RQMP Year 4 (July 1, 2022 – June 30, 2023) Milestones
Detailed Handout

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Summary of Milestones and Due Dates

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<th>Due Date†</th>
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<td>1. Ensure All Research Faculty and Staff are Aware of Repercussions Associated with Overdue RCR and SCRI Training</td>
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<td>2. Review and Update Scholarly Culture and Accountability Plan (SCAP)</td>
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<td>7. Provide Update on How Best Practices in Data Management Processes are Ensured and Provide Update on DMP SMART Goal</td>
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†Please note that milestones are due at 11:59:59pm ET of the due date

Milestone Details

Ensure All Research Faculty and Staff are Aware of Repercussions Associated with Overdue RCR and SCRI Training

Communicate repercussions for RCR and SCRI training non-compliance to all Research Faculty and Staff by October 1, 2022.

BACKGROUND: Responsible Conduct of Research (RCR) training strives to promote ongoing discussion and examination of research operating procedures (including experimental design, data analysis, and data management), academic and collegial relationships and collaborations, and the ethical considerations accompanying studies and the research culture itself.

In July 2022, Duke launched the Stewardship and Compliance for Research Investigators (SCRI) training series, which prepares Duke researchers, investigators, and scholars to efficiently and effectively apply for funding opportunities, as well as manage individual funded projects and portfolios.

All faculty and staff engaged in research must maintain compliance with RCR and SCRI training (if applicable) or else they risk repercussions (see below).

Repercussions Statement Associated with Overdue RCR and SCRI Training:

“Beginning November 1, 2022 (for RCR) and February 1, 2023 (for SCRI), researchers who are required by their unit to do training, but do not comply with the RCR or SCRI training requirements will have their ability to conduct research affected. This may include, but is not limited to, not being paid from
externally-sponsored research awards, not receiving research incentives, and/or being removed as PI/Key personnel or otherwise unable to work on research projects.”

The following steps outline the expectations of the RCR Delegate:

- As part of your ongoing management of RCR compliance, maintain the appropriate training cohort of all faculty and staff who are engaged in research and therefore required to complete RCR Training. For example, on an ongoing basis:
  - Confirm that all members of this cohort are present in the RCR Training tracker as Required personnel unless Exempted (FMLA, no longer engaged in research or no longer at Duke).
  - Add any missing faculty or staff engaged in research to the RCR Training tracker as Required.
  - Identify any house staff (i.e., trainees such as residents and fellows) that the unit determines should be required to complete RCR training based on their roles and responsibilities as they relate to research and add them to the RCR Tracker as Required. Please submit a request to RQMP@duke.edu if you need assistance adding these individuals.
- Disseminate the repercussions statement associated with overdue RCR and SCRI training to all required research faculty and staff by October 1, 2022.
- Upload evidence of dissemination to Section U in REDCap. Evidence of dissemination may include, but is not limited to, a copy of a sent email, meeting minutes, handouts, presentation slides, etc.

**Review and Update Scholarly Culture and Accountability Plan (SCAP)**

**Update/reaffirm the academic unit’s SCAP by December 16, 2022.**

BACKGROUND: The Scholarly Culture & Accountability Plan (SCAP) is a cornerstone for establishing a culture of quality, integrity and accountability. To ensure that personnel engaged in research are aware of and understand their unit’s expectations and research responsibilities, all primarily appointed faculty and staff are required to attest to their academic unit’s SCAP. Each unit must communicate this requirement to all required personnel.

