Engineering Mentoring

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# University Secretariat Lunch and Learn

2015

Faculty Development Academy
Faculty of Engineering, McMaster Engineering

McMaster University ENGINEERING


## University Secretariat Lunch and Learn
## March 30, 2015

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**Freedom of Information and Protection of Privacy Officer**

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# Freedom of Information and Protection of Privacy Act (FIPPA)


# Key FIPPA Principles

- Access to information/records
- Privacy protection


# What is a record?

- A record is any record of information, however recorded, whether in printed form, on film, by electronic means or otherwise.
- This INCLUDES drafts, post-it notes, hard drive files, Blackberrry, e-mail, voice mail, agendas, address books.


## What is Personal Information (PI)?

**Any information about an identifiable individual, including:**

- Ethnic origin, race, religion, age, sex, sexual orientation, etc.
- Information on education, financial, employment, medical, psychiatric, psychological or criminal history
- Identifying numbers
- Home address, telephone number, etc.

**Recorded information about an identifiable individual, including:**

- Personal opinions of, or about, an individual
- Personal correspondence
- Name where it appears with or reveals other personal information

**NOTE:** Name, position and records about routine work matters are **NOT** usually considered personal information


## Accountability and Protection of Privacy

- All faculty and staff are responsible for protecting the privacy of an individual's personal information that is under the University's control.
- Protection of privacy includes rules for the collection, use, disclosure, retention and disposal of personal information by the University in its activities.
- The University Secretariat has primary responsibility for the administration of FIPPA-related matters regarding policy, procedures and privacy breaches.


## Collection

- Must have **legal authority** to collect
- Must **collect directly** from individual
- Must provide **notice of collection**

## Use

- With **consent**
- For **original** or **consistent purpose**
- For **other limited circumstances**


## Disclosure

- With **consent**
- For **original/consistent purpose**
- In accordance with **FOI request**
- Where needed **in connection with duties**
- **Compliance** with legislation
- **Law** enforcement/investigation
- **Compelling/compassionate** circumstances


## Retention / Destruction

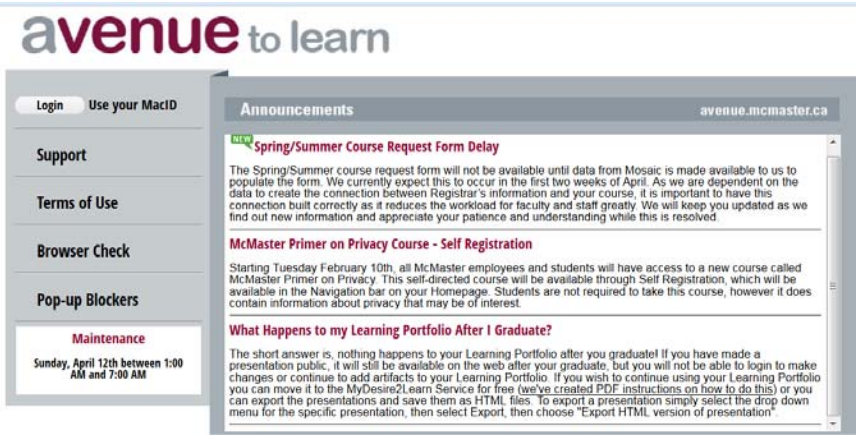
- Must **maintain** for **at least a year** after last use
- Only use if **accurate, up to date**
- Dispose of **effectively/securely**
- Use appropriate **security and precautions**
- **Must not destroy requested records**
- Willful disclosure without authority is an **offence**


## Reporting a Privacy Breach

- A privacy breach is when PI is collected, used, disclosed or retained in a manner that is not in compliance with FIPPA.
- When you become aware of a privacy breach, or a possible privacy breach, employees must contact the University Secretariat (FIPPA Officer or FIPPA Coordinator) to report the privacy breach.


# McMaster Primer on Privacy Course

- The Primer on Privacy Course in available on Avenue to Learn.
- Anyone with a MacID may self-register for the course.
- The course reviews privacy best practices with a focus on consciously and actively reducing the risk of a privacy breach.


# Best Practices

## Ask the right questions!

- Is the information I am asking for really **necessary** to complete the task at hand?
- Is the information in my possession **Personal Information**?
- **Am I accountable** for protecting this Personal Information?
- Have I taken the **appropriate steps to protect** this Personal Information?


