Webinar Recent Updates Regarding Supporting a Safe and Respectful Workplace at Institutions that Receive NIH Funding-20261021_100051-Meeting Recording

October 21, 2026, 2:00PM

46m 12s

RC **Ring, Christine (NIH/OD) [E]** 0:03

Please do not include details of specific cases or allegations, including names of individuals. If you do have concerns that you want to report, please contact grantee harassment at nih.gov with those concerns so that we're not making these in a public forum.

So I think we're ready to get started. Today we have two wonderful presenters. Patricia Valdez is the Chief Extramural Research Integrity Officer in the NIH Office of Extramural Research. And Michelle Bowles is the Director of the Office of Policy for Extramural Research Administration, or OPERA. She's going to be joined by my co-moderator today,

Kristin Ta, who is the Deputy Director of OPERA. And with that, I'll turn it over to Kristin.

TK **Ta, Kristin (NIH/OD) [E]** 0:44

Great. Thank you, Christine. So, Michelle, NIH has longstanding policies and has been interested in preventing harassment for quite a long time. Can you tell us more about NIH's requirements for our recipients and what we expect them to do?

BM **Bulls, Michelle (NIH/OD) [E]** 1:05

It would help if I were off mute. Good morning, everyone, and absolutely, Kristin. As the introduction slide speaks, NIH does not tolerate harassment or discrimination anywhere where NIH-funded research activities are conducted. We fund

BM **Bulls, Michelle (NIH/OD) [E]** 1:24

good science and the only way that is fostered is by having a safe and respectful work environment where creativity and excellence is fostered. NIH is committed to ensuring that NIH funded institutions are well positioned to take action if a hostile

work environment is present where NIH funded research is being conducted. And the responsibility to foster a safe and healthy work environment is a part of NIH's terms and conditions of award.
NIH. Next slide, please.
NIH has sound recipient expectations. And as I mentioned, we are required to ensure that a safe and healthy work environment are fostered and conducive to a high-quality research environment. In order to do that, we expect for recipients to have policies, procedures, internal controls, and systems in place to manage research activities in accordance with those standards. This slide basically lays out NIH's expectations for researchers and for recipients. And the key take away here is that recipients must have policies in place to support a safe and healthy work environment.
And recipients need to make sure that their employers are aware and compliant with these policies. And when these issues arise, NIH fully expects for recipients to make NIH aware and communicate those changes.
Next slide.
We have two main disclosure requirements when it comes to issues related to safe work environments. This slide outlines those two. Recipients must notify NIH when individuals are identified as a PD/PI or other senior key personnel are removed or otherwise disciplined by the recipient institutions due to concerns about harassment, bullying, retaliation, or hostile working conditions. This notification must be submitted to NIH by the AOR within 30 days of the action through our dedicated web form.
This slide also identifies recipients must also notify NIH when changes to PD/PI or changes to other senior key personnel or even a change in recipient organization is requested that's occurring within the context of an ongoing recipient investigation or recent investigation of misconduct of any kind. This includes professional misconduct, research misconduct, and in this situation, the prior approval request or relinquishing statement must identify if the changes are related to a concern about safety or hostile working environments.
So, we will go to the next slide where I will turn it over to Patricia Valdez.

VP **Valdez, Patricia (NIH/OD) [E]** 4:38
Thank you. Okay, so I'm going to talk about our standard process for how we handle allegations that come to us, allegations about harassment, discrimination, or hostile

