

UBC Animal Care Committee Policy 001

Compliance

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1. PURPOSE:

The University, in accordance with Board of Governors Policy 85 (Scholarly Integrity) and Policy 87 (Research), is committed to providing an environment that supports the best research and scholarly practices and that fosters UBC Persons abilities to act honestly, accountably, openly and fairly in the search for, and dissemination of, knowledge. The University Community has always recognized the necessity for, and importance of, maintaining the highest ethical standards and compliance in working with animals, and all UBC Persons who work with animals are expected to uphold these standards and be compliant. UBC Persons are personally and directly responsible for the intellectual and ethical quality of their work with animals.

The purposes of this Policy are: (1) to meet the requirements set out by the Tri-Council, the Canadian Council of Animal Care (CCAC), Sections 444-447 of the Criminal Code of Canada, and Section 24 of the Prevention of Cruelty to Animals Act; (2) to articulate the responsibilities and standards required of UBC Persons who work with animals; and (3) to provide a process for dealing with allegations of Non-Compliance.

2. SCOPE

This Policy applies to all UBC Persons who work with Animals.

3. DEFINITIONS

“Tri-Council” includes the Canadian Institutes of Health Research (CIHR), the Natural Sciences and Engineering Research Council (NSERC), and the Social Sciences and Humanities Research Council (SSHRC), collectively.

“UBC Persons” means those participating in scholarly activity, including full-time and part-time faculty, staff and students (including, without limitation, clinical faculty, visiting professors, and any persons enrolled in any degree, non-degree, diploma, certificate granting or residency programs at UBC) or any person who teaches, conducts research, or works at, or under the auspices of UBC.

“PI” means the principle investigator that holds the approved ACC protocol for the activity in question

“Vice-President” means the Vice-President, Research & Innovation.

“Work with Animals” means all research or teaching involving animals at UBC or governed by the UBC GAP Certificate.

4. RESPONSIBILITIES AND AUTHORITIES

- 4.1. UBC Persons must adhere to ACC Policies and familiarize themselves with ACC guidelines. Generally accepted standards and practices include:
 - 4.1.1. obtaining any necessary approvals, permits or certifications before conducting research or teaching with animals;
 - 4.1.2. reading and following an approved Animal Care and Use protocol (ACUP);
 - 4.1.3. ensuring all those listed on the ACC protocol have the appropriate training;
 - 4.1.4. housing, monitoring, and providing for the wellbeing of the animal; and
 - 4.1.5. being proactive in rectifying any Non-Compliance
- 4.2. The Principal Investigator (PI) named on the ACC protocol is ultimately responsible for the health and welfare of the animals listed on that protocol.
- 4.3. The ACC has the authority to:
 - 4.3.1. request changes to an approved animal care protocol;
 - 4.3.2. request additional training of any UBC Persons working with animals;
 - 4.3.3. stop any protocol if it considers that unnecessary distress or pain is being experienced by an animal;
 - 4.3.4. stop any work with animals which deviates from approved use, which involves non-approved procedures, or which causes unforeseen distress to an animal; and
 - 4.3.5. humanely euthanize an animal if it considers it necessary.

This authority is also delegated to the University Veterinarian and his/her delegates.

5. NON-COMPLIANCE

- 5.1. UBC Persons who work with animals must be in compliance.
- 5.2. "Non-Compliance" is any conduct that breaches the expectations set out in Section 4 of this Policy, and includes, but is not limited to:
 - 5.2.1. a major one-time incident involving situations in which animals are left to be in pain, distress or suffering, without veterinary care (Policy 004), or where the health and welfare of the animals is seriously comprised by inadequate housing, maintenance or monitoring (Policy 17); or

- 5.2.2. a serious one-time incident which has the potential for animal health and welfare issues;
or
 - 5.2.3. a regular one-time incident with limited or no animal health and welfare issues (e.g. administrative issues); or
 - 5.2.4. repeated major, serious or regular incidents indicating a more chronic issue with animal care or use standards.
- 5.3. The University will investigate allegations of Non-Compliance made against those to whom this Policy applies in accordance with the procedures established under this Policy and Policy 24 Reporting Animal Welfare Concerns.
- 5.4. All UBC Persons are personally and directly responsible for the intellectual and ethical quality of their work and must ensure that their work with animals meets the requirements of all applicable funding agreements, University or other policies, standards of the relevant profession or discipline, and laws and regulations. However, UBC persons who have failed to exercise reasonable care in directing and supervising UBC persons who are non-compliant may share in the responsibility and be subject to discipline accordingly.
- 5.5. UBC Persons are expected to report in good faith any information pertaining to possible Non-Compliance to the University, and must cooperate fully with the University in any process under this Policy. The University will not tolerate any retaliation against anyone who, in good faith, makes an allegation, gives evidence, or otherwise participates in a process under this Policy (see Section 3, Policy 024: Reporting of Animal Welfare Concerns).