# Best Practices

Do not leave Personal Information where others may see it:

- In plain view on a desk, in a reception area, on a shared copier/printer
- On a computer screen than may be easily viewed by others

## Lock it up!

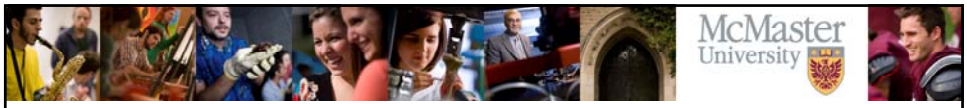
- At the end of your workday check your desk and secure any documents that contain PI
- Lock offices, filing cabinets and/or desks that store personal information


# Best Practices

Avoid sending PI by email, but if you do:

- Send it as an attachment in a password protected document.
  - ➢ Do not send the password in the same email!
- Before sending the email, double check that you are sending it to the right people.


# Best Practices



# Best Practices


# Safeguarding Privacy on Mobile Devices

## DID YOU KNOW?

Excerpts from "*Safeguarding Privacy on Mobile Devices*" published by the Information and Privacy Commissioner of Ontario.


# Did you know?

Login passwords are not enough to secure PI on your mobile device, no matter how strong they are.

When a mobile device containing PI is lost or stolen, access to PI must have been both password-protected and **encrypted** to not be considered a breach of PI.

It does not matter whether a device is corporately owned or personally owned.

Organizations and their employees are both responsible for protecting the PI they are entrusted with in the course of their work.


# Did you know?

Laptops, smartphones, tablets and other mobile computing devices should include additional safeguards for the protection of PI:

- These types of mobile devices should have up-to-date **firewalls**, **anti-virus**, and **anti-theft software** installed.
- You should configure the settings on these types of devices to provide the highest level of security (e.g. **automatic lock**).
- **Avoid unsecure networks** when connecting to the Internet.


# Did you know?

USB keys and other portable storage media can be protected in the following ways:

- Consider alternatives. Only store the PI you need for the job.
- Ensure PI is strongly **encrypted** whenever stored on portable storage devices and use **strong passwords** to access encrypted PI.
- Keep the device safe from theft and loss and always know what PI is on the device.
- **Report** lost or stolen devices containing PI to your employer as soon as possible.
- **Securely remove PI from your device as soon as you are done with it**.


# Research Integrity Policy


## Research

This definition of research in this policy includes, but is not limited to, the following scholarly activities:

a) the preparation and publication, in either traditional or electronic format by academic publishers, of scholarly books, articles, reviews, translations, critical editions, bibliographies, textbooks, and pedagogical materials;

b) creative works in drama, music and the visual arts (including recordings, exhibitions, plays and musical compositions);

c) literary works in prose, poetry and drama; and

d) contract research and consultancy contracts.


## Research Misconduct Offences

Research Misconduct, in the context of this Policy, includes, but is not limited to the following, in the proposing, conducting or reporting of scholarly activity:

a) Falsification of Credentials

b) Fabrication (data, source material, methodologies/findings)

c) Falsification

d) Suppression

e) Destruction of research records

f) Plagiarism

g) Self-Plagiarism

h) Redundant Publications


i) Invalid authorship

j) Inadequate acknowledgement

k) Mismanagement of Conflict of Interest

l) Abuse of Confidentiality

m) Abuse of Authority

n) Misrepresentation to Funding Agencies

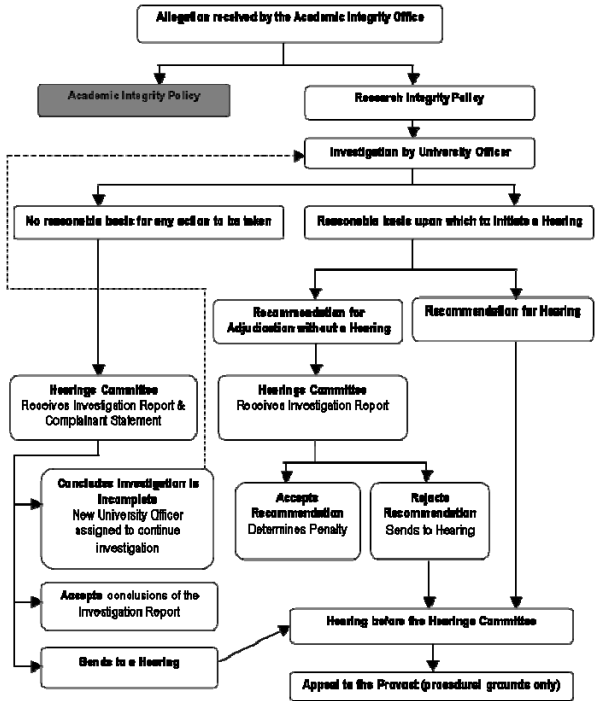
o) Mismanagement of Grants or Award Funds

p) Breaching of Agency Policies or Requirements for Certain Types of Research

q) Non-compliance with the TCPS2

r) Other kinds of misconduct such as: violation of the regulations of the granting bodies; improper use of funds, equipment, supplies, facilities, or other resources

## Stages in an Allegation



## Best Practices

- Orientation
- Communication
- Documentation

## Be Proactive!

## Orientation

- Supervisors should start with an orientation for all new institutional personnel conducting research in their area.
- A review of the orientation should also be done with all current personnel.