work environment. First of all, we receive allegations through many places. We have the mailbox that Christine mentioned in the beginning, grantee harassment at NH where we receive allegations or notifications. We have a phone number on our website. Also, sometimes allegations come to our own NH staff, and those are sent over to our office in the Office of Extramural Research. And we also have a web form. And this web form is used for any individuals to submit allegations or concerns. And it's also required for institutions to notify us via this web form, as Michelle just mentioned, within 30 days of an individual being disciplined for hostile work environments or harassment. Now, once this allegation comes in, again, we handle these allegations centrally
in at NIH and the Office of External Research to ensure confidentiality of the allegations. When they come in, our staff will review the allegation, determine whether or not NIH funds are involved to see whether or not the person who is alleged to have committed harassment or hostile work environment, whether or not they were NIH funded or have they been in the recent past. Many times, we will go ahead and contact the complainant, whoever is contacting us, with the allegation to get more information. When allegations come to us anonymously, which we do accept, that allegation needs to have enough specific information for us to move forward. If we don't have contact information, we won't be able to move forward on the allegation if there's not enough specific information. Oftentimes we do reach out to the complainants. As I mentioned, we'll review the grant documents to determine, how are NIH funds involved in this particular allegation? We'll also look at open-source information to see if there's any media articles on this particular incident, if applicable. We also want to determine whether or not the individual is serving in peer review.
Because like our extramural institutions, we do expect that peer review panels include individuals that do not foster harassing or hostile work environment. Once we review these allegations, we will then contact the institution. This is usually
at the very high level. We'll contact the vice president for research at the institution and ask a set of questions to try and understand how the institution handled the allegation and what safeguards they put in place. Now, one thing I want to stress here is that NIH does not conduct investigations. Investigations are conducted by the institutions.
There are several possible outcomes that could happen in this, you know, when we do work with institutions on these types of cases. First, of course, there might be

some institutional disciplines. These are things institutions can put in place according to their own policies. There may be administrative grant actions that are taken. These can include, you know, salary restrictions. There may be a change of PI on the award. Again, that's a prior approval request that will come from the institution and then the IC will consider it. Oftentimes, institutions will put in safeguards. This might include additional oversight or additional mentoring for the people in the lab. And monitoring is something that we do request, particularly when there's findings after a finding has been made.

We want to ensure there is ongoing safety, that the environment continues to be safe. We might request quarterly reports from the institution, in some cases even monthly reports on the work environment.

If needed, we'll remove the person from peer review. And in some cases, we can make referrals to the HHS Office of Civil Rights, or OCR. They have the authority to investigate institutions' compliance with civil rights laws. We can also refer to the Office of Inspector General when appropriate. And NIH can also refer individuals for suspension and debarment.

And I'll go ahead and ask Michelle here, since she's the director of OPERA, if there's anything else she'd like to add here.

Bulls, Michelle (NIH/OD) [E] 9:17

The only thing that I would add is certainly is that we also make sure that we follow up with institutions to make sure that those compliance issues are resolved and that they are completely closed. I don't have anything else to add aside from that. Thank you, Patricia.

Valdez, Patricia (NIH/OD) [E] 9:33

Hey, thanks, Michelle.

Okay, so I want to show you some of our data on the allegations. Since 2018, 2019, we've been handling these allegations of harassment and hostile work environment centrally, as I mentioned before. And as you can see here, we have a, this is a table looking at, these are calendar years from 2018 to 2026. And of course, the data goes up to October 9th here. In blue, you see these are the non-self-disclosure. These are allegations that come to us from outside the NIH. These are, again, not institutional self-disclosures. That's the vast majority of allegations that we receive, you can see here. In 2019 we established the web form and our phone number and

the e-mail box. So that's why we see this large jump in number of allegations that have come to us in 2019.

Now, one of the things I want to point out is media allegations here is in green. And you can see early on, media allegations accounted for a large portion of the allegations that we received, kind of peaking in 2021. Now, Michelle did talk about the requirement to notify NIH for institutions requirements to notify NIH within 30 days of disciplinary actions or administrative actions. And this was a part of the 2022, this requirement was a part of the 2022 Consolidated Appropriations Act. And so that was implemented in the middle of 2022.

As I pointed out here, we see that institutional self-disclosures in purple were pretty low in 2018. They started to increase. And after this requirement was put in place, we did see a peak. However, we do note in the last few years, we have seen fewer institutional self-disclosures.

And we're not entirely sure of the reason for that, but we do continue to make sure that people that institute are aware of this requirement, including, you know, including having this webinar.

Now, I'm going to talk more about the categorization of our allegation types. I'm going to show you some data on the different allegation types that we receive. We categorize allegations or notifications into four categories: first is sexual harassment or discrimination, and then we have harassment or discrimination of another protected class that includes race and religion and other protected classes. The other category is hostile work environment or inappropriate conduct. This includes bullying.

