

THE UNIVERSITY OF MANCHESTER

Code of Practice for Investigating Concerns about the Conduct of Research

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1. Introduction

- 1.1 This Code of Practice outlines the procedures to be followed when The University of Manchester ('University') is alerted to concerns about the conduct of research (whether they constitute potential/suspected research misconduct or poor research practice) undertaken in the name of the University (as specified in 3 below). It is intended to enable the full and fair investigation of research-related issues and to reach a conclusion about potential/suspected research misconduct or poor research practice. If, at the end of an investigation, research misconduct is found to have occurred, the procedures contained within this Code of Practice may form the investigation element of any disciplinary process or, for former students, the procedures outlined in Statute XXI to revoke a degree.
- 1.2 Concerns about the conduct of research can only be investigated in accordance with the processes set out in this Code of Practice. Where concerns about the conduct of research have been raised with someone other than the Head of Research Governance, Ethics and Integrity or the Vice President for Research, that person must take responsibility for informing the Head of Research Governance, Ethics and Integrity.
- 1.3 This Code of Practice can only be used to investigate allegations that relate to the conduct of research. Allegations that do not fit within the purview of the Code of Practice will need to be investigated via the appropriate University procedures. Notably, allegations of bullying and harassment can only be investigated via the University's Dignity at Work and Study (DAWS) Policy.
- 1.4 The Vice President for Research oversees the implementation of this Code of Practice. If a case is linked to the Vice President for Research or raises the potential for a conflict of interest for the Vice President for Research, the Deputy President or their nominee will determine whether there is a conflict and will oversee the process if necessary. The Vice President for Research will nominate a delegate to act on their behalf when necessary.
- 1.5 If the Vice President for Research believes that the circumstances of a specific case require that the procedures contained within this Code of Practice need to be altered, they have the discretion to do so. All those involved in the process will be informed of the changes to the procedure.
- 1.6 Once initiated, the procedures contained within this Code of Practice will usually be carried out until conclusion.
- 1.7 Where a third party (for example, funders, collaborative partners, co-authors, journals, regulators and professional bodies) has an interest in an investigation the University may notify and liaise with that third party. This would include where a Respondent is a former member of staff but is now an employee of another institution; the University may notify and liaise with that institution to determine the most appropriate process to be followed (for example a joint investigation) in line with the Russell Group Statement of Cooperation in respect of cross-institutional research misconduct allegations.
- 1.8 Where the circumstances of a particular case involve a third party to whom the Respondent has, or has had, a contractual obligation (for instance in the case of research work undertaken by the Respondent as an employee of another institution), the report of any inquiry undertaken by that third party may be accepted as admissible evidence if the Panel and the Vice President for Research are satisfied that the third

party's inquiry was conducted in a manner consistent with the requirements of the University of Manchester's Code of Practice.

- 1.9 If required, the University will comply with an investigation into research misconduct led by a legal or regulatory body, which will ordinarily take precedence over this Code of Practice. Investigations under this Code of Practice may continue in parallel but may have to be suspended or terminated by the Vice President for Research.
- 1.10 Where alleged research misconduct could lead to criminal liability, the Vice President for Research may refer the case to the police and/or another appropriate body.
- 1.11 The Vice President for Research or their nominee has the authority to take immediate appropriate action to secure evidence pertinent to an investigation, ensure that any potential danger/illegal activity/risk is prevented or eliminated and to suspend the research or refer the matter to another process, if necessary.
- 1.12 In circumstances where two parties raise concerns about the conduct of each other, the Vice President for Research or their nominee will consider how those concerns should most appropriately be managed under this Code of Practice. That might involve the concerns be considered under one process (and if the concerns proceed to the investigation stage, a joint investigation by the same Panel being conducted), with appropriate adjustments made to the procedure.
- 1.13 This Code of Practice will be reviewed and revised from time to time including to reflect any legal and regulatory developments, the requirements of appropriate third parties (such as funders) and good research and sector practice.

2. Roles and responsibilities

The **Vice President for Research** or their nominee oversees the implementation of the Code of Practice.

The **Head of Research Governance, Ethics and Integrity** or their nominee supports the Vice President for Research with the implementation of the Code of Practice and is responsible for ensuring that all cases are dealt with in accordance with the processes contained therein.

The **Vice President for Social Responsibility** or their nominee is responsible for undertaking the initial assessment of complaints and determining whether a formal investigation is required.

The **Case Advisor** co-ordinates the investigation on behalf of the Vice President for Research and in accordance with the procedures contained within the Code of Practice. They are the point of contact with Complainants, Respondents, witnesses and the Panel of Investigation.

The **Academic Director for Research Governance, Ethics and Integrity** provides guidance and support to all investigations and they or their nominee will chair every Panel of Investigation convened under the Code of Practice.

The **Complainant** is responsible for making the complaint in good faith and providing it in a clear format with appropriate supporting evidence.

The **Respondent** is the person who has had a complaint made against them in accordance with this Code of Practice.

The **Panel of Investigation** ('Panel') is responsible for assessing all the evidence provided should a complaint proceed to a formal investigation and determining whether research misconduct or poor research practice has been proven and making recommendations including correcting the research record.

The **Supporter** is someone identified to provide support for a Complainant or Respondent. The Supporter can be a colleague, friend or Union representative. The Supporter can accompany the Complainant/Respondent at any meeting with the Panel but cannot act as their representative. It is important that the Panel hears from the Complainant/Respondent in their own words so the Supporter does not normally have the right to make statements or ask questions. Supporters must adhere to the University's internal processes and confidentiality.