Starting in Year 4 of RQMP, postdocs will be included in the cohort of researchers required to attest to the SCAP. Year 4 also introduces the rollout of a universal SCAP maintenance plan designed to bring all SOM/SON personnel into compliance on a 3-year cycle. Faculty, staff, and postdocs who are engaged in research will be required to attest to their unit’s SCAP within 90 days of hire and re-attest every 3 years during the school-wide anniversary milestone. Units will still have the flexibility to revise their SCAP and/or have their research personnel re-attest more often if desired, but regardless of the most recent date of attestation all personnel will be required to re-attest during the school-wide anniversary milestone every 3 years. RQMP central office will provide a weekly, custom SCAP Tracker report on Box, similar to the RCR Tracker report, for units to identify those individuals who need to attest. This customized report will replace the SCAP Tracker currently distributed via email quarterly.
The following steps outline the expectations of the RQO or designee:

- Conduct a general review of the SCAP and update content as needed to reflect current expectations and responsibilities for faculty and staff (including postdocs) engaged in research:
  - Work with necessary stakeholders to review and revise the SCAP.
  - Include a new version date in the SCAP document (even if you are only reaffirming and there are no substantive changes).
  - Upload final version of revised SCAP to desired location (e.g. intranet, LMS, other).
  - Update SCAP URL in Section J5b in REDCap.

- Review SCAP Maintenance Plan and update
  - Review and update existing information in the free text field in Section J5 to include any unique aspects to SCAP implementation within your unit. Ensure it does not contradict with the universal SCAP maintenance plan that requires re-attestation every 3 years during the school-wide anniversary milestone.
  - Likewise, update any supplemental documents in Section J5a if needed.
  - Determine whether a new delegate may be needed to manage SCAP attestations and update Section K accordingly.

- Record completion of SCAP review and documentation process in Section U.

In advance of the June 30, 2023 milestone to obtain SCAP attestations (covered later in this handout), please be aware of the following points:

- **IMPORTANT:** The RQMP central office will provide a new Qualtrics survey link for SCAP attestations in January 2023. Once you have revised your SCAP and provided the URL, we will incorporate it into the new Qualtrics survey. **Do not start obtaining attestations using the older Qualtrics survey or some other method as it will not count for the June 30 attestation milestone.**
- All required personnel must attest using the new Qualtrics survey link regardless of the SCAP location (e.g. intranet, LMS, other).
- Once the new Qualtrics survey link is distributed, send out messaging to existing required personnel well ahead of the June 30, 2023 due date. Extend this messaging to new hires on an ongoing basis in accordance with your internal workflow.

**Review and Update RQMP Operational Plan**

**Complete annual update of operational plan including, but not limited to, reviewing RQT assignments and responsibilities by December 16, 2022.**

**BACKGROUND:** The RQMP operational plan is a living document that should be referred to regularly and updated periodically based on new information and initiatives to close gaps. However, the RQMP REDCap database includes some sections that were “snapshots in time” and do not require updating. These Sections (O, P, S and T) were locked by the RQMP central office at the end of Year 3 to prevent confusion. A field label in Sections L and M was revised to include information previously captured in
Section T (i.e. primary delegate responsible for promoting the use of myRESEARCHsuite and liaising with DORI). The template in Section R will be revised by the RQMP central office in Year 4 to accommodate the expanded scope of the escalation path. Units will be required to review and update their escalation paths using the revised template for the March 31, 2023 milestone (covered next in this handout).

The following steps outline the expectations of the RQO and LRA:

- Conduct a general review of the RQO and LRA implementation plans and update REDCap Sections J and L as needed.
- Conduct a review of the RQO and LRA delegated responsibilities and update REDCap Sections K and M as needed.
- Review the organizational chart in Section Q and upload a new document that includes a new version date in the document (even if you are only reaffirming and there are no substantive changes).
- Document your review of the operational plan components in Section U.

**Review and Update Escalation Path**

Revise the unit-level escalation path, including a pathway to be used for situations of scientific, budgetary, and commitment overlap (when disclosed via I2S, RPRR, JIT, or at funder or institution’s request) as well as a pathway for noncompliance with and repercussions related to RCR trainings by March 31, 2023.