And then we have a category we call other, and this will include retaliation due to the reporting of harassment, hostile work environment, and also extortion, which surprisingly, we're seeing a lot more of these types of allegations.

Okay, so this is again, looking at calendar years from 2018 to 2026 and the number of allegations. In blue at the bottom here is sexual harassment. In 2019, this is when we started, there was a Me Too movement, and this is when we implemented our policies and requirements for disclosures or say requirements, the web forms and the mailboxes that were used for disclosure and for notification. Now, you can see a lot of the allegations that came in at that time were sexual harassment allegations. And since then, the number of sexual harassment allegations has decreased.

Now, harassment or discrimination of other protected class, you can see here in green, and that's something that has increased over the years, particularly when

compared to the early years, 2019, 2020. We do see a large increase around 2022, 2023.
And then what we have in gray is hostile work environment. And this allegation accounts for a large number or a large proportion of the allegations that we do receive. This seems to peak in 2024.
And then we have other, and again, this includes retaliation, extortion, other things that don't quite fall into these other categories. And, we have seen a large increase in those types of allegations over the years, the last two years as well.
Okay, this is a graph looking at the findings and outcomes by allegation type.
In blue, we have sexual harassment and in green is other protected class or harassment or discrimination of other protected class. Then yellow is allegations or notifications of a hostile work environment. And about 80% of these, of all allegations, we will contact the institution. We do contact the institution in many of these when we receive these types of allegations.
You can see that sexual harassment allegations are more likely to lead to a formal investigation compared to the other protected class allegations or hostile work environment. The other protected class discrimination and harassment allegations are less likely to be substantiated compared to sexual harassment.
and hostile work environment. Same with institutional safeguards. It seems that when there's a hostile work environment, we do see more institutional safeguards implemented. We do see many, of course, with the other allegations as well, but most with the hostile work environment the PI has been or is removed from grants and in many of the sexual harassment allegations in addition to the others, but more likely in the sexual harassment allegations. Other grant actions can be salary restrictions. Again, we see similar numbers for, or similar percentage for sexual harassment allegations and work environment allegations. And then in sexual harassment allegations, or notifications or findings, the individual is more likely to have left the institution.
Okay, some of the summary and challenges, just again, to summarize the data. We see self-disclosures peaked in 2023 after the implementation of the requirements with appropriations law. And they've been decreasing in 2024 and 2025. And we hope to make sure that institutions are indeed notifying us when required. We see a large increase in hostile work environment and retaliation allegations. This includes exploitation of visa holders that are unaware of their rights. We have several cases where visa holders have been threatened or they've been extorted even for money.

It's concerning.
Sexual harassment allegations are more likely to lead to a formal investigation, PI removals, and institutional departures. And, you know, through this fall, one important aspect that we've been dealing with over the past several years is to ensure that if an individual moves to a new institution, and grants moved to a new institution along with that person, that that work, the NH work can be conducted in a safe work environment. This is something that we have the new authorities that were implemented this year. Michelle's going to talk more about that. It will help us with this question, so I'll turn it back over to Michelle.

Bulls, Michelle (NIH/OD) [E] 16:58
Okay. All right. With our new authorities, and this has been extremely helpful in fiscal year 2026, our NIH Consolidated Appropriations Act contains language that builds upon the FY 2022 Consolidated Appropriations Act that Patricia mentioned in her slide. And these expanded provisions help NIH to better track the situations and minimize the risk of passing the harasser in those scenarios recipient institutions, and as such, recipient institutions must complete investigations even if the individual leaves the institution before the investigation is completed. And that was something that was a true loophole in our original Consolidated Appropriations Act of 2022, we found ourselves really grappling with the fact that we felt like we were passing the harasser because at the end of the tenure of the investigator or the senior key personnel, the investigations stopped and they were not completed.
And we were very concerned because we rarely could receive or understand what the outcomes of those investigations were. So this is very helpful. NIH may also refuse to transfer an active grant or cooperative agreement to another institution if allegations involving harassment, bullying, or hostile work environment or any other professional misconduct have not been resolved to NIH's satisfaction. Another challenge that we had, and again, a gap in our ability to show up compliance to make sure that we were not passing the harasser. We were in a place where we could rarely refuse the transfer for that reason. And this additional expanded provision helps us to be able to do that in a very judicious manner. And then for NIH, we are authorized to share investigation reports and outcomes related to misconduct concerns with institutions receiving NIH funding as needed. Patricia and I spent countless hours talking through issues about how we would, we're not able to share reports and

Valdez, Patricia (NIH/OD) [E] 19:29
Yes.