A **Witness** is someone identified by the Complainant/ Respondent/ Panel as having knowledge relevant to the complaint. The Panel may choose to interview or obtain a statement from a Witness. A Witness cannot act as a Supporter.

The **Vice-President and Dean of the Faculty** or their nominee is responsible for identifying appropriate individuals to act as members of the Panel of Investigation. The Faculty Vice-Dean for Research along with the Head of School and/or Head of School Operations will usually support the Vice-President and Dean of the Faculty in this role.

The People and Organisational Development Partner provides guidance on disciplinary processes should the Panel of Investigation recommend that the case proceed to the Staff Disciplinary procedures.

An **Internal Expert** can provide advice to the Vice President for Social Responsibility or their nominee to help them determine whether a case should proceed to investigation. An Internal Expert can provide advice to the Panel if it requires an additional expert opinion.

The **Registrar, Secretary and Chief Operating Officer (RSCOO)** will receive requests for an appeal at the end of the process and determine whether an Appeal Panel should be convened.

The **Appeal Panel** is convened by the RSCOO following a request for an appeal by the Respondent and if the RSCOO has determined that there are appropriate grounds for an appeal in accordance with section 10.2 of this Code of Practice. The Appeal Panel reports its conclusions to the RSCOO.

The **Appeal Advisor** co-ordinates the appeal process in accordance with the procedures contained within the Code of Practice and is the point of contact with Complainants, Respondents, witnesses (where relevant) and the Appeal Panel.

3. To whom the Code of Practice applies

- 3.1 The University is responsible for investigating any concerns about the conduct of research undertaken in its name raised about any of its staff or students, whether current or former, irrespective of who is funding or sponsoring the research in question (other than in exceptional cases where, for example, a student is also a member of staff of another organisation which will undertake its own investigation). This Code of

Practice may also apply to any person authorised to undertake research in the University or to use University facilities for the purposes of research (such as visiting, emeritus or honorary staff) and those carrying out research under the supervision/direction of a University of Manchester member of staff.

- 3.2 Where a concern about the conduct of research arises about a current student, this would normally be dealt with under *Regulation XVII*, in accordance with the procedures outlined in *Academic Malpractice: Guidance on the Handling of Cases*. However, if the alleged conduct affects a published piece of research work or the supervisor is implicated in the complaint then this Code of Practice would apply.

4. Definition of research misconduct and poor research practice

- 4.1 The processes in this Code of Practice are designed to investigate concerns about the conduct of research, where conduct is inconsistent with the standards of research integrity identified in the University's [Code of Good Research Conduct](#). An investigation may find that the concern is unfounded or it may find that there has been research misconduct or poor research practice. For this reason a distinction should be made between research misconduct and poor research practice. Poor research practice needs to be identified and dealt with, usually through training and mentoring. Poor research practice may be reflective of poor supervision or poor leadership of a research group but in some cases poor research practice may be deemed a disciplinary matter. Research misconduct needs to be investigated and dealt with appropriately, usually through the disciplinary procedures. Also, research misconduct may need to be reported to third parties such as affected funders, publishers and other relevant third parties with an appropriate interest.

4.2 Research misconduct:

For the purposes of this Code of Practice research misconduct includes, but is not limited to, the following:

- a) **Fabrication** (making up results, other outputs (for example, artefacts) or aspects of research, including documentation and participant consent, and presenting and/or recording them as if they were real) when proposing, carrying out or reporting the results of research;
- b) **Falsification** (the inappropriate manipulation and/or selection of research processes, materials, equipment, data, imagery and/or consents) when proposing, carrying out or reporting the results of research;
- c) **Plagiarism** (using other people's ideas, intellectual property, or work (written or otherwise) without appropriate acknowledgement or permission);
- d) **Failure to meet legal, ethical and professional obligations**, for example:
 - i. Not observing legal, ethical and other requirements for human research participants, animal subjects, human organs or tissue used in research, or for the protection of the environment.
 - ii. Breach of duty of care for humans involved in research whether deliberately, recklessly or by gross negligence, including failure to obtain appropriate informed consent.
 - iii. Misuse of personal data, including inappropriate disclosures of the identity of research participants and other breaches of confidentiality
 - iv. Improper conduct in peer review of research proposals, results or manuscripts submitted for publication. This includes failure to disclose conflicts of interest; inadequate disclosure of clearly limited competence;

- misappropriation of the content of material; and breach of confidentiality or abuse of material provided in confidence for peer review purposes.
 - v. Misuse of research funds, equipment or premises.
 - vi. Mismanagement or inadequate preservation of data and/or primary materials where this could have a significant impact on the research or research outputs.
 - vii. Deliberately preventing the publication of research, for example by withholding data or by inappropriately withholding permissions.
- e) **Misrepresentation:**
- i. Misrepresentation of data, including suppression of relevant results/data or knowingly, recklessly or by gross negligence, presenting a flawed interpretation of data.
 - ii. Misrepresentation of involvement, including inappropriate claims to authorship or attribution of work and denial of authorship/attribution to persons who have made an appropriate contribution.
 - iii. Misrepresentation of interests, including failure to declare competing interests of researchers or funders of a study.
 - iv. Misrepresentation of qualifications, experience and/or credentials.
 - v. Undisclosed duplication of publication (self-plagiarism), including undisclosed duplicate submission of manuscripts for publication.
- f) **Improper dealing with allegations of research misconduct:** failure to address possible infringements, such as attempts to cover up misconduct and reprisals against whistle-blowers, or failing to adhere appropriately to agreed procedures in the investigation of alleged research misconduct accepted as a condition of funding. Improper dealing with allegations of misconduct includes the inappropriate censoring of parties through the use of legal instruments, such as non-disclosure agreements.
- g) **Multiple/serial instances of poor research practice** that collectively amount to significant deviation from accepted practice.

