The American Speech-Language-Hearing Association (ASHA) is the professional, scientific, and credentialing association for more than 130,000 members and affiliates who are audiologists, speech-language pathologists, and speech, language, and hearing scientists. ASHA’s mission is to empower and support speech-language pathologists, audiologists, and speech, language, and hearing scientists by 1) advocating on behalf of persons with communication and related disorders, 2) advancing communication science, and 3) promoting effective human communication.

These policies and procedures for investigating allegations of possible misconduct in research concern ASHA applications to, or awards from, the U.S. Public Health Service (PHS) and pertain to (1) any behavioral research, research training, or activities related to that research or research training support by a grant, contract, cooperative agreement or other form of PHS support; (2) any PHS-related research proposed, performed, reviewed, or reported, or any research record generated from that research whether or not the application or proposal for PHS funds resulted in a grant, contract, cooperative agreement, or other form of PHS support; and (3) National Office staff, consultants, collaborators, scientists, student interns, technicians,
volunteers, contractors, subcontractors, subawardees, and their employees. These policies and procedures do not pertain to grants awarded to the institutions of individual members of ASHA.

These policies and procedures are adopted pursuant to 42 C.F.R. Part 93 (May 17, 2005), entitled *Public Health Service Policies on Research Misconduct*, which defines research misconduct and explains that the Office of Research Integrity (ORI) within the U.S. Department of Health and Human Services (DHHS) is responsible for the scientific misconduct and research integrity activities of the PHS. Research misconduct inquiries and investigations pursuant to this policy will also be guided by *Guidelines for the Responsible Conduct of Research: Ethics and the Publication Process* (ASHA, 2007), approved by ASHA’s Legislative Council in 2007.

These policies and procedures will apply when an allegation of possible research misconduct is received by ASHA, unless the allegation is not supported by credible and specific allegations or when the circumstances in an individual case dictate variation from these policies and procedures and it is in the best interests of ASHA and PHS. Any variations from these policies and procedures that arise from particular circumstances in an individual case must ensure fair treatment of the subject of the inquiry or investigation, and must be approved by ASHA’s Research Integrity Officer (RIO) and Executive Director (ED).

1. Submitting Research Misconduct Allegations

All employees or individuals associated with ASHA should immediately report, orally or in writing, any observed, suspected, or apparent misconduct in science to the RIO at ASHA’s
National Office. The allegations must be specific and credible, and made in good faith.

2. Conducting an Inquiry

Upon receipt of a credible and specific allegation of research misconduct, the RIO will (1) notify in writing the person against whom the allegation has been made, (2) take reasonable steps to obtain custody of all research records and evidence, and (3) appoint an Inquiry Committee. The Inquiry Committee will be an ad hoc committee of ASHA, not a standing committee.

The Inquiry Committee will (1) undertake a preliminary evaluation of the available evidence and testimony; (2) determine whether there is reasonably credible, specific, and sufficient evidence of possible scientific misconduct to warrant an investigation; (3) write a report of its findings and recommendations; and (4) submit its written report to the RIO.

3. Conducting an Investigation

The RIO, with the concurrence of the ED, will make the determination of whether findings reported by the Inquiry Committee provided reasonably credible, specific, and sufficient evidence of possible scientific misconduct to justify conducting an investigation. If an investigation is warranted, the RIO will (1) notify in writing the person against whom the allegation has been made, (2) notify the complainant of ASHA’s intent to conduct an
investigation, and (3) appoint an Investigation Committee. The Investigation Committee will be an ad hoc committee of ASHA, not a standing committee.

Within 30 days of finding that a research misconduct investigation is warranted, the ED must report in writing to ORI that ASHA has decided to initiate an investigation. The ED should also report in writing to ORI if ASHA intends to terminate an inquiry or investigation for any reason without completing all relevant requirements of the PHS regulation, including a description of the reasons for proposing to terminate an investigation.