Bulls, Michelle (NIH/OD) [E] 19:37
seeking legal counsel on that. And so this provision here has assured that up as well. Next slide.
One of the other things I want to mention is that we've updated our grants policy statement to make sure that all of these new provisions are a part of the NIH terms and conditions of all awards. So that's a very assuring thing for us and for our recipient community.
In this slide, what has changed for recipients? I'll say the major change for recipients relates to completing their investigations into these harassment issues. And I mentioned that on the previous slide. I think that that has been extremely helpful. In the past, researchers would often leave the institution while investigations were underway. And then, like I said, the investigations would end and we would not have a compliance closure. Because while the investigator leaves, there's still a responsibility on the recipient institution to make sure that their policies and procedures are in place and that they are absolutely able to support other researchers and other employers. While the harasser leaves you don't know if there's someone else in the organization that does not understand that the key principle is that we should not have hostile work environments. And those policies at the institutional level needed to be assured up and we were able to do that. Now recipients are required, like I said, to complete those investigations, even if the researcher leaves the institution while that review is underway. These are all good things.
Next slide.
NIH's oversight and responsibility, the new authorities definitely impact how NIH is going to handle allegations and disclosures in the future. These authorities explicitly state that if an investigation is still ongoing,

Valdez, Patricia (NIH/OD) [E] 21:42
Yeah.

Bulls, Michelle (NIH/OD) [E] 21:56

or has not been resolved to NIH's satisfaction, like Patricia said, we can decline the transfer of an ongoing award to a new institution. This also allows NIH to ensure that all concerns about a safe and healthy work environment are addressed
before awards are moved so that we can stop the pass the harasser scenarios. And then NIH also has the authority to inform the new institutions of findings of those investigations into the workplace safety, which is something that I spoke about in the previous two slides.
And it allows the new institution, which I think is very helpful, to independently and objectively determine whether it will proceed with appointing an individual or requesting award transfers or accepting award transfers. I think that that's important for the receiving institution to be able to make those determinations with informed decisions. And then, NIH does not make or review employment decisions at the recipient institutions. That is not our responsibility. That is not our oversight responsibility. Our responsibility is to communicate our expectations and the policy requirements and the updated Consolidated Appropriation Act requirements and place the terms and conditions of the award so that the institution is able to comply with those. We do not have any insight or any oversight of employment decisions at the recipient institution, but we certainly want to make sure that our institutions have all of the information that they need to make those informed decisions.
Next slide.
The key expectations for recipients is to make sure that one, investigations must be completed and documented. Two, disclosures to NIH must be accurate and timely submitted within the 30 days, as we talked about earlier in the presentation, and that recipient institutions retain full discretion to use the information made available through this process when they're making appointments or award decisions. And again, I just want to reiterate that NIH does not have any oversight or insight into those decisions. We provide our recipients with the information that they need to make those decisions.
Next slide.

VP **Valdez, Patricia (NIH/OD) [E]** 24:52
Oh, sorry. There we go.

BM **Bulls, Michelle (NIH/OD) [E]** 24:54
So yes, please jump in.

VP **Valdez, Patricia (NIH/OD) [E]** 24:57
No, no, I just moved the slide back, so we're good. Go ahead.

BM **Bulls, Michelle (NIH/OD) [E]** 25:01
Yeah.

TK **Ta, Kristin (NIH/OD) [E]** 25:01
So Michelle, I was going to jump in because you've laid out the requirements and the changes really nicely. We've got more detailed questions and case studies. I was just going to kind of ask you some additional questions and talk us through some scenarios to get into a little bit more detail. This first one that we can see on the screen here, you've talked a lot about recipient responsibilities, what they're supposed to do, what they're supposed to tell us.