Honest errors and differences in, for example, research methodology or interpretation do not constitute research misconduct.

4.3 Poor research practice:

For the purposes of this Code of Practice poor research practice includes, but is not limited to, the following:

- h) Genuine errors in the reporting of research or in research methodology or interpretation.
- i) Failure to give appropriate recognition to others involved in research activity where this does not constitute plagiarism or misrepresentation of involvement as defined above;
- j) Deviation from current accepted practice in carrying out research where this was not deliberate or negligent and does not fit into any category described above;
- k) Mismanagement or inadequate preservation of data and/or primary materials where this would not have a significant impact on the research or research outputs.
- l) Minor breaches of legal requirements or ethical review that are not deliberate or negligent.

5. How to report concerns about the conduct of research

- 5.1 The [Public Interest Disclosure Act 1998](#) gives legal protection to workers against being dismissed or suffering any other detriment as a consequence of raising, with

appropriate personnel, concerns which they believe indicate malpractice within the organisation. In accordance with the Act, the position in the University of an individual expressing concerns about the conduct of research which they reasonably believe to be true, in good faith and in accordance with this procedure, should not be jeopardised as a result of raising those concerns.

- 5.2 All employees and students, including those holding honorary contracts, are *required* to report, and all other individuals working at the University have a *responsibility* to report, to the University any concerns about the conduct of research (as defined in section 4), whether this has been witnessed or for which there are reasonable grounds for suspicion. Failure by a member of staff or student to report potential/suspected research misconduct may constitute concealment of research misconduct as defined by 4.2 (f) of this Code of Practice.
- 5.3 Concerns about the conduct of research (“complaint” or “complaints”) should be reported in good faith and must be accompanied by supporting evidence that substantiate the concerns. Complaints should be kept as succinct as possible and only evidence that substantiates the allegations should be provided. As far as possible, evidence should be in its primary form. It is not the Case Advisor’s role to obtain evidence but if the Complainant does not have access to the evidence this should be indicated in the complaint and details about how the evidence can be obtained supplied.
- 5.4 Complaints should be reported using the form provided (Appendix 2) and sent to:

Head of Research Governance, Ethics and Integrity
Directorate of Research and Business Engagement
2nd floor Christie Building,
University of Manchester,
Oxford Road,
Manchester M13 9PL.

Research.misconduct@manchester.ac.uk

6. The initial screening process

- 6.1 On receipt of a complaint about the conduct of research, the Head of Research Governance, Ethics and Integrity or their nominee will determine whether the complaint fits within the purview of the Code of Practice:
- Whether the complaint is about the conduct of research
 - Whether the research was conducted in the name of the University
 - Whether the complaint would more appropriately be investigated under Regulation XVII given that it concerns a student.
- They can obtain further relevant information and evidence in order to make this decision.
- 6.2 If the Head of Research Governance, Ethics and Integrity determines that the complaint does not fit within the purview of the Code of Practice the Complainant will be informed. The Complainant has the right to request a review of this decision. Any such request must be made in writing to the Vice President for Research within 10 working days of the Complainant being notified.
- 6.3 If a complaint contains a number of allegations and only some of these fit within the purview of the Code of Practice, the Head of Research Governance, Ethics and

Integrity will confirm to the Complainant which aspects will be considered further under this Code of Practice. If a complaint contains allegations of bullying and harassment, the Head of Research Governance, Ethics and Integrity will refer the Complainant to the [Dignity at Work and Study](#) (DAWS) Policy.

If a complaint is not made in the appropriate format, the Head of Research Governance, Ethics and Integrity may request that it is and may request more evidence or more clarity as necessary.

- 6.4 If the Head of Research Governance, Ethics and Integrity determines that a complaint does fit within the purview of the Code of Practice they will identify a Case Advisor who will:
- a) Collate information about the research, including contractual and legal obligations and third party involvement.
 - b) Forward the complaint to the Respondent and request an initial written response to the complaint to be provided within 20 working days. If the Respondent is a current staff member the People and Organisational Development Partner will be copied into the email.
 - c) Provide the Respondent with a copy of this Code of Practice and any appropriate supporting guidance documents.
 - d) Once the response is received, collate all the case documentation and send it to the Vice President for Social Responsibility to undertake the initial assessment.
- 6.5 On receipt of the case documentation, the Vice President for Social Responsibility or their nominee, taking such advice as may be necessary, including where appropriate from an Internal Expert, will determine whether the case:
- a) Should proceed to an investigation under section 8 below.
 - b) Should be referred to the Head of School as research misconduct is not alleged, only poor research practice, and it does not merit an investigation.
 - c) Should be referred to the Head of School if there is an authorship dispute that may be resolved. The Head of School should appoint an arbitrator to work with the Complainant and Respondent ensuring a timely resolution to the authorship dispute.
 - d) Does not warrant an investigation or referral to the Head of School.
 - e) Whether the complaint would more appropriately be investigated under Regulation XVII given that it concerns a student.

The Case Advisor will inform the Complainant and Respondent of the decision made by the Vice President for Social Responsibility.

- 6.6 If the Vice President for Social Responsibility determines that an investigation is not warranted, the Complainant has the right to respond to the Vice President for Research if they believe that they have been misunderstood or key evidence has been overlooked. The response must be made in writing to the Case Advisor within 10 working days of receiving the outcome of the initial screening. The Case Advisor will provide the Vice President for Research with the necessary documentation to consider the review. In such circumstances, the Vice President for Research will consider whether any further review or investigation is necessary or appropriate.
- 6.7 If the Vice President for Social Responsibility determines that there is a case for investigation the Vice President for Research will meet in person with the Respondent to clarify with them the process to be followed. The Case Advisor and, for employees,

an appropriate representative from Human Resources, will be present. Where this is not practicable, the Respondent will be informed by other means.