6. PROCEDURE

6.1. General

- 6.1.1. The ACC will exercise its authority and discretion under these Procedures in conformity with the principles of procedural fairness in the University context.
- 6.1.2. The PI or any party involved in an investigation may have a representative or support person present at any time during the process outlined under these Procedures. Members of unions and employee associations have all rights to representation that their collective agreements confer.
- 6.1.3. Matters relating to Non-Compliance, including confidential enquiries, allegations of Non-Compliance, and information related to allegations, may be sent to Facility Managers, the Clinical Veterinarians, the Post-Approval Monitoring (PAM) Team, the University Veterinarian, or any member of the PAM Subcommittee or Animal Care Committee.
- 6.1.4. The ACC respects the sensitive nature of the information that individuals may provide under these Procedures. Such information will only be disclosed in accordance with these Procedures or as otherwise authorized by law. All records are maintained by the University in accordance with the B.C. Freedom of Information and Protection of Privacy Act and

other applicable laws and orders of the Courts, and other bodies having jurisdiction over such matters.

6.2. Allegations

6.2.1. An allegation of Non-Compliance may come from various sources inside or outside the University. For example, the allegation may come from a UBC Person, a member of the general public, a media report, or an anonymous source.

6.2.2. The ability of the University to investigate an allegation may be hampered if it is from an anonymous source, or if an allegation is not made in writing, and in some cases the University may be unable to proceed.

6.2.3. Those that make an allegation or receive an allegation are asked to direct the allegation to the PAM Team.

6.3. Authority of the PAM Team

6.3.1. The ACC has delegated the following authority to the PAM Team:

- 6.3.1.1. maintain a compliance log of all potential Non-Compliance reports;
- 6.3.1.2. determine whether a Major, Serious or Regular non-compliance event has occurred (ACC Policy 14, Post-Approval Monitoring);
- 6.3.1.3. resolve Serious and Regular events by working with the laboratory or facility involved in the non-compliance;
- 6.3.1.4. report all Major non-compliance events or serious and regular non-compliance events that cannot be resolved to the ACC Chair, PAM Chair and University Veterinarian (see Section 6.5);
- 6.3.1.5. identify chronic Non-Compliance;
- 6.3.1.6. monitor Non-Compliance report resolutions; and
- 6.3.1.7. update the PAM Subcommittee and ACC regularly on their activities.

6.4. Inquiry

6.4.1. Upon receipt of an allegation, the PAM Team will take the necessary steps to assess the risk and to conduct an inquiry to establish whether an allegation is reasonable, whether resolution can be found or if an investigation is warranted. A reasonable allegation is one that is made in good faith, is based on matters that have not been the subject of a previous allegation, and falls within the jurisdiction of the Policy.

- 6.4.2. If the concern leading to the allegation is a Serious or Regular non-compliance event and can be dealt with satisfactorily by the PAM Team, the matter will be resolved with the PI, lab or facility staff member(s) involved in the non-compliance event, and the PAM Team will update the compliance log.
- 6.4.3. If the non-compliance event is Major, or if no resolution can be found for a Serious or Regular allegation of non-compliance, or if chronic non-compliance has been identified, the PAM Team will request that the ACC Chair, PAM Chair, and University Veterinarian investigate the allegation.
- 6.4.4. Upon receipt of the request from the PAM Team, the ACC Chair, PAM Chair, and University Veterinarian will investigate the allegation and/or chronic Non-Compliance and discuss possible resolution.
- 6.4.5. If any member of the PAM team and/or ACC Chair, PAM Chair or University Veterinarian are in conflict of interest with the allegation, they will be excluded from the inquiry and/or investigation.

6.5. Investigation

- 6.5.1. If the non-compliance event is Major, or if no resolution can be found for a Serious or Regular allegation of non-compliance, or if chronic non-compliance has been identified, the ACC Chair, PAM Chair and University Veterinarian will investigate the allegation and determine on a balance of probabilities the extent and severity, and the degree of misconduct on the part of the PI.
- 6.5.2. The ACC Chair, PAM Chair and University Veterinarian will investigate the allegation using any means they deem appropriate in the circumstances, subject to the principles of procedural fairness in the university context. Such means may include the following:
 - 6.5.2.1. requesting written submissions from the PI and any other parties with information that might be relevant to the allegations, including the party who made the allegation;
 - 6.5.2.2. interviewing the PI and any other parties, such as the Facility Manager and Clinical Veterinarian, with information that might be relevant to the allegations, including the party who made the allegation;
 - 6.5.2.3. obtaining documents relevant to the allegation; and
 - 6.5.2.4. consulting with other University offices or seeking impartial expert opinions and advice.
- 6.5.3. In all investigations, the PI will be informed of the allegation being made against them, and will be given an opportunity to reply.
- 6.5.4. At the outset of each investigation, the ACC or PAM Chair and University Veterinarian will inform the PI of the process and timelines it intends to follow.

