors and any others related to the case, or its processing will be informed about the content of the report. During its processing, the case is not subject to public disclosure; however, upon the completion of its processing, the Integrity Committee's report will be made public.

It is also possible to make an anonymous report via USN's "Speak Up" portal. Anonymous reporting means that the whistleblower's identity will remain anonymous. Note that a report filed anonymously may limit USN's abilities to follow up with the whistleblower and to investigate the case.

11. What should the report contain?

There are no formal requirements for what the report should contain. However, to facilitate and streamline its processing, the report should contain information about:

- What has occurred (specifically) and how the occurrence is believed to be a breach of research ethical guidelines.
- The party or parties involved.
- How the alleged breach potentially affects the whistleblower.
- When the breach took place, and
- Relevant documentation, e.g. manuscripts, articles, list of witnesses, emails, author declarations, etc.

12. Initial processing of a report

All reports shall be processed per the following guidelines:

The initial review of an incoming report will be conducted by the person receiving it, regardless of the channel used by the whistleblower to file the report. That person will inform the Vice-Principal as soon as possible about the report and begin a preliminary investigation of the allegation.

If there are circumstances that appear to imply a conflict of interest for USN's upper management, or if there are other circumstances that could undermine confidence in the internal processing of the case, the case should be forwarded to the Integrity Committee for an independent appraisal.

When screening reports, the following assessments should be made:

• To what degree a reported breach is baseless or incorrect

Assertions that are baseless or incorrect may provide the basis for closing a case without further follow-up. Examples of this would be cases in which there are no censurable conditions or when the perceived breach is an expression of academic disagreement. Accusations deemed to be incorrect may be related to the whistleblower's misunderstanding of the circumstances of the alleged breach rather than bad faith. The case will then be dismissed.

The Public Administration Act applies in the event of a dismissal. This means that the employer must provide a reason, in writing, and a report of an alleged breach of research ethical standards will not be processed or followed up on. As a rule, the whistleblower should be invited for a meeting to discuss the case.

• If the person who has allegedly committed a breach no longer has ties to USN

In cases of alleged breaches of research ethics where an individual no longer has ties to USN, the Vice-Principal will determine whether USN or another institution will continue to process the case, or whether the incident should be followed up in some other way.

• Whether the incident should be processed according to other guidelines

If the reported breach relates to censurable conditions other than research ethical breaches, the appropriate body will be notified and thereafter responsible for processing the report. Censurable conditions can typically relate to danger to life and limb, environmental danger, corruption or other forms of financial crime, abuses of authority, unsafe working environments and breaches of personal data regulations. For such breaches, see USN's general Whistleblowing Procedure for Censurable Conditions.

In some cases of reported breaches of research ethics, there can be two lines of enquiry that must be handled in parallel.

• Research ethical issues which are investigated according to the procedure described here.
• Personnel conflicts and issues related to the working environment of the parties involved will be handled by the HR department, according to the general whistleblowing procedure.

13. Case management

If a reported allegation of breaches of research ethical standards does not fall into any of the categories under point 12, the allegation will be processed.

13.1. The legal basis for the processing of a suspected breach

When processing a report concerning a suspected breach of recognised research ethical standards, the Public Administration Act will apply. The provisions of the Working Environment Act on whistleblowing are also applicable.

• On refuting an allegation

If, during the processing of a reported breach, meetings, documentation, etc., information emerges that is significant for the clarification and conclusion of the case, the opportunity

should be given to respond to the information presented. This will be documented in writing.

• On confidentiality:

All state employees have an obligation under the Public Administration Act § 13 to prevent others from gaining access to or knowledge of personal information obtained through their position. A duty of confidentiality applies to all those involved with the processing of a reported breach. Exceptions from the duty of confidentiality follow from the Public Administration Act §§ 13a and 13b, by which, for example, information necessary for the processing of reported allegation(s) at USN can occur.

• On Impartiality:

Circumstances which may undermine a belief in an individual's impartiality may result in a view of the individual as biased. See point 4 for more information.

13.2. Initial information gathering and preliminary investigation

The whistleblower should receive feedback as soon as possible, and presumably within a week of a report's receipt.

The Vice-Principal is to be informed as soon as possible upon receipt of a report. Processing of the case should commence without undue delay.

Information gathering and preliminary investigation should proceed according to the rules of the Administration Act. This includes, among other things, that all steps in the process must be documented, and minutes must be taken from all meetings related to the case. All documents that are obtained or produced in connection with the investigation of the case are to be filed in USN's archival system, P360.