7. Principles of fairness, confidentiality and integrity

- 7.1 The University is committed to ensuring that complaints are investigated appropriately, with thoroughness, fairness and rigour.
- 7.2 All proceedings will be conducted under the presumption of innocence, with sensitivity and, as far as is practicable, confidentiality. Those appointed to investigate a concern about the conduct of research must sign a declaration to confirm this.
- 7.3 The Case Advisor will update the parties about the progress of an investigation on a periodic basis. Investigations can be complex and difficult to coordinate and the patience, and consideration for all those involved in a case, is requested.
- 7.4 The parties to a complaint are expected to act professionally and with dignity and respect at all times throughout proceedings conducted under this Code of Practice. Where these standards are not met, the University will take appropriate steps to manage any concerns which arise.
- 7.5 All complaints will be investigated as confidentially as is reasonably practicable. It should be noted that in order to allow a Respondent to defend themselves, they will be supplied with all the relevant evidence presented and, as such, the anonymity of witnesses cannot be guaranteed.
- 7.6 The making of a frivolous or malicious allegation or the victimisation of anyone involved in a complaint may be considered a serious disciplinary offence.
- 7.7 At no time, during or after any investigation, should the Complainant, Respondent, witnesses or any other persons involved in this procedure disclose or make any statements about the case to any third parties, unless formally sanctioned by the University or otherwise required by law. To do so may be considered a serious disciplinary offence.

A process diagram is provided in Appendix 1.

8. The investigation process

- 8.1 If the Vice President for Social Responsibility determines that there is a case for investigation, the Case Advisor will notify the Dean and the Vice Dean for Research of the appropriate Faculty, the Head of School and/or the Head of School Operations and the People and Organisational Development Partner for the Respondent about the complaint in order to:
 - a) Resolve any issues with respect to continued working practice while the investigation is ongoing.
 - b) Identify a Panel of Investigation.
- 8.2 A Panel of Investigation will be appointed by the Vice President for Research and the ensuing investigation will proceed with due regard to the process set out in the remainder of this Code of Practice. The Faculty Dean, Vice Dean for Research, the Head of School/Institute and/or the Head of School Operations will be asked to identify for consideration by the Vice President for Research appropriate individuals with the

relevant research experience to act as Investigators. For investigations of potential research misconduct, one Investigator *must* be external to the University. The Panel of Investigation will normally consist of four members including the Academic Director for Research Governance, Ethics and Integrity or their nominee who will chair the Panel. The process of appointing the Panel should normally be completed within 20 working days of the Respondent being notified of the investigation.

- 8.3 The Respondent and Complainant will be informed of the names of the proposed Investigators and given 5 working days to raise any concerns, in writing, regarding any potential conflict of interest that may prevent them from acting impartially. The Vice President for Research will decide whether any changes to the proposed Panel are necessary. Once established, changes to the membership of the Panel can only be allowed in exceptional circumstances and must be authorised by the Vice President for Research.
- 8.4 Proposed Investigators must declare in writing any potential conflicts of interest that they may have and confirm that they will adhere to the principles of fairness, confidentiality and integrity prior to being appointed. The Investigators will be required to sign the declaration set out in Appendix 3 confirming this.
- 8.5 The purpose of the investigation is to determine whether any poor research practice or research misconduct has been committed and the nature and extent of the poor research practice/research misconduct. All information pertaining to the case (including the complaint, evidence and response) will be passed to the Panel.
- 8.6 The Complainant and Respondent will be given the opportunity to propose witnesses for the Panel to interview or obtain a statement from. The Panel is free to approach witnesses not identified by either the Complainant or Respondent if the Panel thinks that they have knowledge relevant to the specific allegations.
- 8.7 The Respondent will be given an opportunity to reply, either in writing or orally, to any pertinent written evidence presented to the Panel prior to the panel meeting (such evidence may be edited by the Case Advisor to remove sensitive, confidential or irrelevant information). If new evidence is presented orally to the panel at a meeting the Respondent will be given an opportunity to respond to this, either orally at the meeting or in writing if the Respondent is not attending. However, the Respondent will not be present for all parts of the investigation, including when verbal evidence is given.
- 8.8 Transcripts are not normally taken of interviews and are therefore not available to be provided as evidence.
- 8.9 The information gathered and the scope of the investigation will normally be confined to the matters raised in the complaint and to the named Respondent/s. If, however, additional concerns about the conduct of research come to light the Panel should include these in the investigation, giving the Respondent an opportunity to respond. If other parties become implicated during the investigation this should be brought to the attention of the Vice President for Research who will determine whether they should be included as part of the same investigation or whether a new investigation should be instigated. Any individuals who are newly implicated must be treated as Respondents and given the appropriate information in accordance with due process under this Code of Practice.
- 8.10 Where it considers it appropriate, the Panel can also widen its investigation in order to determine if the Respondent has committed research misconduct or poor research practice in other research projects.