VP **Valdez, Patricia (NIH/OD) [E]** 25:02
Really good.

TK **Ta, Kristin (NIH/OD) [E]** 25:25
How does that translate to a subrecipient? What are the requirements there?

BM **Bulls, Michelle (NIH/OD) [E]** 25:30
You want to take that, or you want me to take it?

VP **Valdez, Patricia (NIH/OD) [E]** 25:33
Oh, you go right ahead, yeah.

BM **Bulls, Michelle (NIH/OD) [E]** 25:34
Okay, so for sub recipients, this is a standard that the terms and conditions of NIH awards always flow down from the prime to the sub. And that is a regulatory requirement, and it's implemented in our NIH Grants Policy Statement.
The prime recipient is always accountable to NIH for the performance of the project and compliance with the terms and conditions. While we give the funding to the prime, and the prime provides funding to the sub, the sub is responsible for

reporting back up through the prime and the prime to us. The one-to-one relationship is between NIH and the primary recipient. NIH also is responsible for, or the recipients are responsible for notifying NIH when changes occur in the award, like senior key personnel, change in senior key personnel, or a change in change of institution. And if there's anything happening in the context of this investigation, the subrecipient should notify the prime right away, within the 30 days, and then the prime needs to notify NIH within the 30 days that they've received it. And then finally, NIH may share the results of the investigation with the prime in accordance with its authorities.

And the recipient may share that information when they're making decisions to enter into sub-award agreements. We are looking at updating our Grants Policy Statement to require that the sub-award agreements include these provisions of the Consolidated Appropriations Act, because we think it's important for the agreement to highlight the need for compliance with the hostile work environment. So that's something that we're discussing, and we may look to update our policy statement to make sure that that provision is included in the sub award agreement.

TK **Ta, Kristin (NIH/OD) [E]** 27:54

Great, thank you. Another question that we got was about organization, recipient institutions where sometimes their staff may be contacted or sent harassing or intimidating messages from outside activist organizations. Can you talk a little bit about how they should handle those types of situations?

BM **Bulls, Michelle (NIH/OD) [E]** 28:09

We want to go to the next slide.

VP **Valdez, Patricia (NIH/OD) [E]** 28:12

Is this?

BM **Bulls, Michelle (NIH/OD) [E]** 28:16

Yeah, so recipients have noted that their staff often receive harassing messages from outside organizations, such as animal rights organizations and other activist groups. And recipients, we believe recipients must have policies and procedures in place for their employees to report any kind of harassment or intimidation from outside organizations. This is not something, and then they, of course, should provide

appropriate support to their employees in accordance with their institution's policies and procedures. NIH does not have the authority to take action on behalf of the recipient institution. However, NIH does support recipient institutions having policies and procedures and security measures in place to provide safety for their employees.

TK **Ta, Kristin (NIH/OD) [E]** 29:17
Great. Next, we have a couple of case studies. In this first scenario, Michelle, we have a PI on an NIH grant who's at University Number One, and the university is conducting a review related to allegations of workplace misconduct. And while that investigation is ongoing, this individual is recruited, takes a position at a new university, and gives their notice. The original recipient institution is going to be relinquishing that award so that the next institution can receive it. The university, when we got this question, was saying they don't know if the reason he left was because of the investigation. There were a couple of follow-up questions that I wanted to ask you about how the university should act in this situation when the investigation is ongoing. The first question is, is the university, university number one, required to complete their investigation now that the individual has left the institution?

BM **Bulls, Michelle (NIH/OD) [E]** 30:17
Yes, as previously stated by both Patricia and I, the institution's obligation is to complete its investigation, and it does not end when the researcher leaves the institution. This is now a requirement under our updated policy, and I fully expect those investigations to be completed. Patricia, did you have anything to add?

VP **Valdez, Patricia (NIH/OD) [E]** 30:42
Right, no, and I think you know I, when I think about it, I think it's similar to the research misconduct investigations in that research misconduct investigations don't stop if the person leaves the institution. Likewise, with the new requirements, these investigations must be completed, and as Michelle stated before, I think it's very helpful for us to understand what were the findings and make sure that if the work is going to be continuing in another position to understand what those findings were. So, go ahead.