**Orientation should include:**

- Review of the *Research Integrity Policy* (and the *Academic Integrity Policy* for students) and other related University policies and statements.
- Discussion of the ownership of work, intellectual property, research responsibilities, responsibility for the maintenance of records and ownership of those records (lab books)
- Publication expectations and authorship (who will be first author etc.)
- Discussion of the style to properly cite and acknowledge all directly or indirectly quoted material in accordance with the standards of the discipline.


# Communication and Documentation

- Supervisors should clearly communicate to all institutional personnel what the expectations are for the responsible conduct of research (Orientation, one-on-one discussions, lab meetings, etc.).
- Document orientation sessions (checklists, letters of understanding etc.) that are signed by the supervisor and the researcher.
- Schedule annual meetings to discuss research integrity and to provide a brief review of expectations.


## Communication and Documentation

- Immediately address any research integrity concerns regarding a researcher's performance or conduct. Follow up in writing summarizing the concern, what was done to address the concern and provide clear direction to the researcher on future expectations and conduct.
- It is possible for allegations of research misconduct to occur within months or even years after publication. Keep all documentation surrounding orientation, research integrity expectations and clarifications. This documentation may be kept in an electronic format (on a network drive would be strongly suggested).


## Communication and Documentation

- Don't rely on your memory! Follow up in writing (email) for conversations about research integrity expectations or concerns.
- When expectations are not clear, researchers should seek clarification from their supervisor and/or co-authors as applicable (order of authors, publication timelines, etc.)
- The Office of Academic Integrity may also be contacted to answer questions regarding the *Research Integrity Policy*.


## Best Practices

Not Documented?

Not Done!


## Tenure and Promotion Appeals


# The Tenure and Promotion Policy

**SECTION III**
**Academic Assessments for Re-appointment, Tenure, Permanence, and Promotion**

## Procedures Governing Academic Assessments

- It is the responsibility of the Chair of each Department to inform all members of the Department of the University's criteria for re-appointment, tenure or permanence, and promotion together with any Faculty and Department guidelines or interpretations of those criteria.


- Faculty members shall be informed at the time of their first appointment by the Department Chair or their Faculty Dean of the performance normally expected of successful candidates for tenure, permanence and promotion.

- Department Chairs **should meet at least once each academic year** with all potential candidates for re-appointment, tenure or CAWAR to review and discuss the progress of the faculty member's research program, as well as their teaching and university service. **Results of these discussions must be recorded in writing and agreed to by both parties.**


## Best Practices

Not Documented?

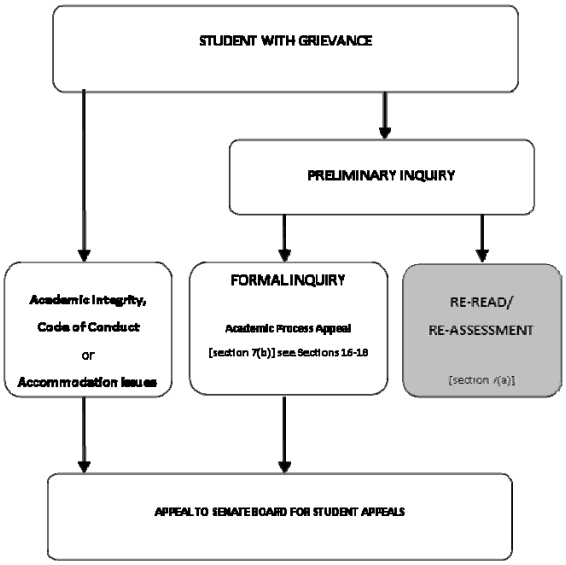
Not Done!


## Student Appeals


# Student Appeal Procedures

- The University has a responsibility to provide fair and equitable procedures for the lodging of student complaints arising out of University regulations, policies and actions that affect students directly.
- The ***Student Appeal Procedures*** provide a mechanism to fairly address alleged injustices.

# Stages in an Appeal




## Role of the Chair

- Students who wish to raise questions or who have a concern are strongly encouraged to communicate *informally* with their instructors, Departmental Chairs, the relevant Associate/Assistant Dean of their Faculty, or of Graduate Studies, the University Ombud, and/or the appropriate administrative officer *before* seeking a review under formal procedures. Experience shows that the great majority of questions or complaints can be resolved satisfactorily through informal communication.


## Sexual Harassment and Anti-Discrimination Policy

Under approval to be effective July 1, 2015