- 8.11 If the Panel identifies issues of potential misconduct unrelated to research during the investigation, these should be noted in the report to the Vice President for Research and the appropriate parties notified.
- 8.13 The Panel has discretion to determine how to approach the investigation, but will do so according to the rules of natural justice and this Code of Practice. Findings will be made based on the available evidence and on the balance of probabilities. It will be up to the Panel to form and express its own view on apparently contradictory pieces of evidence. The Panel will be free to seek, if necessary, confidential advice from an Internal or External Expert. Decisions may be by a majority vote.
- 8.14 Any Complainant, the Respondent and any other member of the University whether staff, student, salaried or honorary, must answer any reasonable questions that the Panel asks of them, and must make available to the Panel on request any relevant documentary evidence, such as, but not limited to, laboratory notebooks, participant questionnaires and computer records. If information is withheld by an employee (whether salaried or honorary) or a student of the University, the Vice President for Research may invoke relevant disciplinary procedures (if appropriate). If information is withheld by an employee of another institution the Vice President for Research may contact the equivalent office holder in that institution.
- 8.15 The Respondent and Complainant will receive notification, in writing, at least ten working days prior to any panel meetings to which they are to be invited to attend during the investigation. The Respondent and Complainant may be accompanied at any such meeting by a Supporter who may be a colleague or trade union representative (in the case of employees), a fellow student, a Students' Union Officer or member of staff of the University of his or her own choice (in the case of a student). An appropriate People and Organisational Development Partner will also attend in the case of an employee.
- 8.16 The Panel will aim to report its conclusions to the Vice President for Research within 30 working days of its final meeting.
- 8.17 The Case Advisor will usually provide the confidential report to the Respondent and the Complainant, in addition to the Dean, the Vice Dean for Research, the People and Organisational Development Partner (if relevant), the Head of School and/or the Head of School Operations within the relevant Faculty. Where external partners/agencies and other relevant stakeholders have an interest in the outcome of the investigation, they also will be notified of the outcome and, where appropriate, be provided with a copy of the report or a summary of it (as appropriate).

9. Possible outcomes of the investigation

- 9.1 If, at the end of the investigation, research misconduct has been found to have occurred, the procedures contained within this Code of Practice may form the investigation element of any disciplinary process under the University's Statutes, Ordinances and Regulations. The Chair of the Panel will normally present the case to the appropriate University discipline committee. The disciplinary hearing will be set up in accordance with the University's Statutes, Ordinances and Regulations. To ensure a fair procedure anyone who was a member of the Panel cannot be a member of the discipline committee. The Complainant will not normally have the right to be heard in the disciplinary process.

- 9.2 Outside of any disciplinary process, the Panel may make recommendations for consideration by the Vice President for Research in relation to the correction of the research record; informing internal and external stakeholders; and the preservation and promotion of research integrity arising from the case including instigating audits of data/tissue collections to ensure regulatory compliance. The Panel may also make recommendations, where it makes a finding of poor research practice, regarding the training and development of the Respondent or other involved persons. The Vice President for Research will consider any such recommendations and, where appropriate, approve them together with any additional steps which they consider are appropriate in the circumstances (see further section 11 below). The Faculty/School must implement any measures identified by the Vice President for Research in accordance with the timescales identified.
- 9.3 If the complaint is not upheld the Vice President for Research, in conjunction with the Head of School, will take such steps as they determine are appropriate, given the seriousness of the complaint, to support the reputation of the Respondent and any relevant research project(s).
- 9.4 If the Panel determines that the complaint is mischievous or malicious, the Vice President for Research in consultation with the Vice President and Dean of the Faculty to which the Complainant belongs, the appropriate Head of School and/or Head of School of Operations and the Director of People and Organisational Development (or Student Experience in the case of students), will determine whether the matter should be dealt with as a potential disciplinary issue in accordance with due process and the University's disciplinary procedures.

10. Appeal against the outcome of the Investigation

- 10.1 The Respondent¹ and Complainant² have the right to appeal against the decision of the Panel on the grounds that:
- a) There exists a material procedural irregularity which might have affected the outcome of the decision of the Panel; and/or
 - b) New material evidence has become available which could not reasonably have been presented to the Panel during the investigation.
- 10.2 The appeal must identify the precise grounds a) and/or b) above and must be accompanied by any relevant evidence relied upon in support. It must be made in writing to the RSCOO within 10 working days of the Respondent/Complainant receiving the conclusions of the Panel. Any such request should be copied to the Case Advisor.
- 10.3 If the RSCOO, or their nominee, finds there are no grounds for appeal they will write to the Respondent/Complainant. There is no further right to appeal after this decision has been made.
- 10.4 If the RSCOO, or their nominee, determines that the Respondent/Complainant has identified appropriate grounds for appeal and that it is necessary and appropriate for an appeal to be conducted, they will establish a Panel of 3 individuals (excluding any party who was involved in the investigation), and including one member external to the University, to undertake the appeal. The RSCOO will also appoint an Appeal Advisor

¹ If research misconduct has been found to have occurred

² If the complaint of research misconduct has not been upheld

to manage the process. The Case Advisor who coordinated the investigation of the complaint is excluded from this position. The process for appointing the Appeals Panel should normally be completed within 20 working days of the RSCOO receiving the request.

- 10.5 The appeal process will be conducted by way of a review, rather than a re-investigation or re-hearing, of the evidence. The Appeals Panel will be provided with access to the evidence considered by the Panel and may, if it considers it necessary or appropriate, seek further documentary or oral evidence from the Complainant, Respondent or relevant witnesses. The Appeals Panel may, but is not required to, interview the Complainant, the Respondent and/or relevant witnesses. The Appeals Panel may conduct such further investigations as it considers necessary or appropriate to determine the review. The Appeals Panel will be given 30 working days from the date of receiving details of the case to report its conclusions to the RSCOO. If this is not possible, a revised timescale will be agreed with the RSCOO.
- 10.6 The Appeals Panel may confirm the findings of the Panel or overturn, or substitute new findings for, the findings of the Panel. It also has the power to determine that a fresh Panel of Investigation should be appointed to consider the complaint or certain aspects of it.
- 10.7 There is no right of appeal against the decision of the Appeals Panel and this concludes the procedure under this Code of Practice.