The Investigation Committee will (1) review the allegations; (2) examine the evidence in depth, including both the written record and interviews with relevant witnesses; (3) determine specifically whether misconduct has been committed, by whom, and to what extent; (4) write a comprehensive report of the investigation; and (5) submit its report to the RIO. During all stages of the investigation, the Investigation Committee will adhere to the PHS Policy and will ensure that the evidence met the burden of proof before making a finding of research misconduct.

The Investigation Committee’s report will include the actual text or an accurate summary of the views of the subject (against whom a research misconduct finding has been made), and all witnesses, and will make recommendations as to the sanctions and administrative actions to be taken by ASHA.
The RIO will (1) review the Investigation Committee report and (2) submit a written summary with recommendations to the ED. In turn, the ED will (1) make the final determination of whether to accept the report and (2) make the final determination regarding sanctions and administrative actions by ASHA against the individual responsible for research misconduct.

4. Reporting to ORI

ASHA has the following reporting obligations under the PHS policy:

a. Within 30 days of finding that a research misconduct investigation is warranted, the ED must report in writing to ORI that ASHA has decided to initiate an investigation;

b. The ED should report in writing to ORI if ASHA intends to terminate an inquiry or investigation for any reason without completing all relevant requirements of the PHS regulation, including a description of the reasons for the proposed termination; and

c. Upon a finding of research misconduct, the ED must submit ASHA’s final report to ORI. In this final report, the ED must describe the policies and procedures under which the investigation was conducted, describe how and from whom information relevant to the investigation was obtained, state the findings, and explain the basis for the findings and resulting recommendations.

5. Responsibilities of Research Integrity Officer (RIO) and Executive Director (ED)

ASHA’s RIO will have primary responsibility for implementing these policies and
procedures, including (1) overseeing the evaluation of relevant evidence in an inquiry or investigation; (2) ensuring that confidentiality is maintained; (3) assisting the Inquiry and Investigation Committees in complying with the PHS policy; (4) consulting periodically with the ED and any other appropriate staff; (5) receiving written reports from the Inquiry and Investigation Committees; (6) reporting in writing, including making recommendations, to the ED after receiving Inquiry and/or Investigation Committee reports; and (7) maintaining secure files of all documents and evidence for at least 7 years after the termination of the inquiry.

ASHA’s ED will have ultimate responsibility for (1) reviewing the RIO’s written summaries along with the Inquiry and/or Investigation Committee reports, 2) determining whether to conduct an inquiry, 3) determining whether to conduct an investigation, 4) determining whether misconduct occurred, 5) determining whether to impose sanctions or whether to take other appropriate administrative actions, and 6) meeting the regulatory reporting requirements.

6. Determining ASHA Actions in the Event of Scientific Misconduct

When allegations of scientific misconduct are found to be proven, ASHA may take whatever disciplinary action it deems appropriate in consultation with ORI. Disciplinary actions may include issuing a warning or reprimand, or suspending or permanently barring an individual and/or participating institution from further participation in ASHA research or research-related activities.
If data are found to have been affected by the misconduct, these data shall not be used in any analysis. Any analysis that has been done that includes the suspect data shall be revised, if possible, based on a new analysis without the suspect data. Any publication on ASHA’s Web site that has been tainted by the data in question shall be removed and corrected, if possible, before re-publication. Any manuscript that has been prepared using the suspect data shall be withdrawn until a new data analysis can be done. If the manuscript has been published, the journal will be notified and asked to publish an erratum or retraction.

7. Protecting Reputations

When allegations are not confirmed, ASHA shall take diligent steps, as appropriate, to protect and restore the reputations of persons and institutions alleged to have engaged in scientific misconduct. ASHA shall also make an effort to protect the reputations of complainants, witnesses, and committee members.

8. Publicity and Training

ASHA publicizes its policies concerning scientific misconduct during its semiannual meetings, in its publications, and on its official Web site. Specific training sessions in ethics, including scientific misconduct reporting requirements and investigation policies and procedures, are required for investigators, staff, consultants, scientists, student interns,
collaborators, or any other personnel directly involved in PHS funded research at ASHA.

REFERENCES
