The RIO notifies the Office of Research Oversight (ORO) that an allegation of research misconduct has been submitted. ORO and the Medical Center Director (MCD) review the RIO’s determination about whether an inquiry is required. The RIO reviews the allegation and any supplemental information and makes a determination about whether an inquiry is warranted. RIO determines that the threshold to initiate an inquiry is met. The responsible VA medical facility initiates an inquiry. RIO determines that the threshold to initiate an inquiry is not met; ORO or the MCD do not concur. The responsible VA medical facility does not initiate an inquiry. RIO determines that the threshold to initiate an inquiry is not met; ORO and the MCD concur.

**See VHA Directive 1058.02 for additional requirements of joint proceedings with a non-VA institution.**
A VA medical facility receives notification from the Office of Research Oversight (ORO) that an Inquiry is required.

Relevant information is sequestered as soon as possible

The Medical Center Director (MCD) convenes the Inquiry by appointing a Committee (or individual). The inquiry is initiated when the charge letter is issued.

The MCD provides notification of the initiation of the inquiry to the respondent and informant.

The Inquiry reviews all relevant evidence and interviews witnesses.

The Inquiry issues a report with a determination about whether there is sufficient substance to warrant an investigation.

The report and attachments are forwarded to the MCD and ORO.

Committee determines that an investigation is not required; ORO and the MCD concur

Close case.

Committee determines that an investigation is not required; ORO or the MCD do not concur

Convene an investigation.

Committee determines that an investigation is required

60 Days
The Medical Center Director (MCD) convenes the Investigation by appointing a committee. The investigation is initiated when the charge letter is issued.

The MCD provides notification to the respondent and informant about the initiation of the investigation.

The Investigation Committee reviews all evidence and interviews witnesses.

The Investigation Committee writes a report with a recommendation as to whether research misconduct occurred for each allegation based on a preponderance of evidence, and appropriate corrective actions.

The report and attachments are forwarded to the MCD.

The MCD certifies completion of the investigation and provides concurrence or non-concurrence with the recommended findings and corrective actions.

The report and attachments are sent to the Office of Research Oversight for a procedural review.
The Office of Research Oversight (ORO) reviews the investigation report and attachments for procedural conformance with VHA Directive 1058.02.

If no substantive/material procedural deficiencies are identified, ORO requests that the VA medical facility reopen the investigation.

If substantive/material procedural deficiencies are identified, ORO sends to the VISN Director for adjudication.

The VISN Director reviews the Investigation Report and attachments, the certificate of completion, and ORO’s procedural review.

The VISN Director issues a written decision as to whether research misconduct occurred; and if so, a decision as to the type and extent of misconduct, the responsible individuals, and the appropriate corrective actions.

If no research misconduct finding, the Medical Center Director notifies the respondent that the case is closed with no findings of research misconduct.

If research misconduct finding, ORO transmits the research misconduct finding and corrective actions and the opportunity to appeal to the respondent.

Respondent files appeal with the Under Secretary for Health.

The Under Secretary for Health reviews all submitted documents and any relevant information and documents a final agency decision regarding research misconduct.

If the Under Secretary for Health upholds research misconduct findings and corrective actions, reasonable assistance in restoring respondent’s reputation.

If the Under Secretary for Health does not uphold findings of research misconduct, research misconduct findings are final and corrective actions imposed; case is closed.

No findings of research misconduct; case is closed.

No appeal filed.

Respondent files appeal with the Under Secretary for Health.

No appeal filed.

Reasonable assistance in restoring respondent’s reputation.

Go back to the Investigation flowchart.