The aim of gathering information and preliminary investigation is to get an overview of what the ethical and legal bases of the case are, and based on these, to assess whether the case can be concluded at a grassroots level or if its processing needs to be escalated. The University levels at which case processing will take place are described in point 3.

13.3. New information arising during case processing at the institutional level

If additional documentation is received during the processing of the case at the institutional level, the documentation is to be evaluated considering the facts that have already been submitted about the case. This assessment will be conducted by the case manager per the following principles:

• If the documentation relates to an issue that is already under investigation, it can be included in the case.

• If the documentation relates to issues not previously reported, these should be investigated and processed as a separate case.

13.4. Potential outcomes at the institutional level

Once the institution has sufficiently investigated the case, a decision will be made concerning how the case will be processed. In the following situations, the Vice-Principal for Research, Innovation and Sustainability can choose to close a case without transferring it to the Integrity Committee:

• There is no breach of research ethics:

No breach of research ethical standards has been found to have occurred.

The Vice-Principal for Research, Innovation and Sustainability will formulate a written statement as per the Research Ethics Act § 8. The Chair of the Integrity Committee will be informed about the case and its outcome, i.e. it will receive a copy of the institution's statement per the Research Ethics Act § 8.

• There are fewer serious breaches of research ethics:

If it is determined that less serious breaches of research ethical standards (i.e. not scientific misconduct) have occurred, the Vice-Principal for Research, Innovation and Sustainability will then formulate a written statement according to the Research Ethics Act § 8. The chair of the Integrity Committee will be informed about the case and the institution’s recommendation, i.e. the chair will receive a copy of the research institution's recommendation based on the Research Ethics Act § 8.

13.5. Recommendations requiring case transfer to the Integrity Committee

In the cases indicated below, the Vice-Principal for Research, Innovation and Sustainability will forward the case to the Integrity Committee for processing:

• Suspected serious breach(es):

If there is suspicion of serious breaches of research ethical standards (scientific misconduct), the case is to be transferred to the Integrity Committee for processing.

The Integrity Committee will assess the case and thereafter submit a written statement based on the Research Ethics Act § 8.

• Conflicts of interest / other circumstances:

If there is a need for an independent assessment, regardless of the seriousness of the case, the case will be transferred to the Integrity Committee. This is typically due to institutional concerns related to impartiality or other circumstances. The Integrity Committee will assess the case and submit a written statement based on the Research Ethics Act § 8.

13.6. Statements under Research Ethics Act § 8

The case should be as substantiated as possible before a conclusion is made about it, whether it happens at the institutional level or in the Integrity Committee. All cases of alleged breaches of research ethical standards are concluded by making a statement under the Research Ethics Act § 8.

When making a recommendation based on the Research Ethics Act § 8, the statement should always address:

a) Whether the researcher has engaged in scientific misconduct or not,

b) Whether there are systemic errors at the institution, and

c) Whether the scientific work should be corrected or withdrawn.

Recommendations based on letters b) and c) should also be made in cases where a breach of recognised research ethical standards has occurred, as in the case of less serious breaches.

The Integrity Committee or the institution itself can issue statements based on the Research Ethics Act § 8. At the institutional level, it is the Vice-Principal for Research, Innovation and Sustainability who formulates the recommendation.

Statements made by the Integrity Committee are to be considered recommendations. The research institution is not bound by the Committee's recommendations, and it is up to the institution itself to decide how the case is to be followed up internally.

13.7. Notification of the outcome of the case

The parties and their supervisors should be informed as soon as possible once a recommendation has been made. Upon closure of the case, the whistleblower and the reported party are to be informed in writing about the outcome of the case.

When a case is concluded at the institutional level, the Vice-Principal for Research, Innovation and Sustainability is responsible for notifying the whistleblower and the reported party of the outcome of the case. The whistleblower, if they are not a party in the case, will be informed that the case is closed and of any measures that will be implemented.

When a case is concluded in the Integrity Committee, the secretary of the Integrity Committee will notify the parties involved, the Vice-Principal for Research, Innovation and Sustainability and the HR and Organisational Director of the committee's statement. The parties will be informed of any procedures for appeal and their deadline(s). The secretary will also inform the whistleblower, if not a part of the case, when the case has been concluded and of any measures that will be implemented. The Vice-Principal will then follow up at the institutional level.

13.8. Safeguarding of the parties when an allegation cannot be substantiated

If there is no evidence of a breach of recognised research ethical norms and the case is closed with no further action required, the immediate supervisor will give the reported party the support and resources necessary to resume research activities. If colleagues and others are aware of the reported allegation, the immediate supervisor will ensure the dissemination of information confirming that the allegation has been investigated and that no misconduct was found to have occurred.