**BACKGROUND:** In Year 2, each unit developed an escalation path for general research administration issues and uploaded a list of individuals within the unit involved in that escalation pathway. In Year 3, each unit named the primary delegate who would be responsible for serving as a resource for financial, administrative and scientific review of grant applications. Over the past year, ORA and DOSI have reached out on an ad-hoc basis to those identified individuals. In Year 4, we’re asking each unit to expand the scope of their unit-level escalation path to include two specific pathways: 1) situations of scientific, budgetary and commitment overlap, and 2) noncompliance with and repercussions related to RCR trainings. The purpose of an escalation plan remains the same, to establish clear pathways to avoid premature or unnecessary escalation of issues to ORA, when often the issues can be resolved internally. Having a clear escalation path helps minimize delays, preserve intra-unit relationships between investigators and administrators, and improve efficiency, accountability, and integrity of all activities within the unit.

The following steps outline the expectations of the LRA or designee:

- Review the current escalation path within your unit for general issues that arise pertaining to grants or research administration and update as needed.
- Participate in discussions/educational opportunities offered and review resources/tools disseminated in Year 4 related to the management of scientific, budgetary, and commitment overlap.
- Meet with RQO and other stakeholders to update and revise the escalation path document to include the two additional pathways. Consider who within your unit is responsible and
accountable at each step of the pathway and identify internal parties who should be consulted or informed when an issue arises.

- Upload the updated escalation path document to Section R in REDCap.
- Note: If you are having difficulty updating an escalation path due to the structure of your unit or uncertainty of the details needed, contact us at rqmp@duke.edu for a consultation.

Attend RQT Training

Attend a minimum of one research quality team training session (RQO and LRA) by March 31, 2023.

BACKGROUND: As research quality leaders, it is important for the RQO and LRA to be fully aware of institutional policies and processes to better enable their ability to support faculty and staff within the unit; and to disseminate information locally to ensure all researchers hear about important initiatives that affect them. To help accomplish this, the DOSI and ORA central offices will conduct trainings on germane research topics, such as data management and development of expanded unit-level escalation pathways, including management of scientific, budgetary, and commitment overlap.

The following steps outline the expectations of the RQO and LRA:

- The RQO and LRA, at a minimum, are each required to attend at least 1 training offered by the RQMP central office during Year 4. Delegates are welcome to attend but are not required.
- Record name and date of training attendance for RQO and LRA in Section U.
- The RQMP central office encourages dissemination of pertinent information/materials to relevant researchers within the unit.

Obtain SCAP Attestations

Ensure that all faculty and staff engaged in research have attested to their primary unit’s SCAP based on size of academic unit (<3 researchers out of compliance in units with <40 researchers, <5% researchers out of compliance for units with 40 - 500 researchers, and <26 researchers out of compliance for units with >500 researchers) by June 30, 2023.

BACKGROUND: To ensure that all personnel engaged in research are aware of and understand their unit’s expectations and researcher responsibilities, primarily appointed faculty and staff (including postdocs) are required to attest to their unit’s Scholarly Culture and Accountability Plan (SCAP) by June 30, 2023. The addition of postdocs to the cohort required to attest to the SCAP is newly implemented in Year 4 of the RQMP program. Each unit must communicate this requirement to all required personnel and ensure that all required personnel have attested to their primary unit’s SCAP.

The following steps outline the expectations of the RQO or designee:

- Start obtaining SCAP attestations from F/S
  - All units must have their faculty and staff utilize the Qualtrics survey for attestation and not go directly to LMS or some other internal mechanism.
For units storing their SCAP on an intranet site, check that the SCAP document is up to date and that all required faculty and staff members have access to your intranet site prior to sending out communications.

- Track ongoing progress of attestations
  - SCAP Tracker reports were previously provided to unit on a quarterly basis. In Year 4 of the program, automated reports will be available at least once a week in a central Box location starting by February, 2023. Review the most recent SCAP tracker report on an ongoing basis to evaluate progress.
  - Reach out to those who have not met the attestation requirement using the report and the new Qualtrics survey.
- Evaluate on June 30, 2023 (RQMP will confirm) whether your unit has met the compliance threshold, based on the size of the unit:
  - <3 researchers out of compliance in units with <40 researchers
  - <5% researchers out of compliance for units with 40 - 500 researchers
  - <26 researchers out of compliance for units with >500 researchers
- Document SCAP attestation results as of June 30, 2023 in Section U.