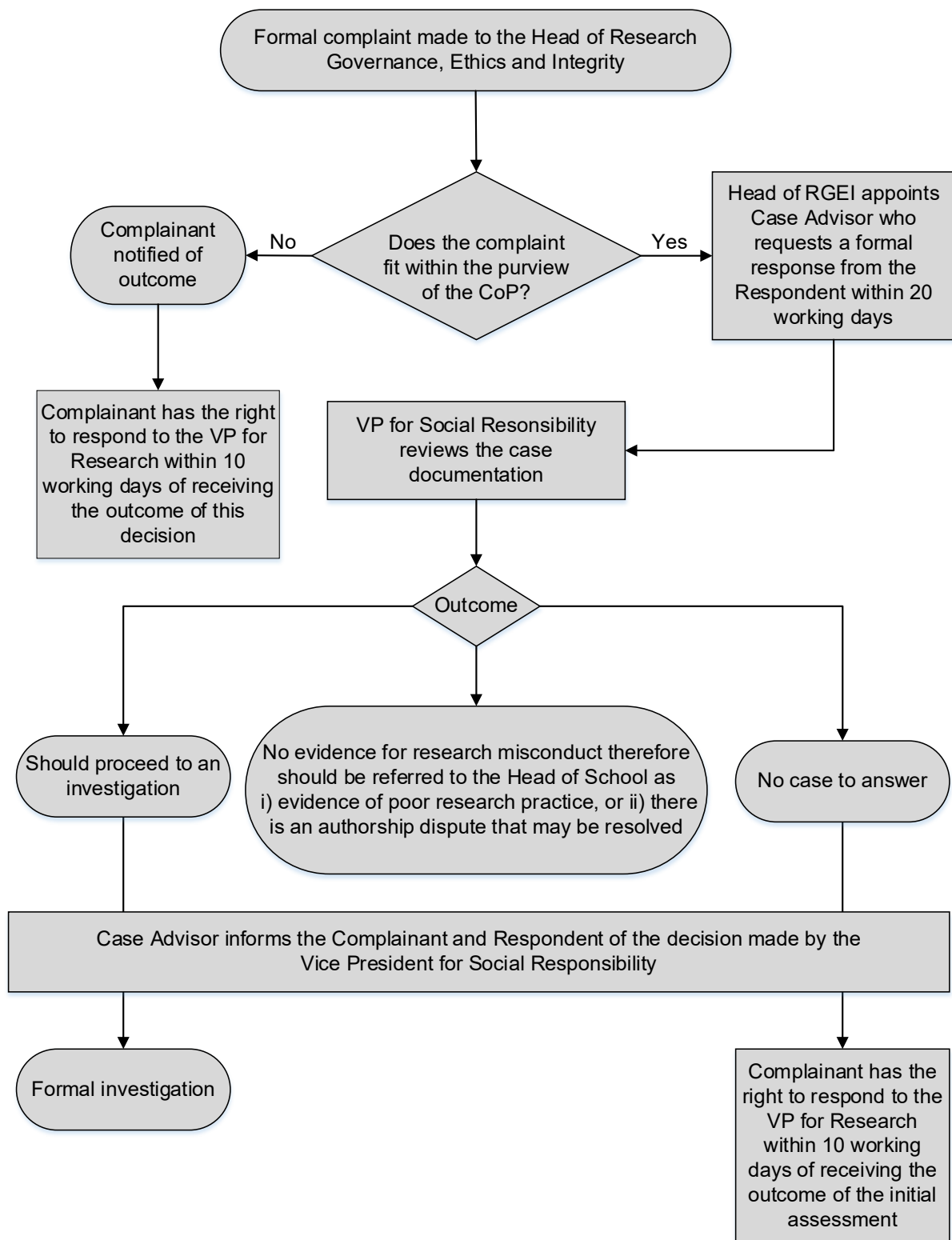
11. Communication of investigation outcome

- 11.1 The University will report investigations of research misconduct to funders in accordance with their terms and conditions (where only poor practice is suspected there is no requirement to report this). Unless the terms and conditions state otherwise a funder will be notified at the commencement of an investigation if the concern being investigated relates directly to its funded research, otherwise the funder will only be notified of a finding of research misconduct. Similarly, journals will be notified of an investigation on its commencement if it relates directly to an unpublished manuscript or there are implications for patient care. Otherwise journals will only be notified of findings of research misconduct where appropriate. If the outcome of the investigation establishes that the data that form the basis for a publication are unreliable the University will require that the publisher is notified..
- 11.2 The University may also report the decision and findings of an investigation into research misconduct to other relevant stakeholders within and outside the University (which may include collaborative partners, co-authors, regulators and professional bodies, third party employers of the Respondent, etc.). The individuals and organisations to whom/which reports will be made, and the level of information provided, will be considered and determined by the University on a case-by-case basis and a non-exhaustive list of factors which are likely to be relevant to this consideration are: the interests of research integrity; the rights and interests of the Respondent; the rights and interests of any other stakeholders (for example, the Complainant, co-authors and other members of the research group); the public interest; any legal/contractual/regulatory duties owed by the University; and current good research and sector practice.
- 11.3 In addition, in the interests of transparency and upholding the highest standards of research integrity, the University will publish on its website summary reports of investigations into research misconduct where a finding of research misconduct has