TK **Ta, Kristin (NIH/OD) [E]** 31:14

Along with that, they're definitely required to complete the investigation. Do they need to tell NIH and how should they do that?

Bulls, Michelle (NIH/OD) [E] 31:23
Position.

Valdez, Patricia (NIH/OD) [E] 31:25
Yes. The NH is in a need-to-know situation, particularly when the PI has moved and there's a potential grant that's going to be relinquished and transferred, we do need to understand what the outcomes were. We need to understand whether that change in status, if the person has moved and there's going to be a grant transfer, whether that's happening in the context of the investigation. And, we need to make sure that we understand what the result of that investigation is. We want to make sure that if there were findings, that if the person is transferred to the new institution, do they, does the new institution have safeguards in place as appropriate, depending on what the findings are, of course. So, Michelle, anything else you want to add?

Bulls, Michelle (NIH/OD) [E] 32:18
The only thing I would add to that is that the relinquishing statement definitely needs to include mention, as we talked about before, that the PD/PI or the senior key personnel is leaving the institution while an investigation is underway, but not as a result of the investigation.

Valdez, Patricia (NIH/OD) [E] 32:36
Thanks.

Ta, Kristin (NIH/OD) [E] 32:39
So we have one more case study. Go to the next slide. In this situation, we have senior key person A, and they're a member of a team on a cooperative agreement. This senior key personnel was under investigation related to allegations of harassment. And when that investigation was concluded, they were recruited to a position at a new institution. They would have been removed.
from the original university, but they resigned and left before that could be completed. When the university requested their change in senior key personnel on their award, they did disclose that to NIH. So that's all been completed. And now the

individual is at a new university. And both universities have submitted competitive renewal applications for their cooperative agreements. They're part of a consortium. They're going to have to continue to work together, which means this key person is going to have to continue to work with staff from their original university where they had those issues. University Number One remains concerned about this person's behavior, even though they have left and gone to a new university. The question that was asked of us in this scenario is if University One may have already met their requirements to disclose to request the change in their senior key personnel, but since they're still concerned, what should they do in this scenario?

Bulls, Michelle (NIH/OD) [E] 34:06
In this case, I think that University One met the requirement to notify NIH that they removed the individual as the key personnel. That's all said and done. However, if there are remaining concerns, University One should reach out to the Office of Extramural Research and follow up as needed. We would not expect that follow up to be conducted through the web form. That's a separate communication that needs to take place. And they would reach out to Patricia's office, the Research Integrity Office, to have additional discussions. I think that that's important and we want to continue to foster that communication. And then in that case, both Patricia's staff and mine would work with the University Two to ensure that if it's funded, the award is carried out in a safe and healthy work environment.
And I, I think...it's really important for us to make sure that we have all the details and have those conversations in order to ensure that both University One and University Two know that we are enforcing our policies and our updated principles. Patricia, did I miss anything?

Valdez, Patricia (NIH/OD) [E] 35:27
No, I think that sounds good. You know, I will say that when we do share investigation reports or information, we do work with the first institution to ensure that that information is appropriate, and we redact information as needed. I just wanted to make sure that everyone understood that.
I think we can go to questions now. I'm going to...

Bulls, Michelle (NIH/OD) [E] 35:54
Right.

Ring, Christine (NIH/OD) [E] 35:57
Okay, great. We do have some questions in the chat. When discussing other actions that NIH might take with harassment cases, there's a question about whether the institution would be afforded of any additional actions that NIH would take, including removing from peer review or referral to OCR, referral for suspension, debarment, things like that.

Valdez, Patricia (NIH/OD) [E] 35:58
In my screen, yeah.

Ring, Christine (NIH/OD) [E] 36:21
EB.

Valdez, Patricia (NIH/OD) [E] 36:22
We don't. Serving a peer review is something that's not, you know, a right. It's something that is an invitation to serve in peer review. And if we have concerns about an individual's ability to assure a safe work environment, then we will pursue the option not to invite the person to peer review. So again, that's something that we don't communicate to the institution necessarily. I'll let Michelle speak to the suspension and debarment referrals, but those in general, we have not, as I understand, communicated that information to institutions. Again, it's on a need-to-know basis. I don't know if we have anything else to add there.