6.5.5. All UBC Persons must cooperate fully with the ACC Chair, the PAM Chair and University Veterinarian and make available any documents requested by them. PIs are expected to fully and sincerely cooperate in the review process. In the event of non-cooperation by the investigator, the ACC will revoke all protocols belonging to a PI until cooperation is received.

6.6. Investigation Report

6.6.1. Upon completion of its investigation, the ACC Chair or delegate will prepare a written report that includes the following information:

- 6.6.1.1. the allegation;
- 6.6.1.2. a list of the parties who provided information and a summary of the information they provided;
- 6.6.1.3. a summary of the relevant documents and other material reviewed;
- 6.6.1.4. findings of fact based on the information gathered during the investigation;
- 6.6.1.5. a determination as to whether Non-Compliance occurred;
- 6.6.1.6. if Non-Compliance is found to have occurred, a determination as to its extent and severity and the degree of intent on the part of the respondent; and
- 6.6.1.7. required remedial action to be taken and/or changes to Animal Care Committee procedures or practices to avoid similar situations in the future.

6.6.2. Remedial actions required by the ACC Chair, PAM Chair and University Veterinarian investigation under section 6.6.1.7. may include:

- 6.6.2.1. additional training;
- 6.6.2.2. working with a Clinical Veterinarian;
- 6.6.2.3. PAM Audits;
- 6.6.2.4. operational changes;
- 6.6.2.5. suspension of a protocol (temporary or permanent) for more major offences in which the PI is either prohibited from conducting any further research under the suspended protocol. Suspensions may include: a) temporary suspension of an active protocol, b) permanent suspension of a single protocol, or c) temporary or permanent suspension of all protocols held by the PI; and/or
- 6.6.2.6. any other appropriate action.

- 6.6.3. If the recommendations are anything other than a suspension, the written report will be forwarded to the PI, the PAM Team, and ordinarily to the one who made the allegation.
- 6.6.4. If suspension of the protocol(s) is the recommendation, the investigation report will be forwarded to the full ACC for review and determination of the seriousness of the incident(s) and subsequent courses of action, with quorum.
- 6.6.5. A formal letter containing the decision, the justification for the ACC decision, the investigation report and the steps that must be taken to have the protocol reinstated, will be sent to the PI by the ACC Manager with copies to The Head of Academic Unit as well as the PAM Team. The PAM Team will update the compliance log and monitor the PI's future work with animals.
- 6.6.6. If the ACC permanently suspends a PI's protocols, copies of the formal letter will also be forwarded to the Vice President Research & Innovation and University Counsel by the ACC Manager, which could lead to the initiation of a scholarly misconduct investigation under UBC Policy 85 Scholarly Integrity.
- 6.6.7. The Facility Manager will be informed of the resolution as necessary by the ACC Manager.
- 6.6.8. If the problems are due to the actions of a facility animal care staff responsible for the animals in question, who are not under the direct supervision of the investigator, the ACC will document the problem to the University Veterinarian, the Academic Director of the facility, the Facility Manager of the relevant facility. The Facility Manager and/or Academic Director will take the appropriate action to correct, re-train or remove the staff member responsible.

6.7. Recourse and Accountability

- 6.7.1. The PI may request to meet with the full ACC through the ACC Chair to review the facts and, if there is a dispute about acceptable practice, to introduce documentation in support of the practices in question. The PI may be accompanied by his/her Head of Academic Unit.
- 6.7.2. The PI may seek recourse in the form of a written request to the Vice President Research & Innovation for a full review of the ACC recommendations and the reasons that led to them. The written decision of the Vice President, copied to the ACC, the University Veterinarian, the PI and his/her Head of Academic Unit, on the final disposition of the incident or incidents is binding and final.

6.8. Appeal

- 6.8.1. In cases where a protocol is suspended, requirements for reactivation of a suspended protocol will vary depending on the nature of the incident(s).
- 6.8.2. In some cases, reactivation can occur once the ACC receives a letter indicating that the PI will comply with the ACC decision. In other cases, the ACC may require that the PI and/or members of their lab receive further training, either didactic or hands-on, to ensure

competency in humane conduct of research, prior to or in conjunction with resumption of protocol activities.

6.8.3. The ACC may also require follow-up visits and reports on the conduct of the reinstated research protocol by the veterinary staff, the ACC Chair or a subset of the ACC. The PI may also be asked to meet with the full ACC or subset of the ACC to discuss the noncompliance situation and corrective measures, and to provide further information in the form of a follow up report or visit.

6.8.4. In some cases, reactivation may not be advised. In some cases, after permanent suspension an investigator may only be permitted to transfer grants and activities to another lab which may continue to conduct his/her research with no hands on, direct involvement by the PI or his/her personnel.

6.8.5. The investigator has the right to appeal the ACC decision to the Vice President Research & Innovation (or delegate). The Vice President Research & Innovation will resolve the appeal in a timely manner by ensuring a separate, fair and impartial process, which may include expertise from appropriate external institutions.

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