The Principal/Vice-Principal for Research, Innovation and Sustainability will ensure that the person or persons who, in good faith has/have alleged that a breach of research ethical

standards has occurred, where the breach could not be verified by USN or the Integrity Committee, are not subject to disciplinary or retaliatory action.

13.9. Subsequent action and follow-up of less serious breaches of research ethics

It is the responsibility of the HR and Organisational Director and the Vice-Principal to follow up on the written recommendation internally in consultation with the heads of department and the deans. This applies both to practices and general measures that apply to the entire institution as well as specific measures concerning the person(s) reported.

13.10. Subsequent action and disciplinary measures when scientific misconduct is determined to have occurred

If scientific misconduct is determined to have occurred, the reported party's manager should consider whether there is a basis for opening a personnel case. Personnel cases are treated as separate cases. In the event of disciplinary action, dismissal or termination, the procedural rules in the State Employees Act and the Administration Act are to be followed.

According to the University and University College Act § 13-2, an institution can terminate a doctoral candidate's degree program if the candidate is determined to have engaged in scientific misconduct according to the Research Ethics Act § 8, second paragraph. All appeals will be made to the Ministry of Education in the event of such a decision.

Internally, the HR and Organisational Director and the Vice-Principal are responsible for following up, in consultation with the head of department and the dean, whether this is done by way of the Civil Servant Act or followed up in other ways, such as by reducing the employee's research hours, withdrawing published articles and the like.

Whistleblowers do not have the right to information about cases submitted to the personnel department.

13.11. Right of appeal

A researcher can appeal a recommendation which concludes that they have engaged in scientific misconduct to the National Commission for the Investigation of Research Misconduct. Other parties do not have the right of appeal. Statements with other conclusions cannot be appealed.

Appeals should be submitted to the administrative body issuing the statement; the body will then determine whether the recommendation should be upheld. If the written recommendation is upheld in whole or in part, the respective institution then forwards the appeal to the National Commission for final processing. The appellant is listed as a copy recipient.

14. The right to disclose the whistleblower's identity to the person(s) reported

The issue of whether a whistleblower's identity should be disclosed to the reported party will be determined based on a holistic assessment. Key in this assessment is the need to ensure proper clarification of the case and that the reported party is sufficiently able to exercise their right to refute the allegation (contradiction).

The whistleblower's identity should not be disclosed to the reported party in cases where it is not necessary to correctly process the allegation.

Factors that speak *in favour of* the reported party being notified of the whistleblower's identity are, among others:

- if the information provided in the notification is not unambiguously confirmed and documented in some other way.
- if the whistleblower's information will be given weight.
- if the case is related to issues that largely revolve around interpersonal occurrences and/or observed occurrences.

If the case leads to a single decision under the Administration Act, the parties will in all cases have the right to access the case documents per the Administration Act § 18 et seq. This means that the person reported will be able to be informed of the whistleblower's identity when this is known. Exceptions from this will be when this does not have a significant impact on the case, and there are special reasons for not making the whistleblower's identity known, cf. the Administration Act § 19, 2nd paragraph, letter b).

The Personal Data Act and associated provisions may also provide the reported party with the right to information about the whistleblower's identity.

15. The Employer's rights and responsibilities during the processing of a whistleblowing case

Reported alleged breaches of research ethical standards are not subject to public disclosure while they are under investigation. An individual's right to access information depends on whether the individual is a party to the case or not; that is, whether the individual is implicated in the case.

The parties involved in the case will have the right to be updated on an ongoing basis throughout the case's processing, access to case documents and can refute allegations. This is ensured by the following entities at USN:

- The AFIB case manager will keep all parties informed about the investigation.

- The secretary of the Integrity Committee will keep all parties informed of the Committee's processing of a case.

- The Vice-Principal will inform all parties after a case has been processed by the Integrity Committee.

The immediate supervisor of all employees involved in a case has a duty of care to follow up and ensure that they have a fully satisfactory working environment. The duty of care also includes keeping the parties informed about the progress of the case.

A whistleblower who is not a party to a case can request to be informed as to how a case is being processed but will not have access to information concerning case processing. Only very general information about the case can be provided, for example:

- whether the incident is under investigation,

- the date of the meeting in the Integrity Committee during which the incident will be reviewed,

- whether the processing of an incident has been put on hold and for how long,

- whether the incident has been processed,

- whether the whistleblower can request access to case documents according to the regulations set out in the Public Administration Act.