Bulls, Michelle (NIH/OD) [E] 37:08
Yeah, typically we do not share compliance reviews and outcomes. If the referral is made, the referral is made between NIH and the HHS suspension and debarment official. I think what we anticipate is that there be a, if it's an active case, we typically don't eliminate that or share that with the institutions. If a suspension and debarment official decides that suspension and debarment is appropriate and those actions are taken, they communicate with the researcher and other individuals to gain their facts, and we let that process play out. Once or if a suspension and a debarment is secured, then a referral is made, then we allow for that to be made publicly available through SAM.GOV. And so that's the communication, the public

communication that they would receive. We do not talk about ongoing and compliance cases in that way.

RC **Ring, Christine (NIH/OD) [E]** 38:17
Thank you. Another question we had, if an award transfer is held by NIH pending the completion of an investigation, but the investigator is no longer at the original institution, how should that original institution handle pending RPPRs or other necessary submissions?

VP **Valdez, Patricia (NIH/OD) [E]** 38:26
Yeah.

BM **Bulls, Michelle (NIH/OD) [E]** 38:34
You should work with the grants management official. And typically, what happens is either OPERA and/or Research Integrity will reach out to the institution via a letter just to keep you updated on what's happening, whether there's a salary restriction or whether there is a hold on the award. But if there's RPPRs and FFRs that are due that you cannot submit because the individual is gone. That's a communication that needs to take place with the institute and center, the awarding officials and yourselves. And they can grant an extension in these cases.

RC **Ring, Christine (NIH/OD) [E]** 39:24
Thank you. I have another question from the Q&A. Can institutions request background checks on potential researcher candidates to verify if they have been out of compliance in the past?

VP **Valdez, Patricia (NIH/OD) [E]** 39:37
Right. So that's the type of confidential information that we wouldn't share with a potential employer. And so now if the person moved to the new institution and the person had a finding at the prior institution, that's information that we would contact the new institution to make them aware of and, if there's any concerns about the ability to assure a safe work environment, we may ask that the institution have some controls in place. But we don't share information on compliance actions due to privacy concerns.

RC **Ring, Christine (NIH/OD) [E]** 40:22
If the finding of an investigation at a sub-recipient is that there will be disciplinary action but not changes in senior key personnel, does that still need to be reported to the prime or would the sub-recipient reported directly to NIH?

BM **Bulls, Michelle (NIH/OD) [E]** 40:38
It would need to be reported to the prime, because NIH has a relationship with the prime.

RC **Ring, Christine (NIH/OD) [E]** 40:39
What?

BM **Bulls, Michelle (NIH/OD) [E]** 40:44
In cases where the individual, if it's an individual that has a grant, that's a PI or senior key personnel on a grant, where the subrecipient is a direct recipient, then they were reported at that from that angle. But if they are reporting it from the sub recipient, they need to report up through the prime.

VP **Valdez, Patricia (NIH/OD) [E]** 41:12
And then the prime would report to NIH. Yeah.

BM **Bulls, Michelle (NIH/OD) [E]** 41:15
That's right.

RC **Ring, Christine (NIH/OD) [E]** 41:19
We don't currently have other questions in the Q&A. I would like to revisit because I'm not sure exactly what was being asked about the background checks, whether that was asking whether NIH could provide the background check or whether some institutions have requested that people sign like attestation forms saying that they're allowed to contact a previous institution. We have seen that, correct?

VP **Valdez, Patricia (NIH/OD) [E]** 41:44
Right. Yeah, yeah, exactly. There are some cases where an institution, a person, moves to a new institution, a new institution may ask, sometimes with their particular

policies, they may have an attestation form for new employees that asks whether or not they're involved in an ongoing investigation or have findings, recent findings. Now, sometimes the new institution has asked the new employee to provide, I guess, permission for them to reach out to the prior institution to get information. I think, as far vetting people that you are considering hiring, we don't have, again, NIH cannot share that information, but one thing that we have seen is other institutions do have these policies in place that specifically ask questions of the new employer. potential employee about, you know, ongoing investigations or recent findings. That's something that you could consider. Because again, unless that person has moved and there's grants that may transfer or there's new applications coming in from the new institution, we don't share information with a potential employer.