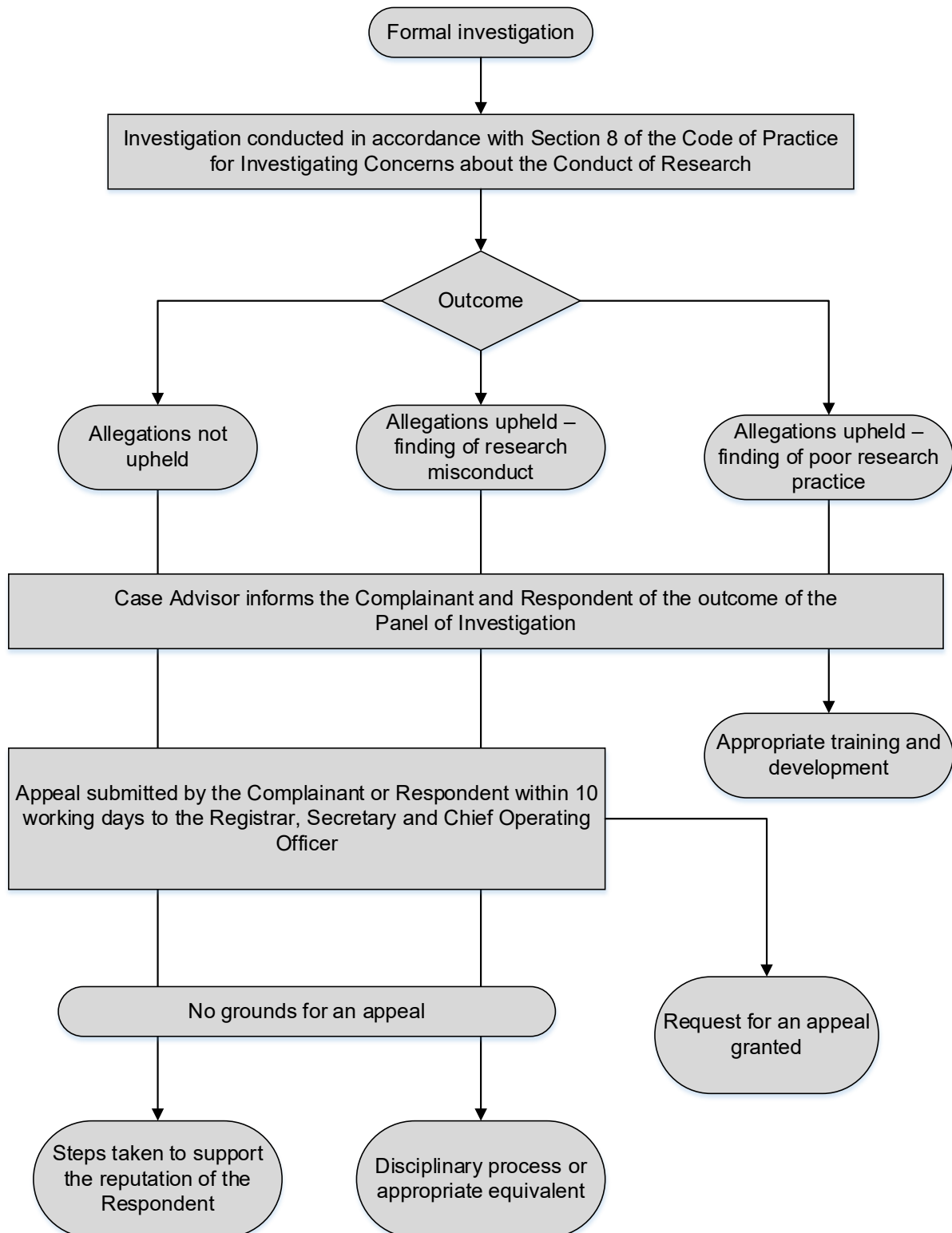
been made. The level of information to be included in such a statement (including whether the name of the Respondent should be included) will again be considered and determined by the University on a case-by-case basis and the indicative factors outlined above are likely to be relevant to that consideration. The University will not normally publish on its website summary reports of investigations into research misconduct where a finding of research misconduct has not been made (however, Respondents may request that a summary report is published in these circumstances).