16. The right of access to information

The public's right to access documents in cases related to breaches of research ethical standards is based on regulations set out in the Public Administration Act. Information related to a breach of research ethical standards can be exempted from public disclosure until a case has been fully processed. In addition, information related to an individual's personal affairs and other confidential information is also withheld after the case has been concluded.

17. The right of access to personal data

The person who has been reported has the right to be informed about the personal data that has been collected about them as soon as possible and no later than one month after the information concerning that person has been collected. The person who has been reported has to be informed about the allegation and its basis.

The whistleblower who is a party to a case must be informed of what personal data the individuals processing the case have about him/her. Furthermore, the whistleblower should be provided with information about who is aware of his/her identity and by whom the case is being processed.

A whistleblower who is not a party to a case should be informed of what personal data the individuals processing the case have about them. The whistleblower is to be informed of who is aware of their identity and by whom the case is being processed. The whistleblower in this instance is not entitled to be provided with detailed information as to how the case is being processed or what assessments have been made.

18. Archiving and record keeping

Records concerning all whistleblowing activity are to be kept per the institution's current archival routines and the Archive Act with associated regulations. According to the Archive Act § 2-6, public bodies are to log all incoming and outgoing documents in a case if the documents are subject to case processing or determined to have documentary value.

USN will keep a log of internal documents such as allegations of breaches of research ethical standards, notes and other internal correspondence as far as USN finds this to be of use, see the Archive Act § 2-6 first paragraph third sentence.

Record keeping should be done according to the rules described in the Archive Act § 2-7. The log should contain information by which to identify a document. Among other things, it should be clear which case or topic the log concerns or the document's content. Information contained in the log will appear in the public post log. Governmental bodies should publish the logs on the Internet in a public electronic post journal (OEP). If the notification contains confidential information or information that the public should not have access to, neutral identifiers are to be used or omitted and redacted in the public post journal.

According to the Archive Act § 3-18, the report related to censurable conditions and other documents in the case are to be archived, even if the documents have not been recorded as received, if the documents have been subject to case processing or there is value in keeping them.

All individuals involved in the processing of cases involving whistleblowers must ensure that both physical and electronic documents are archived securely to prevent their access by unauthorised individuals.

19. Reporting to the University's Board

The Integrity Committee reports annually to the University on the number of whistleblowing cases which have been reported and their outcomes. The Committee presents its annual report to the Board of USN.

20. Reporting to the National Commission for the Investigation of Research Misconduct

The National Commission is an independent body that, amongst other things, receives reports from research institutions on the processing of allegations of serious breaches of recognised research ethical standards. The Commission guides research institutions on how to process cases of breaches of recognised research ethical standards and has a reviewing function; it can also evaluate cases of alleged scientific misconduct of its own accord. The Commission is the appeals body when an institution determines whether a researcher has engaged in scientific misconduct and moreover has a role in assessing scientific misconduct when a case is under the jurisdiction of the Ministry of Education and Research concerning forced terminations of doctoral studies.

Research institutions should report cases of possible serious breaches of recognised research ethical norms to the Commission. Less serious cases do not need to be reported to the Commission. The obligation to file a report is based on the Research Ethics Act § 6, fourth paragraph, and applies regardless of a case's outcome. It also applies to cases that are processed at a level below that of the institution's Integrity Committee.

A report will be submitted when an allegation of a serious breach of recognised research ethical norms has been fully processed at the institution. The Principal, or the Vice-Principal, when delegated the authority, will sign the report. Any delegation of authority by the Principal must be noted in the report to the Investigation Commission. Reports from cases

that have been processed by the joint Integrity Committee must be signed by the management of all institutions involved.

The report should include:

• The research ethical standards which have been investigated, and a justification for why these standards are recognised as research ethical standards in the discipline.

• An assessment of the objective conditions, including an assessment of its severity, and whether it can be proven that the objective conditions have been fulfilled.

• Procedural information. It must be shown that case processing has followed the institution's guidelines.

• Information about measures that have been implemented or will be implemented after the case, whether related to individuals or the organisation. For measures about individuals, only the measure should be mentioned, not the name of the person to whom it pertains. The institution must justify its decision when no further action is to be taken in its report to the Commission.

• An assessment of whether the institution has systemic shortcomings or failings.

• The institution's decision must be reported and attached.

Universities and colleges have a duty of confidentiality under the Administration Act, which does not prevent the information from being used for, among other things, follow-up and oversight. The Commission must be informed of who has processed the case, including any external experts. The parties can be anonymised in reporting to the Commission. However, the anonymisation must be done in a way that makes the reporting understandable to the Commission so that it is able to perform its review. The Public Administration Act applies to reports, as well as their attachments, submitted to the Commission. The report is a case document that should be logged and archived.