BM **Bulls, Michelle (NIH/OD) [E]** 43:05
Yeah, I mean, it sounds like a reference check, right? You know, you just...

VP **Valdez, Patricia (NIH/OD) [E]** 43:08
Yeah, yeah, exactly.

BM **Bulls, Michelle (NIH/OD) [E]** 43:10
That would be between the new institution and the old institution, not something that NIH would offer.

VP **Valdez, Patricia (NIH/OD) [E]** 43:19
Yeah, and I do recall that AAU had some recommendations that they published several years ago, and one of those was to ask these questions of potential hires as to ensure that they are able and that they are not involved in an ongoing investigation. So, something to think about.

RC **Ring, Christine (NIH/OD) [E]** 43:39
And it's also the law in University of California systems that all new potential faculty candidates sign a waiver saying that previous employers can share that information.

VP **Valdez, Patricia (NIH/OD) [E]** 43:54
Interesting.

RC **Ring, Christine (NIH/OD) [E]** 43:54
See, we had, yeah, so we had another question emailed. I think this has been addressed to some extent. If our institution has a change in PI or senior key personnel at an external site, what is our responsibility as a recipient institution to report those negative workplace conditions and follow up on investigation even after termination since they're not our employee?

BM **Bulls, Michelle (NIH/OD) [E]** 44:18
They're required to complete the investigation. I mean, I think we've kind of talked about that at length is they are definitely required to complete the investigation and they can provide that information.

VP **Valdez, Patricia (NIH/OD) [E]** 44:19
Yeah.

BM **Bulls, Michelle (NIH/OD) [E]** 44:33
you know. So I, I'm not sure how else to answer that one.

VP **Valdez, Patricia (NIH/OD) [E]** 44:37
Yeah, this is an example in the discussion slide you had earlier. The prime has a responsibility and they need to ensure that the sub is completing the investigation and, you know, that that information should be shared with the prime as well. So,

BM **Bulls, Michelle (NIH/OD) [E]** 44:43
First.

VP **Valdez, Patricia (NIH/OD) [E]** 44:59
Yeah, so that that's responsibility of the prime is the answer.

BM **Bulls, Michelle (NIH/OD) [E]** 45:02
And yeah.

RC **Ring, Christine (NIH/OD) [E]** 45:08
No further questions.

VP **Valdez, Patricia (NIH/OD) [E]** 45:11
Any other questions?

RC **Ring, Christine (NIH/OD) [E]** 45:11
Thank you.
We can leave it over if anyone wants to jump in the Q&A.

VP **Valdez, Patricia (NIH/OD) [E]** 45:20
I guess you were very, very clear with the new requirements, so...

BM **Bulls, Michelle (NIH/OD) [E]** 45:23
Yeah.

VP **Valdez, Patricia (NIH/OD) [E]** 45:29
And, you know, if anyone has any questions later, you know, feel free to reach out to granteeharassment@nih.gov, and we'll be happy to help you.

BM **Bulls, Michelle (NIH/OD) [E]** 45:42
Along with the OPERA Leadership inbox.

VP **Valdez, Patricia (NIH/OD) [E]** 45:42
Can you give us the upper e-mail address, Michelle? Is it here? Upper leadership right there. It's right there.

BM **Bulls, Michelle (NIH/OD) [E]** 45:49
Yes, it's operaleadership@nih.gov.

RC **Ring, Christine (NIH/OD) [E]** 45:49
on the Q& A screen.

VP **Valdez, Patricia (NIH/OD) [E]** 45:53
Okay, perfect.

RC **Ring, Christine (NIH/OD) [E]** 45:57
Thank you for attending this morning. Have a wonderful rest of your day.

BM **Bulls, Michelle (NIH/OD) [E]** 46:01
Thank you so much.

VP **Valdez, Patricia (NIH/OD) [E]** 46:02
Thank you all. Okay, bye bye.

◉ **Predescu, Alina (NIH/OD) [E]** stopped transcription