Appendix 1: Process flow charts

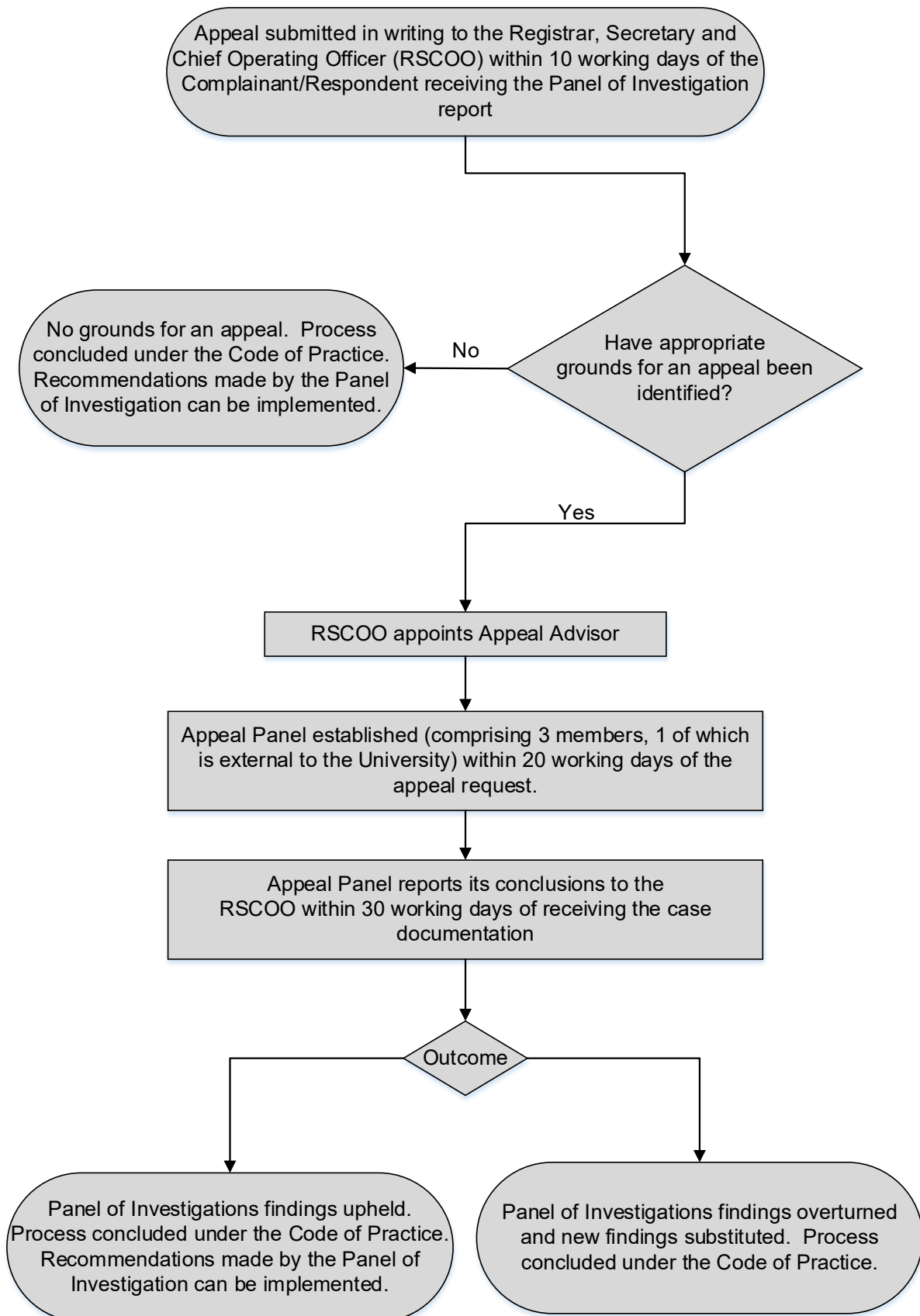
Initial Assessment flow chart



Formal Investigation flow chart



Appeal process flow chart



Appendix 2 Research misconduct reporting form

Complaint of potential research misconduct

Name(s) of Complainant(s)	
Contact details of Complainant(s)(email address(es))	
Status of Complainant(s)	
Name(s) of Respondent(s)	
Status of Respondent(s)	
Relationship between Complainant and Respondent	
Funder details relating to the research in question (if known)	
Details of third parties who may have a vested interest in the complaint	
Brief background to the research – provide here any important background information (ie level of risk of the research, are research participants involved?)	

LIST BELOW ALL THE ISSUES OF POTENTIAL RESEARCH MISCONDUCT AND ATTACH SUPPORTING EVIDENCE, OR IDENTIFY WHERE THAT SUPPORTING EVIDENCE CAN BE OBTAINED.

Ref	Allegation (Include dates and details of individuals, publications, funding involved)	Supporting evidence (Provide here the filename of the supporting evidence that you should attach)
1		
2		
3		

Declaration

I/we declare that the information I/we have provided is true and accurate. I/we make this complaint in good faith and without malice. I/we understand that to make a frivolous or malicious allegation may be considered a serious disciplinary offence. I/we also understand that victimisation of anyone involved in a complaint of research misconduct may be considered a serious disciplinary offence.

Signed

Print name

Date

APPENDIX 3 DECLARATION OF THE INVESTIGATORS OR REVIEWERS

I can confirm that I:

1. Will abide by the conditions and provisions of this Code of Practice as it affects the work of the Panel of Investigation/Review Panel;
2. Have declared to the Vice President for Research /Registrar and Secretary any links to the research and/or the individuals involved in the complaint or any interests which might conflict with the principles of this Code of Practice;
3. Will respect the confidentiality of the proceedings by not divulging any details of the case to any third party, including the identity of the Complainant, Respondent or any witnesses throughout the work of the Panel and afterwards, unless formally sanctioned by the University or otherwise required by the law;
4. Will adhere to the principles of fairness, confidentiality and integrity;
5. Will undertake the work of the Panel of Investigation/Review Panel within the timetable of 90 working days respectively from being convened.
6. Understand that the University may, in certain circumstances, instigate disciplinary action against me if I breach any of the above agreements (University staff only).

Name of Investigator/Reviewer:

Signed:

Dated:

Document control box	
Policy title:	Code of Practice for Investigating Concerns about the Conduct of Research
Date approved:	10 May 2022
Approving body:	Planning and Resources Committee
Version:	4.1
Supersedes:	4.0
Previous review dates:	March 2020
Next review date:	May 2025
Related Statutes, Ordinances, General Regulations:	Statute XIII, Ordinance XXIV and Regulation XVII
Equality relevance outcome:	Medium
Related policies:	N/A
Related procedures:	N/A
Related guidance and or codes of practice:	Code of Good Research Conduct
Related information:	N/A
Policy owner ²	Director of Research and Business Engagement (Dr Andrew Walsh)
Lead contact ³	Head of Research Governance, Ethics and Integrity (Mrs April Lockyer)