The central office will also independently confirm the compliance threshold results as of the June 30, 2023 report. If there are last minute additions to the cohort who have not attested, RQMP central office staff will work with units to evaluate the reasons for non-compliance on a case-by-case basis, e.g. individuals not engaged in research, new hires or transfers. Compliance calculations and final tallies may be updated by the RQMP central office via Section U if needed.

**Provide Update on How Best Practices in Data Management Processes are Ensured and Provide Update on DMP SMART Goal**

Conduct an internal program evaluation on strategies and processes currently in place for ensuring data management best practices by June 30, 2023. For those units with data management SMART Goals from Year 3 still in progress, an update or final report is also due by June 30, 2023.

**BACKGROUND:** Data are the foundation of scientific discovery and future research. It is important that research teams develop good plans for how to manage their data workflows and how to communicate and implement that plan, ensuring that the data and analyses remain intact, accessible, understandable, and of the highest quality possible.

In Year 1 of the RQMP program, units developed an operational plan, which included statements detailing how each unit would ensure best practices related to data management. Specific areas to address included ensuring that institutionally-designated Shared Resources had Data Management Plans that provided guidance on management, provenance, security and storage of data available and on file in the RQMP REDCap database, and whether the unit would recommend moving to an electronic option for data management, storage and provenance. In Year 2, units worked with the RQMP central office to identify sub-units within the department/center/institute and ensure that those sub-unit leaders completed the data management practices survey. In Year 3, the results of the data management survey
were collaboratively discussed and units identified SMART Goals to address any identified gaps or improvement opportunities for data management.

In Year 4, we’re asking units to build on those previous efforts and provide an update on how best practices in data management processes (e.g., data integrity, storage, organization, sharing, archiving) are being ensured via completion of an internal program evaluation. This evaluation will be designed to identify what activities are being done, collect quantitative and qualitative measurements of those efforts, and identify gaps/opportunities that still exist. The evaluation will include questions regarding preparations for and implementation of the NIH Data Management and Sharing Policy. The RQMP central office will develop a Qualtrics survey for units to use to complete your internal program evaluation.

For those units with data management SMART Goals from Year 3 still in progress, an update or final report is also due June 30, 2023.

The following steps outline the expectations of the RQO:

- Work collaboratively with necessary stakeholders to conduct the internal program evaluation using the questions posed in the provided survey as a guide, identifying what is working well for your unit and what changes might be necessary to address any identified gaps/opportunities that still exist. Free-text entries will allow descriptive input (i.e. are current practices effective, uniformly adopted, still in development).
- Complete and submit the Qualtrics survey.
- If a SMART Goal was still in progress at the end of Year 3 and pertains to data management practices, provide an update or upload a final report of those key performance indicators in Section U.
- Document completion of the milestone requirements in Section U.
## Milestone Completion Check-list

<table>
<thead>
<tr>
<th>Action Item</th>
<th>Due Date</th>
<th>Completed?</th>
<th>Recording Method</th>
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<tbody>
<tr>
<td>Ensure All Research Faculty and Staff are Aware of Repercussions Associated with Overdue RCR and SCRI Training</td>
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<td>10/01/22</td>
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<td>12/16/22</td>
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<tr>
<td>Upload revised SCAP to desired location and provide URL</td>
<td>12/16/22</td>
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<td>Section J5b</td>
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<td>Review and update/reaffirm SCAP maintenance plan</td>
<td>12/16/22</td>
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<td>Section J5 and J5a</td>
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<td>Document completion of activities</td>
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<td>Section U</td>
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<td>Review and update/reaffirm RQO and LRA delegated responsibilities</td>
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<td>Sections K and M</td>
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<td>Upload revised organizational chart</td>
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<td>Review and Update Escalation Path</td>
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<td>Revise escalation path</td>
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<td>Record attestation results</td>
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<tr>
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